



**Survival Factors Factual Report Attachment:  
Crowheart, Wyoming Fatal Student Collision**

**Rochester, Indiana**

**HWY19MH003**

**(9 pages)**



CASE NO. P 2 0 1 1 2 1 7 9 9 4

## INVESTIGATOR'S TRAFFIC CRASH REPORT

Mail completed form within 10 days to: Wyoming Department of Transportation  
Crash Records  
5300 Bishop Boulevard  
Cheyenne, WY 82009-3340

Date of Crash (yyyy/mm/dd) 2 0 1 1 / 1 2 / 2 0	Time (24 hr) 1 8 : 5 0	Day of Week Su <input type="radio"/> Mo <input type="radio"/> Tu <input checked="" type="radio"/> We <input type="radio"/> Th <input type="radio"/> Fr <input type="radio"/> Sa <input type="radio"/>	Date: yyyy/mm/dd 2 0 1 1 / 1 2 / 2 0	Time (24 hr) 1 8 : 5 3
Combined Total Damage greater than or equal to \$1,000 Yes <input checked="" type="radio"/> No <input type="radio"/>	Hit & Run Yes <input type="radio"/> No <input checked="" type="radio"/>	Investigated at the Scene Yes <input checked="" type="radio"/> No <input type="radio"/>	Photo/Video Photo <input checked="" type="radio"/> Video <input type="radio"/> None <input type="radio"/> Both <input type="radio"/>	Police Notified: 2 0 1 1 / 1 2 / 2 0
Occurred on Private Property Yes <input type="radio"/> No <input checked="" type="radio"/>	Public/Private Property Damage Yes <input type="radio"/> No <input checked="" type="radio"/>	Amount of Property Damage (if known) \$	# Vehicle(s) 0 1	# Driver(s) 0 1
			# Person(s) 0 2	# non Motorists 0 1
			# Injured 0 0	# Killed 0 1

County F R E M O N T	In City/Town <input type="radio"/> Yes <input checked="" type="radio"/> No	GPS Latitude	GPS Longitude
City			
Crash occurred on: Highway/Street US 26	Milepost Marker 3 8 9 4 3	CAT. M L	Highway LRS # ID # 3 0 DIR B
At/Related intersection: Highway/Street	Intersection LRS # CAT. ID # DIR	Occurred on Divided Hwy No <input checked="" type="radio"/> Yes <input type="radio"/>	Incr / Decr Incr <input type="radio"/> Decr <input type="radio"/> Unknown <input checked="" type="radio"/>
If NOT at Intersection	<input type="radio"/> Feet or <input type="radio"/> Miles	Direction	nearest street, highway, ramp, bridge, city, railroad crossing, etc.

**INSTRUCTIONS**  
TO ENSURE ACCURACY  
PRINT IN UPPER-CASE LETTERS USING A BLACK OR DARK BLUE PEN!  
PRINT NEATLY

A B C D 4 5 6 7 8

If 'Other' is selected in any field, describe in narrative  
If a vehicle is towed, describe towed vehicle in narrative

mark if attached

## SUPPLEMENTAL REPORTS

- ☐ If more than 2 vehicles are involved, complete form 'Supplemental Additional Vehicle/Driver Form'
- ☐ If more than 5 persons in a crash, complete form 'Supplemental Additional Vehicle Occupant Information'
- ☐ Trucks or Commercial Motor Vehicles complete form 'Supplemental Truck/CMV Information'
- ☒ If a non-motorist is involved, complete form 'Supplemental Non-Motorist'
- ☐ If a bus is involved and carrying passengers, complete form 'Supplemental Bus Information'
- ☐ If any drug tests are performed, complete 'Supplemental Drug Test Results'
- ☐ Previous report submitted

Investigating Agency

0 6	01 - City PD	02 - Sheriff	03 - BIA	Division (WHP only)
	04 - Forest Service	05 - Campus Police	06 - WHP 07 - Other	

Badge #

Officer Name &amp; Rank

1 8 4	E .	D	S h o d e n	T R O O P E R
	First	MI	Last	Rank

E. Shoden

Signature

Highway Safety Use Only

Proximity to Residence 1:3 1-Same Town 2-25 miles or less 3-25 miles Plus 4-Out of State	<input checked="" type="radio"/> Rural <input type="radio"/> PID <input type="radio"/> NON-PID	Highway District 5
Date Received: 2 0 1 2 / 0 1 / 1 9	Crash Type: <input checked="" type="radio"/> G ≥ \$1,000 <input type="radio"/> M - Missing Location	Accurately Located <input checked="" type="radio"/> Y
Report Number: 201118899	<input type="radio"/> N ≤ \$1,000 <input type="radio"/> I - Industrial Crash	
Highway System 2	<input type="radio"/> P - Private <input type="radio"/> D - Deliberate	

