

CITY OF LOWELL
VEHICLE USE POLICY

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1. Administrative Policies and Procedures

1.1 Definitions

For purposes of these policies, a City vehicle is any motor vehicle or piece of equipment that is owned, leased, rented, donated or provided to the City under contract. A City vehicle may also be a personal vehicle, properly insured and authorized to carry out City business.

Failure to comply with any and all applicable provisions of this policy may result in disciplinary action up to and including removal of City vehicle privileges, suspension, and/or termination from City employment.

1.2 Motor Vehicle License

In order to be eligible to drive a City motor vehicle, an employee must be at least eighteen (18) years of age and must verify to the Department Head at the hiring and at least annually thereafter, that said employee has a valid, unrestricted, and current license to operate the class and type of said vehicle.

Employees who operate municipal vehicles must provide proof of a valid motor vehicle license of the appropriate class issued by the State of their current residence. Employees may also be required to provide proof of valid motor vehicle license at any time. Employees may be requested to certify that they have no moving violations or accidents in the course of employment.

Employees authorized to operate a municipal vehicle must authorize a motor vehicle record check prior to operating any municipal vehicle, and on an annual basis.

An employee, who operates a motor vehicle as part of their official job duties, must inform their supervisor immediately of revocation or suspension of their driver's license, including any reduction in classification of their Commercial Drivers License (CDL). An employee's failure to do so may be cause for disciplinary action up to and including termination.

1.3 Driving Performance

All employees operating a vehicle of any kind on City business shall do so in strict compliance with applicable laws and regulation and use defensive driving techniques. This shall include safety checks of vehicle equipment and loads as required by law and City safety and health rules. Vehicles are to be driven in a manner such as to create a favorable impression to the public. All drivers of City owned, leased, rented or donated vehicles are responsible for the proper care and handling of those vehicles while in their custody.

1.4 Parking/Traffic Tickets-Violations

Drivers must obey all state and local traffic laws and regulations. Any legal action resulting from such violations is the personal responsibility of the affected driver or assigned individual. Any individual, who is found in violation of these laws, could risk loss of City vehicle driving privileges for a period to be determined by the City and in conjunction with the Law Department.

1.5 Alcohol and Controlled Substances (drugs)

Except during legitimate law enforcement investigations, no employee will be permitted to operate a vehicle under the influence of alcohol, controlled substances (drugs), intoxicants, or legally prescribed medications that impair the ability of the driver to properly and/or legally operate a motor vehicle. No employee will operate a City vehicle with alcoholic beverages or controlled substances aboard said vehicle unless either are manifested as cargo or for official City business purposes. Any City employee arrested for operating a City vehicle under the influence of alcohol or any illegal substance will lose all privileges to operate a City vehicle pending the outcome of the trial. If convicted, the employee may lose their privilege to drive a City vehicle of any kind. In addition, the employee may be subject to disciplinary action up to and including termination. Commercial motor vehicle drivers are subject to the specific requirements for CDL (Commercial Drivers License) operators under the *U.S. Department of Transportation Rule Part 383 Controlled Substances and Alcohol Use and Testing*. CDL operators are encouraged to review Part 383 and the City's standard operating procedures for affected employees.

1.6 Vehicle and Personal Radios

City vehicles that are equipped with broadcast radio and/or cassette/CD players must be used in such a manner as not to interfere with the safe operation of the vehicle or impede the driver in any way. Unless a vehicle is equipped by the manufacturer with a communication headset, the use of radio/cassette player ear plugs or headsets when driving is against the law.

1.7 Smoking by Drivers and Passengers

To maintain our smoke-free work environment and as courtesy to other users/passengers, the City prohibits smoking in City vehicles.

1.8 Cleanliness of City Vehicles

All users of a City vehicle or piece of equipment are required to keep both the inside and outside of the vehicle clean and free of debris.

1.9 Authorized Passengers

An employee cannot transport members of their family, personal friends, or non-City employees in a City vehicle without specific permission from the department head.

1.10 Assignment of City Vehicles

City vehicles are assigned to department heads holding certain designated positions of responsibility (examples: Police Superintendent, Fire Chief, Public Works Commissioner,). Certain City employees are also assigned City vehicles due to the nature of their work or as provided by a collective bargaining agreement. Below are guidelines regarding the assignment of City vehicles.

