

General Vehicle Form

Case Number _____ Vehicle Number _____ Investigator Number _____

Vehicle Identification

Official Records

1. Incident Time and Date

(a) Date of incident (MM/DD/YY) ___ / ___ / ___

(b) Time of incident (military) _____

2. Vehicle Model Year

Code the last two digits of the model year
(99) Unknown _____

3. Vehicle Make and Model

a. Make _____

b. Model _____

4. Vehicle Type

P = passenger car M = medium truck
L = light truck H = heavy truck
V = van O = other
U = utility vehicle

5. Vehicle Identification Number (VIN)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Left justify: slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all "?" in any unknown digits

6. Vehicle Special Use (This Trip)

- (0) No special use
- (1) Taxi
- (2) Commercial
- (3) Vehicle used as bus
- (4) Military
- (5) Police
- (6) Ambulance
- (7) Fire truck or car
- (8) Other (specify): _____
- (9) Unknown

7. Trailer towed Yes No

Describe _____

8a. Document Log (List reports, records, photos in hand)

8b. Documents Available (List reports, records, photos available but not in hand)

9. Police Reported Vehicle Disposition

- (0) Not towed due to vehicle damage
- (1) Towed due to vehicle damage
- (9) Unknown

10. Police Reported Travel Speed

Code to the nearest mph
(NOTE: 000 means less than 0.5 mph)
(888) None
(999) Unknown _____

11. Speed Limit

(000) No statutory limit
Code posted or statutory speed limit in mph
(999) Unknown _____

12a. Driver and Other Contributing Factors

(Check either driver or other contributing factor)

___ Driver ___ Other contributing factor

___ Impact sequence number

Describe _____

12b. Driver and Other Contributing Factors

(Check either driver or other contributing factor)

___ Driver ___ Other contributing factor

___ Impact sequence number

Describe _____

12c. Driver and Other Contributing Factors

(Check either driver or other contributing factor)

___ Driver ___ Other contributing factor

___ Impact sequence number

Describe _____

12d. Driver and Other Contributing Factors

(Check either driver or other contributing factor)

___ Driver ___ Other contributing factor

___ Impact sequence number

Describe _____

Add more pages to include more contributing factors

General Vehicle Form (Vehicle 1 Only)

Complete for each impact

Case Number _____ Vehicle Number 1 Impact Sequence Number _____ Investigator Number _____

Pre-crash Environmental Data

13. Relation to Interchange or Junction _____

- (0) Non-interchange area and non-junction
- (1) Interchange area related

Non-interchange junctions

- (2) Intersection related
- (3) Driveway, alley access related
- (4) Other junction (specify): _____

- (5) Unknown type of junction
- (9) Unknown

14. Relation to Roadway (at impact or ignition of non-collision fire) _____

- (1) On roadway
- (2) Shoulder
- (3) Median
- (4) Roadside
- (5) Outside right-of-way
- (6) Off roadway—location unknown
- (7) In parking lane
- (8) Gore
- (9) Unknown

15. Trafficway Flow _____

- (0) Not physically divided (two-way traffic)
- (1) Divided trafficway—minimum 1.2 m wide median strip without manufactured barrier
- (2) Divided trafficway—median strip with manufactured barrier
- (3) One-way traffic
- (9) Unknown

16. Number of Travel Lanes _____

- (1) One
 - (2) Two
 - (3) Three
 - (4) Four
 - (5) Five
 - (6) Six
 - (7) Seven or more
 - (9) Unknown
- (If trafficway not physically divided, count total lanes; otherwise (if divided), count lanes in direction of travel)

17. Roadway Alignment _____

- (1) Straight
- (2) Curve right
- (3) Curve left
- (9) Unknown

18. Roadway Profile _____

- (1) Level
- (2) Uphill grade (>2%)
- (3) Hill crest
- (4) Downhill grade (> 2%)
- (5) Sag
- (6) Grade unknown
- (9) Unknown