# Base Information

FIRST HARMFUL EVENT	1	9	Location of FHE	0	1	Weather	1st choice	0	4	Road	1st choice	0	1	Lighting	0	2
<b>Non - Collision:</b> 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 12 - Fell/Jumped from a motor vehicle 13 - Thrown or Falling Object 16 - Carbon Monoxide (CO) Poisoning 17 - Injuries by being thrown against part of the vehicle 18 - Other Non-Collision (Motorcycle Loss of Control)			01 - On Roadway 02 - Off Roadway 03 - Shoulder 04 - Median 05 - On OTHER Roadway 06 - Outside of ROW 07 - Gore 08 - Separator 09 - In Parking Lane/Zone 10 - Tunnel 11 - Bridge 12 - Port of Entry 13 - Rest Area 99 - Unknown			01 - Clear 02 - Raining 03 - Snowing 04 - Fog 05 - Blowing Dust/Sand/Dirt 06 - Severe Wind Only 07 - Blizzard 08 - Sleet/Hail/Freezing Rain 09 - Blowing Snow 10 - Cloudy,Overcast 11 - Smoke 12 - Other 99 - Unknown					01 - Dry 02 - Wet 03 - Ice/Frost 04 - Snow 05 - Mud/Dirt/Gravel 06 - Slush 07 - Oil/Fuel 08 - Sand on Dry Pavement 09 - Sand on Icy Road 10 - Water standing/Running 11 - Other 99 - Unknown			01 - Daylight 02 - Darkness Unlighted 03 - Darkness Lighted 04 - Dawn 05 - Dusk 06 - Other 99 - Unknown		
<b>Collision w/ Person, MV, or Non-Fixed Object:</b> 19 - Pedestrian 20 - Pedacycle 21 - Railway Vehicle 22 - Motor Vehicle in Transport on Roadway 23 - Motor Vehicle on OTHER Roadway 24 - Parked Motor Vehicle 26 - Other NON-Fixed Object 27 - Work Zone/Maintenance Equipment 28 - Work Zone Channeling Device 29 - Object Set in Motion by Another Vehicle			<b>Road Circumstance</b> choose up to 3 01 - None 02 - Road Surface Condition 03 - Debris, loose material on the surface 04 - Ruts, Holes, Bumps 05 - Work Zone/Construction Zone 06 - Worn or Polished Surface 07 - Obstruction in Roadway 08 - Traffic Control Device Missing 09 - Traffic Control Device Inoperative 10 - Traffic Control Device Obscured 11 - Shoulders (None, Low, Soft, High) 12 - Non- Highway Work 13 - Reduced Road Width 14 - Lane Markings Missing or Faded 15 - Obstructed by a Previous Crash 16 - Other 99 - Unknown			<b>Environmental Circumstance</b> choose up to 3 01 - Weather Conditions 02 - Visual Obstruction Buildings 03 - Visual Obstruction Other Vehicle 04 - Visual Obstruction Vegetation 05 - Visual Obstruction Hillcrest 06 - Visual Obstruction Embankment-Snow, Rock,etc 07 - Other Physical Obstruction 08 - Glare (Sun or Headlight) 09 - Animals in Roadway 10 - Other 11 - None 99 - Unknown					<b>School Bus Related</b> 01 - No 02 - Yes, Directly Involved 03 - Yes, Indirectly Involved					
<b>Animals:</b> 30 - Horse 31 - Cow 32 - Pig 33 - Sheep 34 - Other Domestic (Dog, Llama, etc) 35 - Elk 36 - Deer 37 - Moose 38 - Antelope 39 - Buffalo 40 - Other Wild (Bear, Coyote, Eagle)			<b>Work Zone Related</b> 01 - Yes 02 - No 99 - Unknown			<b>Relation to Junction</b> <b>Non-Interstate</b> 01 - Non-Junction 02 - Intersection 03 - Intersection Related 04 - Driveway Related 05 - Entrance/Exit Ramp 06 - Railway Grade Crossing 07 - Crossover Related 08 - Business Entrance 09 - Alley 10 - Other Non-Interchange (ie. Bike, Snowmobile Trail, School Xing) 99 - Unknown (describe in narrative)					<b>Interstate</b> 12 - Thru Roadway 13 - Intersection 14 - Intersection Related 15 - Ramp 16 - Other Parts (Gore) 99 - Unknown Interchange					
<b>Collision w/ Fixed Object</b> 41 - Guardrail End 42 - Guardrail Face 43 - Impact Attenuator/Crash Cushion 44 - Bridge Pier or Support 45 - Bridge Overhead Structure 46 - Bridge Rail 47 - Concrete Traffic Barrier/Jersey Barrier 48 - Other Traffic Barrier (Includes temporary) 49 - Utility Pole/Light Support 50 - Traffic Signal Support 51 - Traffic Sign Support 52 - Overhead Traffic Sign 53 - Sign Support Single Post 54 - Sign Support Multiple Post 55 - Other Traffic Sign Support 56 - Barricade 57 - Tree/Shrubbery 58 - Cut Slope 59 - Road Approach 60 - Rock, Boulder, Rock Slide 61 - End of Drainage Pipe/Structure/Culvert 62 - Building or Other Structure Wall 63 - Fence (Including Post) 64 - Raised Median or Curb 65 - Delineator Post 66 - Earth Embankment/Berm 67 - Ditch 68 - Snow Embankment 69 - Mail Box 70 - Tunnel 71 - Cattle Guard 72 - Fixed Object Other 73 - Cable Barrier 99 - Unknown			<b>Work Zone Workers Present</b> 01 - Yes 02 - No 99 - Unknown			<b>Type of Intersection</b> 01 - Not an Intersection 02 - Four (4) -Way Intersection 03 - T Intersection 04 - Y Intersection 05 - Five (5) Point or more 06 - Intersection as part of an Interchange 07 - Roundabout 99 - Unknown										
			<b>Work Zone Location</b> 01 - Before the First Warning Sign 02 - Advance Warning Area 03 - Transition Area 04 - Activity Area 05 - Termination Area 99 - Unknown			<b>Manner of Collision</b> *see diagram right 01 - Rear End (Front to Rear) 02 - Head On (Front to Front) 03 - Angle Same Direction (Front to Side) 04 - Angle (Front-to-Side), Opposing Direction 05 - Angle Right (Front to Side, includes Broadside) 06 - Angle Direction not Specified 07 - Sideswipe Same Direction (Passing) 08 - Sideswipe Opposite Direction (Meeting) 09 - Rear to Side (Normally Backing) 10 - Rear to Rear (Normally Backing) 11 - Rear to Front (Normally Backing) 12 - Not a Collision w/2 Vehicles in Transport 13 - Other 99 - Unknown										
			<b>Type of Work Zone</b> 01 - Lane Closure 02 - Lane Shift or Crossover 03 - Work on Shoulder/Median 04 - Intermittent or Moving Work 05 - Other 99 - Unknown			<b>Direction of Force</b> 01 - Opposing (Opposite Direction within 15 degrees) 02 - Angle (force exceeds 15 degrees) 03 - Same (same direction within 15 degrees) 04 - Meeting (glancing collision from opposite direction) 05 - Passing (glancing collision from same direction) 99 - Unknown										