1. Department heads may request, in writing to the City Manager, that a City vehicle be assigned to an employee of that department. The department head making such a request should provide the salient reasons why such an assignment is in the best interest of the City. The department head should also state if the assigned vehicle will be used for commuting purposes as well. The City Manager is the only one authorized to approve or deny such an assignment.
2. Individuals that have been assigned a City owned vehicle may also be granted permission to use the vehicle to commute to their domicile if this allows for more efficient performance of their job duties. Permission to use a City owned vehicle for commuting purposes must also be obtained from the City Manager.
3. In every case in which a municipal vehicle is permitted to be used for commuting to an employee's domicile, the vehicle must be driven over the shortest usually traveled route taking into account road and traffic conditions. Such vehicles may be used for incidental personal purposes as long as the purpose doesn't require a significant deviation from the shortest usually traveled route.
4. The City Manager shall periodically, and whenever such position becomes vacant, review the need for the assignment of a City owned vehicle to any employee.

1.11 Vehicle Identification

All City owned vehicles will have a vehicle identification number 4 inches by 3 inches and City emblems no smaller than 10 inches wide by 10 inches high affixed to their exterior (no magnetic signs) on both the driver's side and passenger's side of the vehicle. Affixing decals, bumper stickers or any other ornamentation to the exterior of the vehicle is strictly prohibited. Alterations to the interior of City owned vehicle is also prohibited.

All vehicles must have two registration plates that are in good condition and correspond to the vehicle's official registration certificate. In addition, the vehicle must have an up-to-date valid vehicle state inspection sticker on the windshield.

Any vehicle that is found to be not in compliance with the requirements of this section may be refused a vehicle state inspection sticker at the time of inspection.

This section does not apply to Police vehicles used for undercover/covert law enforcement purposes, as approved by the Superintendent of Police.

2. Safety Policies and Procedures

2.1 Safety Seat/Shoulder Belts and Other Restraints

Where safety seat and shoulder belts and/or other restraints are available, it is mandated by law and these City policies that they shall be fastened and worn properly by all drivers and passengers in all vehicles used for official business when the vehicle is in motion. This also includes employees who are passengers in other's vehicles or transportation services. Further, if a vehicle is equipped with an airbag restraint system, safety and shoulder belts must be utilized.

2.2 Safe and Appropriate Seating

No one shall ride in or on any vehicle unless positioned in a safe and appropriate seat intended for that purpose and wearing a seat/shoulder belt.

2.3 Vehicular Accidents

2.3.1 Procedures to be Followed

All City drivers involved in an accident with a City vehicle, regardless of whether the driver or their passenger(s) were injured or whether the vehicle was damaged, must call a police officer to the scene, complete a Commonwealth of Massachusetts Operator's Report of Motor Vehicle Accident form as soon as practical for the department head and schedule an appointment with the Law Department within three business days of the accident. The police department will photograph the scene, any damages and all vehicles involved in the accident. (See attached forms).

2.3.2 Accident Reporting

Reporting requirements following the accident, whether another vehicle was involved or not. The employee is responsible for:

1. Submitting a completed Commonwealth of Massachusetts Operator's Report of Motor Vehicle Accident form within twenty-four (24) hours or the next usual business day whenever possible to the driver's department head and scheduling an appointment with the Law Department within three business days. Also, any injured driver or passengers who are employees must file a City work-related injury report form with their department.
2. If the accident resulted in property and/or vehicle damage estimated to be \$1000 or more and/or injury or death to anyone involved, the driver must submit a copy of the Commonwealth of Massachusetts Operator's Report of Motor Vehicle Accident form to the Registry of Motor Vehicles and the police department in whose jurisdiction the accident occurred. The employee **MUST** confer with the Law Department and their department head before sending in said copy.

2.3.3 Accident Review Committee

The City Manager shall appoint an accident review committee to review every department's City vehicle accidents. The accident review committee will meet on a monthly basis. The Committee will:

1. Try to determine the factors that contributed to the accidents.
2. Track accident trends (seasonal, by person, by department, etc.)