19. Roadway Surface Type _____

- (1) Concrete
- (2) Bituminous (asphalt)
- (3) Brick or block
- (4) Slag, gravel, or stone
- (5) Dirt
- (8) Other (specify): _____
- (9) Unknown

20. Roadway Surface Condition _____

- (1) Dry
- (2) Wet
- (3) Snow or slush
- (4) Ice
- (5) Sand, dirt, or oil
- (8) Other (specify): _____
- (9) Unknown

21. Light Conditions _____

- (1) Daylight
- (2) Dark
- (3) Dark, but lighted
- (4) Dawn
- (5) Dusk
- (9) Unknown

22. Atmospheric Conditions _____

- (0) No adverse atmospheric-related driving conditions
- (1) Rain
- (2) Sleet/hail
- (3) Snow
- (4) Fog
- (5) Rain and fog
- (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
- (9) Unknown

23. Traffic Control Device _____

- (0) No traffic control(s)
- (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
- (3) Yield sign
- (4) School zone sign
- (5) Other regulatory sign (specify): _____

- (6) Warning sign (not RR crossing) (specify): _____

- (7) Unknown sign
- (8) Miscellaneous/other controls including RR controls (specify): _____

- (9) Unknown

24. Traffic Control Device Functioning _____

- (0) No traffic control device
- (1) Traffic control device not functioning (specify): _____
- (2) Traffic control device functioning properly
- (9) Unknown

General Vehicle Form (Vehicle 1 Only)

Complete for each impact

Case Number _____ Vehicle Number 1 Impact Sequence Number _____ Investigator Number _____

Pre-Incident Driver Related Data

25. Driver's Distraction or Activity _____

(Prior To Recognition Of Critical Event)

- (00) No driver present
- (01) Attentive or not distracted
- (02) Looked but did not see

Distractions

(03) By other occupant(s) (specify): _____

(04) By moving object in vehicle (specify): _____

(05) While talking or listening to cellular phone
(specify location and type of phone): _____

(06) While dialing cellular phone (specify location and
type of phone): _____

(07) While adjusting climate controls
(08) While adjusting radio, cassette, CD (specify): _____

(09) While using other device/controls integral to vehicle
(specify): _____

(10) While using or reaching for device/object brought
into vehicle (specify): _____

(11) Sleepy or fell asleep
(12) Distracted by outside person, object, or event
(specify): _____

(13) Eating or drinking
(14) Smoking related
(97) Distracted/inattentive, details unknown
(98) Other distraction (specify): _____

(99) Unknown

26. Pre-Event Movement _____

(Prior to Recognition of Critical Event)

- (00) No driver present
- (01) Going straight
- (02) Decelerating in traffic lane
- (03) Accelerating in traffic lane
- (04) Starting in traffic lane
- (05) Stopped in traffic lane
- (06) Passing or overtaking another vehicle
- (07) Disabled or parked in travel lane
- (08) Leaving a parking position
- (09) Entering a parking position
- (10) Turning right
- (11) Turning left
- (12) Making a U-turn
- (13) Backing up (other than for parking position)
- (14) Negotiating a curve
- (15) Changing lanes
- (16) Merging
- (17) Successful avoidance maneuver to a
previous critical event
- (97) Other (specify): _____
- (99) Unknown

27. Critical Pre-Incident Event _____

THIS VEHICLE LOSS OF CONTROL DUE TO:

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off)
(specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up)
(specify): _____
- (05) Poor road conditions (puddle, pot hole, ice; etc.)
(specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

THIS VEHICLE TRAVELING:

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) Departure from end of road
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (18) This vehicle decelerating
- (19) Unknown travel direction

Critical Pre-Incident Event Options Continued
on Next Page ...