**Manner of Collision CLARIFICATION**  
 01 - Rear End (Front-to-Rear)  
 02 - Head-on (Front-to-Front)  
 03 - Angle (Front-to-Side), Same Direction  
 04 - Angle (Front-to-Side), Opposing Direction  
 05 - Angle (Front-to-Side), Right Angle/Broadside

See narrative

**1st**

First Name: F R E D MI: Last Name: P E T E R S O N

Street Number: Street Name: City: P A V I L L I O N State: W Y Zip Code: 8 2 5 2 3

Home: Work: Cell Phone: and/or Home: Work: Cell Phone:

**2nd**

First Name: Z A K MI: Last Name: R O S E

Street Number: Street Name: City: State: Zip Code:

Home: Work: Cell Phone: and/or Home: Work: Cell Phone:

**3rd**

First Name: K L A Y T O N MI: Last Name: R O S E

Street Number: Street Name: City: State: Zip Code:

Home: Work: Cell Phone: and/or Home: Work: Cell Phone:

**ADDITIONAL NARRATIVE PAGE**

On 12/20/11 at approximately 1850 hrs, a vehicle vs. pedestrian crash occurred at milepost 89.43 on highway US 26. I, Trooper Shoden, was notified of the crash at 1853 hrs and responded with Trooper Wyrick from Lander.

As Trooper Wyrick and I arrived on scene, Fremont County Deputies, EMS and the fire department were already on scene. EMS was tending to the injured victim (Victim 1). Conditions at the scene were clear with the pavement dry. Traveling to the scene, Trooper Wyrick and I passed through patches of heavy fog. The driver of the vehicle (Driver 1) was still sitting in the driver's seat of his vehicle when we arrived. Trooper Wyrick went to speak with Driver 1 about the incident as I went to talk to one of the witnesses of the crash, Fred Peterson, about what had happened.

Fred Peterson said that he had stopped to let Victim 1 out at her house. Peterson first turned on his yellow overhead flashers as he approached Victim 1's residence. When Peterson stopped to let Victim 1 out, he opened the bus door which activated the red overhead flashers as well as extended the LED stop sign on the driver's side of the bus. Victim 1 had gotten off the bus and had walked pass the front of the bus when he noticed a truck traveling east down the highway. According to Peterson, the vehicle did not appear to be slowing down at all. Peterson said that Victim 1 also then noticed the approaching vehicle and began to hurry across the highway. Victim 1 was at the fog line when she was struck by the oncoming truck. Victim 1's body was thrown 128 feet from the point of impact, into the south barrow ditch. There, Victim 1 succumbed to her injuries. Following speaking to Peterson, I was approached by the mother of Zak and Klayton Rose. Zak and Klayton had also witnessed the crash. Zak and Klayton both confirmed that Peterson had his overhead lights on, because the door to the bus was still open.

Trooper Wyrick told me that Driver 1 did not seem to be under the influence of alcohol or drugs. I went to speak to Driver 1 about what had happened, Driver 1 said that he did not see the bus lights. Rather, it looked like the bus had it's turn signals on. Driver 1 estimated his speed to be about 40 mph and that his visibility was reduced to about one delineator post in length, due to the fog. Driver 1 said that he was not taking any kind of prescription medication.

Trooper Bragonier arrived on scene shortly after to diagram the scene. I asked Trooper Bragonier if there was a chance that Driver 1's vehicle could have recorded the impact on it's airbag module. Trooper Bragonier confirmed that it indeed could have. Trooper Wyrick and I then went back to Driver 1 to ask if we could download the information from his truck without a search warrant, and he obliged. I then went back to Lander to retrieve the Crash Data Retrieval System (CDR), needed to download the required information. When I arrived back on scene, Troopers Bragonier and Wyrick again asked Driver 1 if it was ok to download the information from his truck, to which he had no problem with. The data collected by CDR showed that Driver 1 had been traveling at 57 mph less than five seconds before the crash. At less than one second before impact, Driver 1 was still traveling at 57 mph. The CDR also showed that the brakes had not been hit less than one second before impact.

Victim 1 was pronounced dead by the Fremont County Coroner at 1952 hours from blunt force trauma sustained in the crash. Driver 1's vehicle was drivable and did not require a tow truck. Case report has been turned over to Fremont County Attorney's office.