3. Recommend to the City Manager that driving privileges be revoked or suspended for individuals with multiple and/or severe preventable accidents.

2.4 Operation of Two-way Radios and Cellular Telephones

Some vehicles are equipped with two-way radios. The purpose of these radios is to provide immediate and on-going communications with the operating department. It is absolutely imperative that radio transmissions be conducted in a professional manner. There should be no foul or profane language used-nor should the radio be used for any purpose other than to relay information pertinent to the operation of the City. Except for personnel responding to an emergency situation, handheld cellular telephone use by a driver when operating a vehicle is prohibited because it distracts the driver's attention from traffic conditions. A driver should pull into a parking lot or other safe location, when using a handheld cellular telephone. However, drivers may choose to use hands-free cellular telephone device as allowed by law.

2.5 Speed

All drivers, except for public safety personnel authorized to respond to an emergency situation, are required to obey all speed limits. Under no circumstances is a City vehicle to be driven at a speed greater than is reasonable and prudent under the existing weather, road and traffic conditions.

2.6 Hazardous Environmental Conditions

Caution in operating a City vehicle shall be exercised when hazardous conditions, such as those caused by snow, ice, sleet, fog, mist, rain, sunlight, dust or smoke adversely affect visibility or traction. Speed shall be reduced and following distance increased when such conditions exist. If conditions become sufficiently dangerous, the driver should properly park the vehicle.

2.7 Proper Parking and Securing of Vehicle

Operators must obey all state and local traffic and parking laws and regulations (see section 1.4). Vehicles should be parked to avoid backing whenever practicable. If backing is necessary, it should be done upon arrival. When a driver leaves a vehicle, it must be properly and legally parked, front wheel curbed, transmission in PARK, hand brake engaged if on an incline and/or vehicle is equipped with manual transmission (also leave in first or reverse gear), ignition turned off, and key removed. If out of sight of the vehicle, it must be locked.

Those vehicles equipped with wheel chocks must be chocked while parked to prevent rollaways and runaways. On level ground, two (2) chocks shall be used, placed on each side of a rear wheel on a solid surface. On an incline, two (2) chocks shall be placed on

the downhill side of the rear wheels. On extreme inclines, four (4) chocks shall be placed on the downhill side of the rear wheels on dual wheel vehicles.

2.8 Firearms, Ammunition, Explosives, Mace and pepper spray

Except for sworn police officers, arson and bomb squad personnel, Animal Control Officers and personnel or other employees as noted below, the possession, carrying, and/or transporting of firearms, ammunition, explosives, Mace, pepper spray or the like in City vehicles is forbidden. City employees who are authorized by their department head and possess a valid Federal Arms Identification card (FID card) and/or other such firearm permit(s) to carry Mace, pepper spray or the like while on official business should insure that it is always in their immediate possession and control and not stored in a City vehicle. The Law Department should be consulted regarding any legal questions on these matters.

For the purpose of repair or construction of City facilities, properly licensed (FID card) journeymen or repair personnel are allowed to transport "stud guns" that require a gunpowder cartridge in City vehicles. A "stud gun" must never be transported in a loaded condition.

Explosives must not be transported or stored in a vehicle that is not properly placarded or suited for this task according to Department of Transportation Motor Carrier rules and regulations. The driver of such a vehicle with explosives must possess a valid CDL with a Hazardous Materials endorsement.

3. Operational Procedures

3.1 Out-of-state Travel

Employees who are planning on taking a City vehicle on official business out-of-state must be aware that out-of-state travel in any City vehicle will only be permitted with prior approval of the respective department head.

3.2 Parking, Tolls, Etc.

The driver should keep all receipts for parking, tolls, fuel, etc., authorized by the department head and request reimbursement for these charges from their department head in accordance with procedures prescribed by the City.

3.3 Stolen or Vandalized Vehicles

If a City vehicle is stolen while in an employee's possession, it must be reported immediately to the local police department having jurisdiction where the theft occurred, the employee's supervisor and the next business day to the Law Department.