General Vehicle Form (Vehicle 1 Only)

Complete for each impact

Case Number _____

Vehicle Number 1

Impact Sequence Number _____

Investigator Number _____

Critical Pre-Incident Event Options (Continued)

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
- (51) Traveling in same direction with lower steady speed
- (52) Traveling in same direction while decelerating
- (53) Traveling in same direction with higher speed
- (54) Traveling in opposite direction
- (55) In crossover
- (56) Backing
- (59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____

(99) Unknown

28. Attempted Avoidance Maneuver _____

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify): _____
- (99) Unknown

29. Pre-Incident Stability _____

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) Skidding – direction unknown
- (9) Precrash stability unknown

30. Pre-Incident Location _____

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

31. Incident Type _____

(Note: Applicable codes on next page)

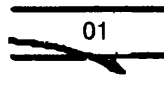
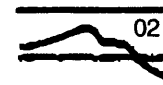
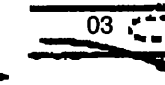
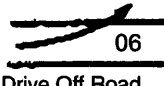
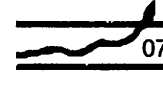
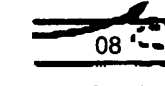

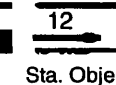



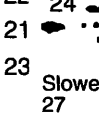
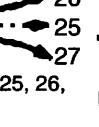
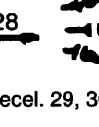
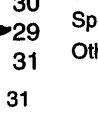
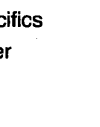
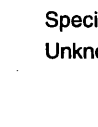
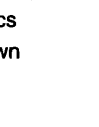
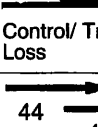
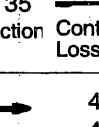
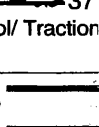
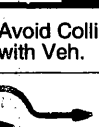

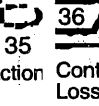


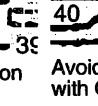

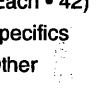
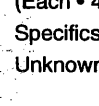







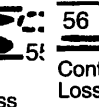


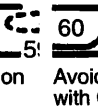

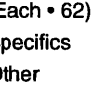
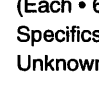







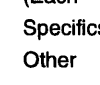







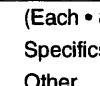











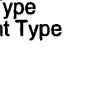


- (00) No impact
Code the number of the diagram that best describes the incident circumstance
- (98) Other incident type (specify): _____

(99) Unknown

General Vehicle Form

Complete for each impact

Case Number _____ Vehicle Number 1 _____ Impact Sequence Number _____ Investigator Number _____

Category	Configuration	Incident Types (includes intent)													
I Single Driver	A Right Roadside Departure	01 	02 	03 	04 Specifics Other	05 Specifics Unknown									
	B Left Roadside Departure	06 	07 	08 	09 Specifics Other	10 Specifics Unknown									
	C Forward Impact	11 	12 	13 	14 	15 Specifics Other	16 Specifics Unknown								
II Same Trafficway Same Direction	D Rear-End	20 	21 	22 	23 	24 	25 	26 	27 	28 	29 	30 	31 	32 Specifics Other	33 Specifics Unknown
	E Forward Impact	34 	35 	36 	37 	38 	39 	40 	41 	42 Specifics Other	43 Specifics Unknown				
	F Sideswipe Angle	44 	45 	46 	47 	48 Specifics Other	49 Specifics Unknown								
III Same Trafficway Opposite Direction	G Head-On	50 	51 	52 Specifics Other	53 Specifics Unknown										
	H Forward Impact	54 	55 	56 	57 	58 	59 	60 	61 	62 Specifics Other	63 Specifics Unknown				
	I Sideswipe Angle	64 	65 	66 Specifics Other	67 Specifics Unknown										
IV Change Trafficway Vehicle Turning	J Turn Across Path	68 	69 	70 	71 	72 	73 	74 	75 	76 Specifics Other	77 Specifics Unknown				
	K Turn Into Path	76 	77 	78 	79 	80 	81 	82 	83 	84 Specifics Other	85 Specifics Unknown				
V Intersecting Paths (Vehicle Damage)	L Straight Paths	86 	87 	88 	89 	90 Specifics Other	91 Specifics Unknown								
VI Miscellaneous	M Backing Etc.	92 	93 	94 	95 	96 	97 	98 	99 	100 