## Driver/Vehicle Form

CASE NO. P 2 0 1 1 2 1 7 9 9 4

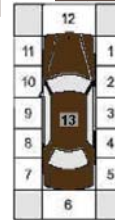
Vehicle No. 01 02 03... 0 1

Last Name B A R N E S										First Name W I L L I A M										MI D		Gender M		DOB (yyyy/mm/dd) / /																									
Street Number 111										Street Name S										City S W E E T W A T E R										State W Y		Zip Code 8 2 5 2 0																	
Mailing Address (PO Box Number) 111										City S W E E T W A T E R										State W Y		Zip Code 8 2 5 2 0																											
Occupation U N E M P L O Y E D										Employer 111										Age 5 2																													
Driver Phone 111 111 1111										Home Phone 111 111 1111										Cell Phone 111 111 1111										Emp Phone 111 111 1111										SSN (fatals only) - - - - -									
Driver's License Number 111 111 1111										State (FIPS) W Y 5 6										Restrictions L										CDL Endorsement 1																			

DL Type 5										DL Class 2										DL Status 1										No. of Vehicle Occupants (01 to 50) 0 1																													
1 - Not Licensed 2 - Driver License 3 - Instruction Permit 4 - I2 Permit-intermediate										5 - CDL 6 - CDL Permit 7 - No License Required 8 - Restricted License										1 - A 2 - B 3 - C 4 - M										5 - Improper or No Endorsement 6 - Other										1 - Clear 2 - Expired 3 - Canceled or Denied										4 - Revoked 5 - Suspended 99 - Unknown									
Posted Speed 6 5										Estimated Speed 5 7																																																	

Last Name B A R N E S										First Name W I L L I A M										MI D		State W Y										Zip Code 8 2 5 2 0											
Street Number 111										Street Name S										City S W E E T W A T E R										State W Y		Zip Code 8 2 5 2 0											
Make (ie, Chevrolet, Dodge, Toyota) G M C										Model (ie, Silverado, Dakota, Solara) S I E R R A										Year 2 0 0 5		Expir. Date (mm/yy) - -		Initial Impact Point 1 2										Most Damaged Area 1 2									
Vehicle Identification Number 1 G T H K 2 3 2 9 5 F										License Plate No. 111 111 1111										State (FIPS) W Y 5 6		Color W H I																					

Insurance Verified Y										Company 111 111 1111										Direction of Travel Prior to Crash 0 3																			
Vehicle Towed N										Policy # 111 111 1111										By 111 111 1111										To 111 111 1111									
Extent of Damage 0 2										01 - None 02 - Functional 03 - Minor 04 - Disabling 99 - Unknown										MV Damage ≥\$1,000 0 1										01-Yes 02-No 99-Unk.									



- 00 Non-Collision (Overturn/Rollover)  
01-12 (Use 12 Point Clock Diagram)  
13 Top (Roof)  
14 Undercarriage  
99 Unknown (Can't determine)

Driver's Action (choose up to 4/ ie. 01, 10, 25) 01 - No Improper Driving 02 - Ran Off Road 03 - Failed to Yield ROW 04 - Disregarded Traffic Signs 05 - Ran Red Light 06 - Disregarded Other Road Marking 07 - Speeding 08 - Drove too Fast for Conditions 09 - Improper Turn or No Signal 10 - Improper Backing 11 - Improper Passing 12 - Improper Parking 13 - Wrong Side/Wrong Way 14 - Following too Close 15 - Failed to Keep Proper Lane 16 - Erratic/Reckless/Careless/Aggressive 17 - Avoiding an Object on Road 18 - Avoiding Animal 19 - Avoiding Non-Motorist 20 - Avoiding MV 21 - Swerve Due to Wind/Slippery Surface 22 - Over Corrected/Over Steered 23 - Evading Law Enforcement 24 - Other Improper Action 99 - Unknown										1st choice 0 8 2nd choice 3rd choice 4th choice									
Suspect Alcohol 0 2 01 - Yes 02 - No 99 - Unknown										Alcohol Test Type 0 1 01 - No Test Performed 02 - Test Refused 03 - Blood 04 - Serum 05 - Breath 06 - Urine 07 - Other 99 - Unknown									
Driver's Condition (choose up to 2) 01 - Apparently Normal 02 - Emotional (depressed, angry, disturbed...) 03 - ill (Sick) 04 - Fell Asleep, Fainted 05 - Fatigued 06 - Under Influence of Medication 07 - Physical Disability 08 - Suspected Drug Use 09 - Suspected Alcohol Use 10 - Other 11 - Driver Inattention 99 - Unknown										1st choice 0 1 2nd choice									
Driver's Distraction (choose one) 01 - Not Distracted 02 - Electronic Communication Device (cell, pager...) 03 - Other Electronic Device (palm, TV, computer...) 04 - Other Distraction Inside MV (passenger, pet...) 05 - Other Distraction Outside MV 99 - Unknown										9 9									
Suspect Drugs 0 2 01 - Yes 02 - No 99 - Unknown										Drug Test Type 0 1 01 - No Test Performed 02 - Test Refused 03 - Blood 04 - Serum 05 - Urine 06 - Other 99 - Unknown									
Citations Issued (choose up to 5) 01 - None 02 - DWUI 03 - Drinking - (i.e., open container) 04 - Exceeding Speed Limit 05 - Speed too Fast 06 - Following too Close 07 - Wrong Side of Road 08 - Improper or No Signal 09 - Improper Lane Use 10 - Improper Turn 11 - Improper Passing 12 - Improper Starting Out 13 - Failed to Grant ROW to Ped 14 - Failed to Grant ROW to MV 15 - Disregard Officer 16 - Disregard Stop Light 17 - Disregard Stop Sign 18 - Disregard Other 19 - Improper Parking 20 - Reckless Driving 21 - Vehicular Homicide 22 - Driver's License Violation 23 - Improper Backing 24 - No Insurance 25 - Hit & Run 26 - Registration Violation 27 - Failure to Use Seat Belt 28 - Charges Pending 29 - Fed R & R Driver 30 - Fed R & R Vehicle 31 - Racing 32 - Careless 33 - Other (explain in narrative)										1st choice 3 3 2nd choice 3rd choice 4th choice 5th choice									
DL Investigation 0 2 01 - Yes 02 - No 99 - Unknown										PR-902A Revised 07/02/07									