3.4 Distractions to Impede Safe Driving

City employees are prohibited from engaging in any activities which impede safe driving. Examples of distractions to avoid are: texting, talking on the cell phone for extended periods of time while driving, operation of hand held devices such as GPS units and MP3 players, putting on cosmetics and/or grooming themselves, putting on (or taking off) clothing, and changing the radio station while driving. If any employee needs to use their cell phone while driving, then the driver must use a hands-free phone device. Drivers must not remain on the cell phone for extended periods of time.

3.5 Idling Vehicles

No City employee who uses a City vehicle shall leave the vehicle unattended and/or allow the vehicle to remain idle for more than five (5) minutes at any given time, except emergency vehicles in the performance of emergency duties.

3.6 Vehicle/Equipment Intended Uses

The City's vehicles and equipment shall only be operated in compliance with their intended uses. Intended uses shall be defined as: the assigned purpose by the department head (or their designee).

3.7 Misuse

The City, through the City Manager, City Solicitor, or department heads, reserve the right to revoke or suspend City vehicle privileges for any of the following violations:

- Lack of proper and/or up-to-date vehicle identification (registration plates, or vehicle inspection sticker) and documentation;
- Using a City vehicle without authorization or permission;
- Use of a City vehicle without a valid driver's license;
- Unauthorized out-of-state travel;
- Misrepresentation on any City vehicle report or inspection forms;
- Use of the City vehicle for a purpose other than for its intended use;

Failure to obey City, departmental, state, and local traffic laws, rules, and regulations;
An investigation, initiated by a complaint or accident, that proves the driver violated state or local traffic and parking laws and/or City rules, policies, or procedures governing the use of City vehicles.
Failure to complete a vehicle safety check before use.

3.8 Vehicle Documentation Items

Below is a checklist for drivers to use to ensure they have all the necessary documentation when traveling in a City vehicle.

The following items are **required to be kept current and in (or affixed to) the vehicle at all times:**

- The vehicle registration (including two properly displayed registration plates)
- A valid vehicle safety inspection sticker on the windshield

The following documents are to be kept on the employee's person:

- A valid driver's license
- A valid lifting and hoisting license if operating such equipment

4. Compliance

Any employee to whom this policy applies will be given a copy of this policy and will be required to sign a confirmation of receipt (attached) yearly.

Employees covered by this policy must confirm receipt of this policy, by signing the signature page, in order to receive access to municipal vehicles.

Failure to comply with any and all applicable provisions of this policy may result in disciplinary action up to and including removal of City vehicle privileges, suspension, and/or termination from City employment.

APPROVED AS TO FORM:

A handwritten signature in black ink, appearing to read 'T. A. Golden, Jr.', written in a cursive style.

Thomas A. Golden, Jr.
City Manager

Date: July 21, 2023



Commonwealth of Massachusetts

Motor Vehicle Crash Operator Report

When Should You File a Report

- You should file a report if you're the operator of a vehicle involved in a crash where the damage to any one vehicle or property is over \$1000, or if there is an injury to any person, even if a police officer was on the scene. You should file the report within 5 days of the date of the crash.

When Should You NOT File a Report

- You should not file a report if the crash occurred on a private road, driveway, private parking lot or other private way.

Why this Report is Important

Data from this report is used for many purposes including:

- Identifying locations with a large number of crashes.
- Improving dangerous highways and intersections.
- Developing highway safety public information programs.
- Developing programs to save lives and reduce highway injuries.

How To Complete This Form

Please carefully complete all sections of this form that apply to your crash, **circling the answer** where appropriate. Illegible reports will be returned to you.

Section A: Crash Location

- Provide the city/town where the crash occurred, the date and time of the crash, and the number of vehicles involved.
- Complete section A1 or A2.
- Use official names of all locations, streets and landmarks.
- Use street name and route#, if applicable.
- Be as precise as possible when describing the location.
- Provide enough information to locate the crash to a specific point, not just a street or roadway.

Section B: Vehicle You Were Driving

- Provide information on your license and the vehicle you were driving.
- Use the codes provided to indicate the cause of the crash.

Section C: You and Your Passengers

- Provide information on you and your passengers at the time of the crash.
- Use the codes provided to indicate occupant information.

Section D: Other Vehicles Involved in the Crash

- Provide information on the other vehicle(s) and operator(s) involved in the crash.
- If more than one vehicle involved, please use additional form completing Section D only.

