

CODED BY: _____ INPUT BY: _____
 DATE CODED: _____ DATE INPUT: _____
 STATE CASE NO.: _____

2014 Fatality Analysis Reporting System PERSON LEVEL (NOT A MV OCCUPANT)



| | | | | | | | | | | | | | | | | | |
|--|---------------------------------|---|--------|-----------|--------|----------|--------|----------|--------|----------|--|--|--|--|--|--|--|
| STATE NUMBER (NM1) (GSA CODES) | CONSECUTIVE NUMBER (NM2) | ** PERSON NUMBER (NM3) | | | | | | | | | | | | | | | |
| NUMBER OF MOTOR VEHICLE STRIKING NON-MOTORIST (NM4) Assigned Vehicle Number, Except: 999-Unknown | | CONDITION (IMPAIRMENT) AT TIME OF CRASH (NM14) (SELECT ALL THAT APPLY) | | | | | | | | | | | | | | | |
| AGE (NM5) Actual Value Except: 000-Less than One Year 001-120-Actual Age* | | 00-None/Apparently Normal 01-III, Blackout 02-Asleep or Fatigued 03-Walking with a Cane or Crutches, etc. 04-Paraplegic or Restricted to Wheelchair 05-Impaired Due to Previous Injury 06-Deaf | | | | | | | | | | | | | | | |
| SEX (NM6) 1-Male 2-Female | | 07-Blind 08-Emotional(depressed, angry, disturbed, etc.) 09-Under the Influence of Alcohol, Drugs or Medication 10-Physical Impairment-No Details 96-Other Physical Impairment 98-Not Reported 99-Unknown if Impaired | | | | | | | | | | | | | | | |
| ** PERSON TYPE (NM7) 04-Occupant of a Non-Motor Vehicle Transport Device 05-Pedestrian 06-Bicyclist 07-Other Cyclist | | POLICE REPORTED ALCOHOL INVOLVEMENT (NM15) 0-No (Alcohol Not Involved) 1-Yes (Alcohol Involved) | | | | | | | | | | | | | | | |
| INJURY SEVERITY (NM8) 0-No Apparent Injury (O) 1-Possible Injury (C) 2-Suspected Minor Injury (B) 3-Suspected Serious Injury (A) | | METHOD OF ALCOHOL DETERMINATION (By Police) (NM16) 1-Evidential Test (Breath, Blood, Urine) 2-Preliminary Breath Test (PBT) 3-Behavioral 4-Passive Alcohol Sensor (PAS) | | | | | | | | | | | | | | | |
| PEDESTRIAN/BIKE TYPING (NM9) (Element Completed in MDE) | | ALCOHOL TEST (NM17) | | | | | | | | | | | | | | | |
| NON-MOTORIST LOCATION AT TIME OF CRASH (NM10) (See Instruction Manual) | | <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Status</td> <td style="text-align: center;">Type</td> <td style="text-align: center;">Result</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table> | | Status | Type | Result | | | | | | | | | | | |
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| NON-MOTORIST ACTION/CIRCUMSTANCES (NM11) (SELECT ALL THAT APPLY) | | POLICE REPORTED DRUG INVOLVEMENT (NM18) 0-No (Drugs Not Involved) 1-Yes (Drugs Involved) | | | | | | | | | | | | | | | |
| 01-Going To or From School (K-12) 02-Waiting to Cross Roadway 03-Crossing Roadway 04-Jogging/Running 05-Movement Along Roadway with Traffic 06-Movement Along Roadway Against Traffic 16-Movement Along Roadway-Direction Unknown 08-In Roadway - Other (Working, Playing, etc.) | | METHOD OF DRUG DETERMINATION (By Police) (NM19) 1-Evidential Test (Blood, Urine) 2-Drug Recognition Technician (DRT) | | | | | | | | | | | | | | | |
| NON-MOTORIST CONTRIBUTING CIRCUMSTANCES (NM12) (SELECT ALL THAT APPLY) | | DRUG TEST (NM20) | | | | | | | | | | | | | | | |
| 00-None Noted 01-Dart-Out 11-Dash 02-Failure to Yield Right-Of-Way 03-Failure to Obey Traffic Signs, Signals or Officer 04-In Roadway Improperly (Standing, Lying, Working, Playing, etc.) 05-Entering/Exiting Parked or Stopped Vehicle 06-Inattentive (Talking, Eating, etc.) 07-Improper Turn/Merge 08-Improper Passing 09-Wrong-Way Riding or Walking 10-Riding on Wrong Side of Road 12-Improper Crossing of Roadway or Intersection (Jaywalking) | | <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Status</td> <td style="text-align: center;">Type 1</td> <td style="text-align: center;">Result 1</td> <td style="text-align: center;">Type 2</td> <td style="text-align: center;">Result 2</td> <td style="text-align: center;">Type 3</td> <td style="text-align: center;">Result 3</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table> | | Status | Type 1 | Result 1 | Type 2 | Result 2 | Type 3 | Result 3 | | | | | | | |
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| | | | | | | | | | | | | | | | | | |
| 09-Adjacent to Roadway (e.g. Shoulder, Median) 10-Working in Trafficway 11-Entering/Exiting Parked or Stopped Vehicle 12-Disabled Vehicle Related 14-Other (Specify:) 98-Not Reported 99-Unknown | | 0-Test Not Given 1-Test Refused 2-Test Given 00-Test Not Given 01-Blood 02-Breathalyzer (BAC) 03-Urine 04-Vitreous 05-Blood Plasma/ 06-Blood Clot 07-Liver 08-Other Test Type 98-Unknown Test Type 95-Not Reported 99-Unknown if Tested | | | | | | | | | | | | | | | |
| 13-Failing to Have Lights on When Required 14-Operating Without Required Equipment 15-Improper or Erratic Lane Changing 16-Failure to Keep in Proper Lane or Running off Road 17-Making Improper Entry to or Exit from Trafficway 18-Operating in Other Erratic, Reckless, Careless or Negligent Manner 19-Not Visible (Dark Clothing, No Lighting, etc.) 20-Passing with Insufficient Distance or Inadequate Visibility or Failing to Yield to Overtaking Vehicle 21-Other (Specify:) 99-Unknown | | TRANSPORTED TO FIRST MEDICAL FACILITY BY (NM21) 0-Not Transported 1-EMS Air 5-EMS Ground 3-EMS Unknown Mode 2-Law Enforcement | | | | | | | | | | | | | | | |
| NON-MOTORIST SAFETY EQUIPMENT (NM13) (SELECT ALL THAT APPLY) | | DIED AT SCENE/EN ROUTE (NM22) 0-Not Applicable 7-Died at Scene | | | | | | | | | | | | | | | |
| 1-None Used 2-Helmet 3-Reflective Equipment/Clothing (jacket, backpack, etc) 4-Protective Pads Used (elbows, knees, shins, etc.) | | 4-Transported Unknown Source 6-Other 8-Not Reported 9-Unknown | | | | | | | | | | | | | | | |
| 5-Lighting 7-Other Safety Equipment 8-Not Reported 9-Unknown if Used | | DEATH DATE (NM23) | | | | | | | | | | | | | | | |
| | | <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">MONTH/DAY</td> <td style="text-align: center;">YEAR</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table> | | MONTH/DAY | YEAR | | | | | | | | | | | | |
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| | | DEATH TIME (NM24) Military Time Except: 8888-Not Applicable (Non-fatal) 9999-Unknown (See Instruction Manual concerning known hr., but unknown min.) | | | | | | | | | | | | | | | |
| | | RELATED FACTORS (NM25) (See Instruction Manual) | | | | | | | | | | | | | | | |