If Alcohol Test performed other than Breath then form 902E will be required with results at a later date.

If Drug Test performed then form 902E will be required with results at a later date.



## Vehicle Information

1st event	1	9	Sequence	← choose up to 4:
2nd event				
3rd event			Most Harmful Event	
4th event			choose 1	→ 1 9

**Non-Collision**

- 01 - Overturn/Rollover
- 02 - Fire/Explosion
- 03 - Immersion
- 04 - Jackknife
- 05 - Cargo/Equipment Loss or Shift
- 06 - Equipment Failure
- 07 - Separation of Units
- 08 - Ran Off the Road Right
- 09 - Ran Off the Road Left
- 10 - Cross Median or Centerline
- 11 - Downhill Runaway
- 12 - Fell/Jumped from a MV
- 13 - Thrown or Falling Object
- 14 - Avoiding an Object on Road
- 15 - Avoiding an Animal on Road
- 16 - Carbon Monoxide (CO) Poisoning
- 17 - Injuries by being thrown against part of vehicle
- 18 - Other Non-Collision (MC Loss of Control)

**Collision w/ Person, MV, or Non-Fixed Object**

- 19 - Pedestrian
- 20 - Pedacycle
- 21 - Railway Vehicle
- 22 - Motor Vehicle in Transport on Roadway
- 23 - Motor Vehicle in Transport on OTHER Roadway
- 24 - Parked Motor Vehicle
- 25 - Struck by Falling, Shifting Cargo or Anything Else Set in Motion by Motor Vehicle
- 26 - Other NON-Fixed Object
- 27 - Work Zone/Maintenance Equipment
- 28 - Work Zone Channeling Device
- 29 - Object Set in Motion by Another Vehicle

**Animals**

- 30 - Horse
- 31 - Cow
- 32 - Pig
- 33 - Sheep
- 34 - Other Domestic (Dog, Llama, ...)
- 35 - Elk
- 36 - Deer
- 37 - Moose
- 38 - Antelope
- 39 - Buffalo
- 40 - Other Wild

**Collision w/ Fixed Object**

- 41 - Guardrail End
- 42 - Guardrail Face
- 43 - Impact Attenuator/Crash Cushion
- 44 - Bridge Pier or Support
- 45 - Bridge Overhead Structure
- 46 - Bridge Rail
- 47 - Concrete Traffic Barrier/Jersey Barrier
- 48 - Other Traffic Barrier (Includes temporary)
- 49 - Utility Pole/Light Support
- 50 - Traffic Signal Support
- 51 - Traffic Sign Support
- 52 - Overhead Traffic Sign
- 53 - Sign Support Single Post
- 54 - Sign Support Multiple Post
- 55 - Other Traffic Sign Support
- 56 - Barricade
- 57 - Tree/Shrubbery
- 58 - Cut Slope
- 59 - Road Approach
- 60 - Rock, Boulder, Rock Slide
- 61 - End of Drainage Pipe/Structure/Culvert
- 62 - Building or Other Structure Wall
- 63 - Fence (Including Post)
- 64 - Raised Median or Curb
- 65 - Delineator Post
- 66 - Earth Embankment/Berm
- 67 - Ditch
- 68 - Snow Embankment
- 69 - Mail Box
- 70 - Tunnel
- 71 - Cattle Guard
- 72 - Other Fixed Object
- 73 - Cable Barrier
- 99 - Unknown

Motor Vehicle Unit Type		0 1
01 - Motor Vehicle in Transport		
02 - Parked Motor Vehicle		
03 - Working Vehicle/Equipment		
Commercial Motor Vehicle or HM Placard		0 2
01 - Yes 02 - No 99 - Unknown		
if yes, complete CMV supplement		

Vehicle Owner		0 1
01 - Same as Driver		
02 - Other		
03 - Passenger		
04 - Relative		
05 - Rental Vehicle		
06 - Commercial		
07 - Occupant		
08 - Vehicle Parked		
09 - Federal Law Enforcement		
10 - Federal Other		
11 - County Law Enforcement		
12 - County Fire Department		
13 - County Other		
14 - City Law Enforcement		
15 - City Fire Department		
16 - City Other		
17 - Government Other		
18 - Ambulance/EMS		
19 - WHP		
20 - State Law Enforc Other		