Section E: Non-Motorist(s) Involved

- Provide information on the non-motorist(s) involved in the crash.
- If more than one non-motorist involved, please use additional form completing Section E only.

Section F: Crash Conditions

- Use the codes provided to indicate the conditions at the time of the crash.

Section G: Crash Diagram

- Draw a diagram of how the crash occurred.
- On the diagram, Vehicle I represents your vehicle.

Section H: Witness Information

- List all the people who saw the crash but were not involved.

Section I: Property Damage Information

- Indicate all non-vehicular property that was damaged in the crash.

Section J: Description of What Happened

- Describe the crash including events prior to the crash for your vehicles and all other vehicles.

Section K: Signature

- Please sign and print your name and indicate the date you completed the form.

Where to send completed reports:

D Mail or deliver one copy to your local police department in the city or town where the crash occurred.

D Mail one copy to your Insurance Company.

D Mail one copy to the RMV at the following address:

Crash Records
Registry of Motor Vehicles
P.O. Box 55889
Boston, MA 02205-5889

Section A: Crash Location

City/Town Where Crash Occurred	Date of Crash	Time of Crash ____ : ____ AM ____ PM	# Vehicles Involved: _____
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Please complete Section A1 or A2 below to indicate the location of the crash. If you need additional space to describe the crash location, please use Section J on the last page of this form.

<p>SECTION A1: Complete this Section if the crash occurred at an intersection of two or more streets:</p> <p>Step 1: Please indicate the route or roadway where you were travelling when the crash occurred:</p> <p>Route# _____ Name or Roadway/Street _____</p> <p>Step 2: What was the name (or names) of the intersecting streets?</p> <p>Route# _____ Name of Roadway/Street _____</p> <p>Route# _____ Name of Roadway/Street _____</p>	<p>SECTION A2: Complete this Section if the crash did occur at an intersection:</p> <p>Step 1: Please indicate the route, roadway and address where the crash occurred:</p> <p>The crash occurred on Route #: _____ at Street or Address Number _____ on the Street/Roadway known as: _____</p> <p>Step 2: Please provide as much of the following specific location information as possible:</p> <p>The crash occurred (estimate number of feet) _____ feet (indicate direction as N/S/E/W) _____ of</p> <p>a) Mile Marker number _____ OR. b) Exit Number _____ OR: c) Intersecting Street/Roadway _____ Route# _____ Name or Roadway/Street _____ OR: d) Landmark _____</p>
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Section B: Vehicle You Were Driving

Number of occupants in vehicle (including yourself): _____		Was vehicle damage above \$1000? Yes No	
Driver's License Number	License State	Date of Birth	Age
Your Full Name (Last, First, Middle)		Street Address	City/Town State Zip
Insurance Company	Vehicle Registration #	Reg. Type	Reg. State Vehicle Year Vehicle Make

Indicate your type of vehicle

1 Passenger car	4 Bus (15 or more passengers)	8 Truck/trailer	12 Tractor/triples	97 Other
2 Light truck (van, mini-van, pick-up, sport utility)	5 Bus (7-15 passengers)	9 Truck tractor (bobtail)	13 Unknown heavy truck	99 Unknown
3 Motorcycle	6 Single-unit truck (2 axles)	10 Tractor/semi-trailer	14 Motor home/recreational vehicle	
	7 Single-unit truck (3 or more axles)	11 Tractor/doubles		

Full Name of Vehicle Owner (Last, First, Middle)	Street Address	City/Town	State	Zip
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What Was Your Vehicle Doing Prior to the Crash?

Vehicle Travel Direction	1 Travelling straight ahead	4 Turning left	7 Leaving traffic lane	10 Backing	97 Other
__ N _ S _ E __ W	2 Slowing or stopped	5 Changing lanes	8 Making U-turn	11 Parked	99 Unknown
	3 Turning right	6 Entering traffic lane	9 Overtaking/passing		

Please indicate the Sequence of Events as they occurred to YOUR vehicle by writing the corresponding number (1-52, or 97, 99) in the boxes below.