Vehicle Type		0 3
01 - Passenger		
02 - Passenger Van		
03 - PU		
04 - School Bus		
05 - Other Bus		
06 - Transit Bus		
07 - Charter Bus		
08 - MC >150 cc		
09 - Off Road MC		
10 - Motorized Skateboard/Scter		
11 - Pedestrian Vehicle		
12 - Low Speed Vehicle		
13 - Other Vehicle		
14 - SUV		
15 - Cargo Van		
16 - Motor Home		
17 - Light Truck (10K or less)		
18 - Medium Truck (>10K-<26K)		
19 - Heavy Truck (>26K)		
20 - Farm Equipment		
21 - Construction Vehicle		
22 - MC <150 cc		
23 - Moped		
24 - Snowmobile		
25 - Segway		
26 - ATV		
27 - MPV		
99 - Unknown		

Non -Commercial Trailer Style		0 1
01 - No Trailer		
02 - Camping Trailer		
03 - Mobile Home		
04 - Utility Trailer		
05 - Boat/Jet Ski Trailer		
06 - Towed Vehicle		
07 - Horse/Stock Trailer		
08 - Motorcycle Trailer		
09 - Multiple Trailers		
10 - Other (ie. Bicycle)		
99 - Unknown		

Underride/Override		0 1
01 - No Underride or Override		
02 - Underride-Compartment Intrusion		
03 - Underride-No Compartment Intrusion		
04 - Underride-Compartment Intrusion Unknown		
05 - Override-Motor Vehicle in Transport		
06 - Override-Other Motor Vehicle		
99 - Unknown if Underride or Override		

Emergency Vehicle Use		
01 - Yes 02 - No 99 - Unknown		

Emergency Equipment Activated		
01 - Yes 02 - No 99 - Unknown		

Special Function of MV in Transport		0 1
01 - None		
02 - Police		
03 - Ambulance/EMS		
04 - Fire Truck		
05 - Military		
06 - Snow Plow		
07 - Tow Truck		
08 - MV used as School Bus		
09 - MV used as Other Bus		
10 - Construction Equipment		
11 - Farm Equipment		
12 - Taxi		
13 - Train		
99 - Unknown		

Contributing Circumstance		1st choice 0 1
01 - None		
02 - Brakes		
03 - Trailer Brakes		
04 - Steering		
05 - Power Train		
06 - Suspension		
07 - Tires		
08 - Wheels		
09 - Lights (Head, Signal or Tail)		
10 - Windows/Windshield		
11 - Rain/Snow/Ice on Windshield		
12 - Tinted Windows		
13 - Vehicle Cargo Blocking View		
14 - Exhaust System		
15 - Oversized Load		
16 - Defroster		
17 - Mirrors		
18 - Wipers		
19 - Truck Coupling/Trailer Hitch/Safety Chain		
20 - Stalled Vehicle		
21 - Cruise Control		
22 - Other		
99 - Unknown		

Vehicle Maneuver/Action prior to crash		0 1
01 - Straight Ahead		
02 - Backing		
03 - Changing Lanes		
04 - Overtaking/Passing		
05 - Turning Right		
06 - Turning Left		
07 - Make U-Turn		
08 - Leaving a Traffic Lane/Parking		
09 - Entering a Traffic Lane		
10 - Slowing		
11 - Negotiating a Curve		
12 - Parked		
13 - Stopped in Traffic		
14 - Driverless Motor Vehicle		
15 - Trafficway Maintenance		
16 - Other		
99 - Unknown		

Road Surface	0 2	Grade	0 1
01 - Concrete		01 - Level	
02 - Asphalt		02 - Hillcrest	
03 - Gravel/Rock		03 - Uphill	
04 - Dirt		04 - Downhill	
05 - Brick/Stone		05 - Sag (Bottom)	
99 - Unknown		99 - Unknown	

Horizontal Alignment		0 1
01 - Straight		
02 - Curve Right		
03 - Curve Left		
99 - Unknown		

Total No. Lanes		0 2
01 - 06, 99 = Unknown (exclude turn lanes)		

Traffic Control Working Properly		0 1
01 - Yes 02 - No 99 - Unknown		

Traffic Control		1 3
01 - None		
02 - Stop Sign		
03 - Yield Sign		
04 - Flashing Traffic Signal		
05 - Do Not Enter Sign		
06 - Traffic Signal		
07 - Traffic Signal w/ Ped		
08 - Traffic Signal w/ Ped & Audible Signals		
09 - Person (Officer/Flagger, Xing Guard, etc)		
10 - Pedestrian Crossing		
11 - No Passing Zone		
12 - Warning Signs		
13 - Pavement Markings		
14 - Traffic Barrels/Cones		
15 - Temporary Jersey Barrier		
16 - School Bus Flashing Stop Lamps		
17 - School Zone Crossing		
18 - RR Crossing Signal		
19 - RR Crossing Signal & Gate		
20 - RR Crossing Cross Buck Sign Only		
21 - RR Crossing Cross Buck with Stop Sign		
22 - RR Crossing Cross Buck with Yield Sign		
23 - Other		
99 - Unknown		

Trafficway Description		0 1
01 - Two-Way-Undivided		
02 - Two-Way-Undivided w/ Continuous Left Turn Lane		
03 - Two-Way-Divided, No Barrier		
04 - Two-Way-Divided, With Barrier		
05 - One Way		
99 - Unknown		

Rumble Strips Present		0 1
01 - Yes 02 - No 99 - Unknown		

Rumble Strips Applicable		0 2
01 - Yes 02 - No 99 - Unknown		

Rumble Strips		0 5
01 - None		
02 - Centerline Rumble Strips		
03 - Median Shoulder Only		
04 - Transverse Rumble Strips (Road Apprch)		
05 - Both Shoulders		
06 - Both Centerline and Outside Shoulder		
07 - Outside Shoulders Only		
99 - Unknown		

# Vehicle Occupant Information

CASE NO. P 2 0 1 1 2 1 7 9 9 4

<b>Seat Position</b> 01-Driver 02-Front Row Middle 03-Front Row Right 04-Passenger Front Row Left (for foreign or postal vehicles where the driver is on the Right) 05-Second Row Left 06-Second Row Middle 07-Second Row Right 08-Third Row Left 09-Third Row Middle 10-Third Row Right 11-Fourth Row Left 12-Fourth Row Middle 13-Fourth Row Right 14-Other Row (ie. Bus, Van) 15-Lying Down-Front Seat 16-Lying Down-Other Seat 17-MC Passenger 18-Sleeper Section of Cab 19-Other Enclosed Area 20-Unenclosed Cargo Area 21-Trailing Unit 97-Riding on MV Exterior 98-Other (explain in narrative) 99-Unknown		<b>Air Bag Deployed</b> 01-Not Applicable 02-Not Deployed 03-Deployed Front 04-Deployed Side 05-Deployed Combination 06-Deployed Other 99-Deployment Unknown		<b>Ejection</b> 01-Not Ejected 02-Partially Ejected 03-Totally Ejected 04-Trapped & Extricated 05-Not Applicable 99-Unknown		<b>Injury Status</b> 01-Fatal Injury 02-Incapacitating Injury 03-Non-Incapacitating Injury 04-Possible Injury 05-No Injury 99-Unknown		<b>Injury Description</b> 01-Severe Lacerations 02-Broken 03-Crushed 04-Unconsciousness 05-Internal Unknown 06-Lumps 07-Abrasions 08-Bruises 09-Minor Lacerations 10-Limping 11-Pain 12-Nausea 13-Other (explain in narrative) 14- No Injury 99-Unknown			
<b>Occupant Protection System Operation</b> 01-Apparently Normal 02-Failure/Malfunction 03-Misuse 04-Air Bag System Turned off or Rendered Inoperative 99-Unknown		<b>Seat Belt Usage</b> 01-None Used 02-Not Available 03-Shoulder & Lap belt 04-Shoulder Belt Only 05-Lap Belt Only 06-Passive Restraint Only 07-Restraint used-Type Unk. 08-Forward Facing Child 09-Rear Facing Child Restraint 10-Booster Seat 11-Child Restraint-Type Unk. 12-Helmet Used 13-Other 99-Unknown		<b>Most Injured Area</b> 01-Head 02-Face 03-Neck 04-Thorax (Chest) 05-Abdomen/Pelvis 06-Spine 07-Upper Extremity (Arm...) 08-Lower Extremity (Leg...) 09-No Injury 99-Unknown		<b>Injury Classification</b> 01-Fatal (Not Documented) 02-Fatal (Autopsy) 03-Fatal (Medical Diagnosis) 04-Non-Fatal (Hospitalized overnight or longer) 05-Non-Fatal (Treated & Released from Hospital) 06-First Aid Given at Scene 07-No Treatment 08-Refused Treatment 99-Unknown		<b>Inj. Transported by</b> 01-Not Transported 02-EMS (Ground) 03-EMS (Air) 04-Law Enforcement 05-Other (Private MV) 99-Unknown			
<b>MV #</b> 01 02 03 04 05...		<b>Person Type</b> 01-Driver 02-Passenger 99-Unknown If non-motorist, complete supplemental form		<b>Seat Belt Usage</b> 01-None Used 02-Not Available 03-Shoulder & Lap belt 04-Shoulder Belt Only 05-Lap Belt Only 06-Passive Restraint Only 07-Restraint used-Type Unk. 08-Forward Facing Child 09-Rear Facing Child Restraint 10-Booster Seat 11-Child Restraint-Type Unk. 12-Helmet Used 13-Other 99-Unknown		<b>EMS ID</b> 99		<b>EMS Run #</b> 02		<b>Medical Facility</b> 01	

## Occupant Information

Last Name >>		First Name >>		DOB >>		Age >>		Gender M, F, X	
SSN (Fatafs Only) >>		SSN (Fatafs Only) >>		SSN (Fatafs Only) >>		SSN (Fatafs Only) >>		SSN (Fatafs Only) >>	
Home >>		Work >>		Cell Phone >>		Home >>		Work >>	
and/or >>		and/or >>		and/or >>		and/or >>		and/or >>	
Medical Facility >>		Medical Facility >>		Medical Facility >>		Medical Facility >>		Medical Facility >>	



Supplemental NON-Motorist

Non Motorist Segment No: 0 1

Vehicle No. 01 02 03... 0 1

Last Name

First Name

MI

Age 1 1

Gender: M, F, X F

SSN (Fatais Only)

DOB (yyyy/mm/dd)

Home

Work

Cell Phone

and/  
or

Home

Work

Cell Phone

EMS ID EMS Run #

7 2

Medical Facility

Non Motorist Action  
Prior to Crash

0 1

- 01 - Entering/Crossing Road
- 02 - Traveling along road w/ traffic
- 03 - Traveling along road against traffic
- 04 - Pushing a Motor Vehicle
- 05 - Approaching or Leaving MV
- 06 - Playing or Working On Motor Vehicle
- 07 - Standing/Laying Down
- 08 - In a parked MV (sitting, etc.)
- 09 - Other
- 99 - Unknown