What happened 1st?	What happened 2nd (if applicable)?	What happened 3rd (if applicable)?	What happened 4th (if applicable)?
D	D	D	D

<p>Collision with</p> <p>1 Motor vehicle in traffic</p> <p>2 Parked motor vehicle</p> <p>3 Pedestrian</p> <p>4 Cyclist</p> <p>5 Animal- deer</p> <p>6 Animal- other</p> <p>7 Moped</p> <p>8 Work zone maintenance equipment</p> <p>9 Railway vehicle (train, engine)</p> <p>10 Other movable object</p> <p>11 Unknown movable object</p> <p>20 Curb</p> <p>21 Tree</p> <p>22 Utility pole</p>	<p>23 Light pole or other post/support</p> <p>24 Guardrail</p> <p>25 Median barrier</p> <p>26 Ditch</p> <p>27 Embankment/Sloping shoulder</p> <p>28 Highway traffic signpost</p> <p>29 Overhead sign support</p> <p>30 Fence</p> <p>31 Mailbox</p> <p>32 Crash cushion/Impact attenuator</p> <p>33 Bridge</p> <p>34 Bridge overhead structure</p> <p>35 Other fixed object (wall, building, tunnel)</p> <p>36 Unknown fixed object</p>
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<p>Non-Collision</p> <p>40 Ran off road right</p> <p>41 Ran off road left</p> <p>42 Cross median center/111e</p> <p>43 Overturn/rollover</p> <p>44 Equipment failure (blown tire, brakes, etc)</p> <p>45 Fire/explosion</p> <p>46 Immersion</p> <p>47 Jackknife</p> <p>48 Cargo/equipment loss or shift</p> <p>49 Separation of units</p> <p>50 Downhill runaway</p> <p>51 Other non-collision</p> <p>52 Unknown non-collision</p> <p>97 Other</p> <p>99 Unknown</p>	<p>53 Light pole or other post/support</p> <p>54 Guardrail</p> <p>55 Median barrier</p> <p>56 Ditch</p> <p>57 Embankment/Sloping shoulder</p> <p>58 Highway traffic signpost</p> <p>59 Overhead sign support</p> <p>60 Fence</p> <p>61 Mailbox</p> <p>62 Crash cushion/Impact attenuator</p> <p>63 Bridge</p> <p>64 Bridge overhead structure</p> <p>65 Other fixed object (wall, building, tunnel)</p> <p>66 Unknown fixed object</p>
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Was your Vehicle Towed From the Scene Due to Damage? _ Yes _ No	<p>Vehicle Damaged Area 2 3 4 0 None</p> <p>(circle up to three)</p> <p style="font-size: 1.5em; text-align: center;">{ + - } frj } S</p> <p style="text-align: center;">B. 6</p> <p>10 Undercarriage 11 Totaled 97 Other 99 Unknown</p>
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Section C: You and Your Passengers

Please provide the full name, address, and DOB or Age for all passengers in your vehicle. Then, note the corresponding code in each of the boxes for each occupant of the vehicle (yourself and all passengers). A list of the possible codes is provided at the bottom of this section.

	Date of Birth/Age	Sex M/F	A	B	C	D	E	F	G	H	Name of Medical Facility
Driver (See previous page)											
Name of Passenger 1 (Last, First, Middle)	Address										
	City/Town	State	Zip								
Name of Passenger 2 (Last, First, Middle)	Address										
	City/Town	State	Zip								
Name of Passenger 3 (Last, First, Middle)	Address										
	City/Town	State	Zip								

A. Seating Position 1 Front seat - left side (or motorcycle driver) 2 Front seat - middle 3 Front seat - right side 4 Second seat - left side (or motorcycle passenger) 5 Second seat - middle 6 Second seat - right side 7 Third row - left side (or motorcycle passenger) 8 Third row - middle		9 Third row - right side 10 Sleeper section of cab 11 Enclosed passenger area 12 Unenclosed passenger area 13 Trailing unit! 14 Riding on vehicle exterior 97 Other 99 Unknown		B. Safety System Used 0 None used Shoulder and lap belt 2 Lap belt only 3 Shoulder belt only 4 Child safety seat 5 Helmet 99 Unknown		C. Air Bag Status 1 Deployed-front 2 Deployed-side 3 Deployed both front and side 4 Not deployed 5 Not applicable 99 Unknown		D. Air Bag Switch 1 Switch in ON position 2 Switch in OFF position 3 ON-OFF switch 1101 present 4 Unknown if switch is present 99 Unknown	
E. Ejected From Vehicle? 0 Not ejected Totally ejected 2 Partially ejected 3 Not applicable 99 Unknown		F. Trapped? 0 Not trapped 1 Freed by mechanical means 2 Freed by non-mechanical means 99 Unknown		G. Injured? 1 Fatal injury Non-fatal injury: 2 Incapacitating 3 Non-incapacitating 4 Possible		H. Transported for Medical Care? 1 Not transported 2 EMS (emergency service) 3 Police		97 Other 99 Unknown	

Section D: Other Vehicle(s) Involved in the Crash

Number of occupants in the Vehicle: _____		Number of injured occupants: _____		Was Vehicle Damage above \$1000? Yes ___ No ___		Moped? Yes ___ No ___		Hit and Run? Yes ___ No ___		
Driver's License Number	License State	Date of Birth	Age	Sex M F	License Class D ___ A ___ B ___ M ___ Unknown	Commercial Driver's License Endorsements C ___ Hazardous N ___ Tank vehicles P ___ Passenger T ___ Doubles/Triples X ___ Tank,md Haz. Irdo.,s transpon				
Full Name of Vehicle Driver (Last, First, Middle)			Street Address			City/Town		State Zip		
Insurance Company			Vehicle Registration #		Reg. Type	Reg. State	Vehicle Year	Vehicle Make		
Indicate type of vehicle										
Passenger car		4 Bus (15 or more passengers)		8 Truck/trailer		12 Tractor/triples		97 Other		
2 Light truck (van, mini-van, pick-up, sport utility)		5 Bus (7-15 passengers)		9 Truck tractor (bobtail)		13 Unknown heavy truck		99 Unknown		
Motorcycle		6 Single-unit truck (2 axles)		10 Tractor/semi-trailer		14 Motor home/recreational vehicle				
		7 Single-unit truck (3 or more axles)		11 Tractor/doubles						
Full Name of Vehicle Owner (Last, First, Middle)			Street Address			City/Town		State Zip		
Vehicle Travel Direction ___ N ___ S ___ E ___ W	What Was the Vehicle Doing Prior to the Crash?					Vehicle Damaged Area (circle up to three)				
	Travelling straight ahead		4 Turning left		7 Leaving traffic lane		10 Backing		97 Other	
	2 Slowing or stopped		5 Changing lanes		8 Making U-turn		11 Parked		99 Unknown	
	3 Turning right		6 Entering traffic lane		9 Overtaking/passing					

Section E: Non-Motorist(s) Involved in the Crash

Indicate the type of non-motorist involved									
1 Pedestrian		2 Cyclist		3 Skater		97 Other		99 Unknown	
What was the non-motorist doing prior to the crash?					Where was the non-motorist prior to the crash?				
1 Entering or crossing location		6 Working on vehicle		1 Marked crosswalk at intersection		6 Median (but 1101 on shoulder)			
2 Walking, running, or cycling		7 Standing		2 At intersection but no crosswalk		7 Island			
3 Working		97 Other		3 Non-intersection crosswalk		8 Shoulder			
4 Pushing vehicle		99 Unknown		4 In roadway		9 Sidewalk			
5 Approaching or leaving vehicle				5 Not in roadway		10 Shared-use path or trails			
						99 Unknown			
Date of Birth/Age	Sex M F	Full Name of Non-Motorist (Last, First, Middle)				Street Address		City/Town State Zip	
Safe(?) Equipment?			Injured?			Transported for Medical Care?			
0 None used		9 Lighting		1 Fatal injury		1 Not transported		97 Other	
6 Helmet		10 Other		Non-fatal injury:		2 EMS (emergency service)		99 Unknown	
7 Protective pads (elbows, knees, etc.)		99 Unknown		2 Incapacitating		5 No injury			
8 Reflective clothing				3 Non-incapacitating		99 Unknown			
				4 Possible		If transported, please indicate Hospital/Medical Facility:			