## Non Motorist Pursuit

0 2

- 01 - Recreation Pursuit
- 02 - Going to/from school
- 03 - Non motorist commuter
- 04 - Stranded Motorist
- 05 - Working
- 06 - Cycling
- 07 - Other
- 99 - Unknown

Non Motorist Location  
at time of Crash

0 5

- 01 - Marked Crosswalk at Intersection
- 02 - Intersection w/o Marked Crosswalk
- 03 - Non-intersection Crosswalk
- 04 - Driveway Access Crosswalk
- 05 - In Roadway (not in crosswalk or intersection)
- 06 - Median (Not Shoulder)
- 07 - Island
- 08 - Shoulder
- 09 - Sidewalk
- 10 - Roadside
- 11 - Outside of Traffic Way
- 12 - Dedicated Bike Lane
- 13 - Shared-Used Path or Trail
- 14 - Inside Building
- 15 - Other
- 99 - Unknown

## Most Injured Area

0 1

- 01 - Head
- 02 - Face
- 03 - Neck
- 04 - Thorax (Chest)
- 05 - Abdomen/Pelvis
- 06 - Spine
- 07 - Upper Extremity (ie Arm)
- 08 - Lower Extremity (ie Leg)
- 09 - No Injury
- 99 - Unknown

## Non Motorist Type

0 3

- 03 - Pedestrian
- 04 - Pedacyclist
- 05 - Occupant of MV NOT in transport (parked)
- 06 - Pedestrian Conveyance
- 07 - Other Pedestrian (ie.wheelchair)
- 99 - Unknown type

Non Motorist Condition at Time of  
Crash

0 1

- 01 - Apparently Normal
- 02 - Emotional (ie, depressed, angry)
- 03 - Ill (sick)
- 04 - Fell Asleep, Fainted
- 05 - Fatigued
- 06 - Under Influence of Medication
- 07 - Physical Disability
- 08 - Suspected Drug Use
- 09 - Suspected Alcohol Use
- 10 - Other
- 99 - Unknown

Non Motorist Action at  
Time of Crash  
(choose up to 2)

1st 0 1

2nd

- 01 - No Improper Action
- 02 - Improper Crossing
- 03 - Darting
- 04 - In Roadway
- 05 - Failure to yield ROW
- 06 - Not Visible (Dark Clothing)
- 07 - Inattentive (talking, eating, etc)
- 08 - Disobey Traffic Signs, Officer, etc.
- 09 - On Wrong Side of Road
- 10 - Other Improper Action
- 99 - Unknown

Injured  
Transported by

0 1

- 01 - Not Transported
- 02 - EMS (Ground)
- 03 - EMS (Air)
- 04 - Law Enforcement
- 05 - Other (Private MV)
- 99 - Unknown

## Injury Description

0 5

- 01 - Severe Lacerations
- 02 - Broken
- 03 - Crushed
- 04 - Unconsciousness
- 05 - Internal Unknown
- 06 - Lumps
- 07 - Abrasions
- 08 - Bruises
- 09 - Minor Lacerations
- 10 - Limping
- 11 - Pain
- 12 - Nausea
- 13 - Other
- 14 - No Injury
- 99 - Unknown

## Injury Classification

0 3

- 01 - Fatal (Not Documented)
- 02 - Fatal (Autopsy)
- 03 - Fatal (Medical Diagnosis)
- 04 - Non-Fatal (hospitalized overnight or longer)
- 05 - Non-Fatal (Treated and Released from Hospital)
- 06 - First Aid Given at Scene
- 07 - No Treatment
- 08 - Refused Treatment
- 99 - Unknown

## Non Motorist Proximity

0 2

- 01 - Same city as report made
- 02 - Lives 25 miles or less from crash scene
- 03 - Lives greater than 25 miles from crash scene by within Wyoming
- 04 - Does not have residence in Wyoming
- 99 - Unknown

Non Motorist Safety Equipment  
(choose up to 2)

1st 0 1

2nd

- 01 - None
- 02 - Helmet
- 03 - Protective Pad (elbow, knee, etc.)
- 04 - Reflective Clothing
- 05 - Lighting
- 06 - Other
- 07 - Not Applicable
- 99 - Unknown

Suspect Alcohol  
on Non Motorist

0 2

- 01 - Yes
- 02 - No
- 99 - Unknown

If Alcohol Test performed other than Breath then form 902E will be required with results at a later date.

## Alcohol Test Type

0 1

- 01 - No Test Performed
- 02 - Test Refused
- 03 - Blood
- 04 - Serum
- 05 - Breath
- 06 - Urine
- 07 - Other
- 99 - Unknown

Suspect Drugs on Non  
Motorist

0 2

- 01 - Yes
- 02 - No
- 99 - Unknown

If Drug Test performed then form 902E will be required with results at a later date.

## Drug Test Type

0 1

- 01 - No Test Performed
- 02 - Test Refused
- 03 - Blood
- 04 - Serum
- 05 - Urine
- 06 - Other
- 99 - Unknown

## Injury Status

0 1

- 01 - Fatal Injury
- 02 - Incapacitating Injury
- 03 - Non-Incapacitating Injury
- 04 - Possible Injury
- 05 - No Injury
- 99 - Unknown

Alcohol  
Test Result

0 0