

2021 Fatality Analysis Reporting System

CRASH LEVEL

This collection of information is voluntary and will be used for informative purposes only so that we may develop and evaluate programs designed to reduce the number of motor vehicle-related injuries and deaths. We will not collect any personal information that would allow anyone to identify you. A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2127-0006. Public reporting for this collection of information is estimated to be approximately 3 hours per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, National Highway Traffic Safety Administration, W51-316, 1200 New Jersey Ave, S.E., Washington, DC, 20590

State Number	Consecutive Number	**Number of Forms Submitted for Persons Not in Motor Vehicles	**Number of Vehicle Submitted
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
**Number of Motor Vehicle Occupant Forms Submitted		State Case #	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	

Crash Date / / 2021	Crash Time :
County	City
Relation To Junction: Within Interchange Area <input style="width: 95%; height: 20px;" type="text"/> 0 - No 1 - Yes 8 - Not Reported 9 - Reported as Unknown	Relation To Junction: Specific Location <input style="width: 95%; height: 20px;" type="text"/> 01 - Non-Junction 02 - Intersection 03 - Intersection-Related 04 - Driveway Access 05 - Entrance/Exit Ramp Related 06 - Railway Grade Crossing 07 - Crossover-Related 08 - Driveway Access Related 16 - Shared-Use Path Crossing 17 - Acceleration/Deceleration Lane 18 - Through Roadway 19 - Other location within interchange area 20 - Entrance/Exit Ramp 98 - Not Reported 99 - Reported as Unknown
Type of Intersection <input style="width: 95%; height: 20px;" type="text"/> 01 - Not an Intersection 02 - Four-Way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle 06 - Roundabout 07 - Five Point, or More 10 - L-Intersection	Relation to Trafficway <input style="width: 95%; height: 20px;" type="text"/> 01 - On Roadway 02 - On Shoulder 03 - On Median 04 - On Roadside 05 - Outside Trafficway 06 - Off Roadway-Location Unknown 07 - In Parking Lane/Zone 08 - Gore

0006

XX/XX/XXXX

11 - Other Intersection Type	10 - Separator
98 - Not Reported	11 - Continuous Left - Turn Lane
99 - Reported as Unknown	12 - Pedestrian Refuge Island or Traffic Island
	98 - Not Reported
	99 - Reported as Unknown

<p>Work Zone</p> <input type="text"/> <ul style="list-style-type: none"> 0 - None 1 - Construction 2 - Maintenance 3 - Utility 4 - Work Zone, Type Unknown <input type="text"/>	<p>Light Condition</p> <input type="text"/> <ul style="list-style-type: none"> 1 - Daylight 2 - Dark - Not Lighted 3 - Dark - Lighted 4 - Dawn 5 - Dusk 6 - Dark - Unknown Lighting 7 - Other 8 - Not Reported 9 - Reported as Unknown
<p>Atmospheric Conditions</p> <ul style="list-style-type: none"> 01 - Clear 02 - Rain 03 - Sleet or Hail 04 - Snow 05 - Fog, Smog, Smoke 06 - Severe Crosswinds 07 - Blowing Sand, Soil, Dirt 08 - Other 10 - Cloudy 11 - Blowing Snow 12 - Freezing Rain or Drizzle 98 - Not Reported 99 - Reported as Unknown 	

TRAFFICWAY - CRASH LEVEL

<p><u>Trafficway Identifier (1)</u> <input type="text"/></p>	<p><u>Trafficway Identifier (2)</u> <input type="text"/></p>
<p><u>Route Signing</u></p> <p><input type="text"/></p> <ul style="list-style-type: none"> 1 - Interstate 2 - U.S. Highway 3 - State Highway 4 - County Road 5 - Local Street - Township 6 - Local Street - Municipality 7 - Local Street - Frontage Road 8 - Other 9 - Unknown 	<p><u>Land Use</u></p> <p><input type="text"/></p> <ul style="list-style-type: none"> 1 - Rural 2 - Urban 6 - Trafficway Not in State Inventory 8 - Not Reported 9 - Unknown
<p><u>Functional System</u></p> <p><input type="text"/></p> <ul style="list-style-type: none"> 01 - Interstate 02 - Principal Arterial - Other Freeways and Expressways 03 - Principal Arterial - Other 04 - Minor Arterial 05 - Major Collector 06 - Minor Collector 07 - Local 96 - Trafficway Not in State Inventory 98 - Not Reported 99 - Unknown 	<p><u>Ownership</u></p> <p><input type="text"/></p> <ul style="list-style-type: none"> 01 - State Highway Agency 02 - County Highway Agency 03 - Town or Township Highway Agency 04 - City or Municipal Highway Agency 11 - State Park, Forest, or Reservation Agency 12 - Local Park, Forest or Reservation Agency 21 - Other State Agency 25 - Other Local Agency 26 - Private (other than Railroad) 27 - Railroad 31 - State Toll Road 32 - Local Toll Authority 40 - Other Public Instrumentality (i.e., Airport) 50 - Indian Tribe Nation 60 - Other Federal Agency 62 - Bureau of Indian Affairs 63 - Bureau of Fish and Wildlife 64 - U.S. Forest Service 66 - National Park Service 67 - Tennessee Valley Authority 68 - Bureau of Land Management 69 - Bureau of Reclamation 70 - Corps of Engineers 72 - Air Force 74 - Navy/Marines 80 - Army 96 - Trafficway Not in State Inventory 98 - Not Reported 99 - Unknown

<p>National Highway System</p> <input type="text"/> <input type="text"/> 0 - This section IS NOT on the NHS 1 - This section IS ON the NHS 9 - Unknown if this section is on the NHS	<p>Special Jurisdiction</p> <input type="text"/> <input type="text"/> 0 - No Special Jurisdiction 1 - National Park Service 2 - Military 3 - Indian Reservation 4 - College/University Campus* 5 - Other Federal Properties* 8 - Other 9 - Unknown
--	---

<p>Mile Point</p> <input type="text"/>	<p>Global Position</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">Deg</td> <td style="width: 33%; text-align: center;">Min</td> <td style="width: 33%; text-align: center;">Se c</td> </tr> <tr> <td style="text-align: center;">Latitud</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">e:</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Longitud</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">e:</td> <td></td> <td></td> <td></td> </tr> </table>		Deg	Min	Se c	Latitud				e:				Longitud				e:			
	Deg	Min	Se c																		
Latitud																					
e:																					
Longitud																					
e:																					

OTHER - CRASH LEVEL

<p>School Bus Related</p> <input type="text"/>	<p>Rail Grade Crossing Identifier</p> <input type="text"/>
<p>Notification Time</p> <p>EMS</p> <input type="text"/> : <input type="text"/>	<p>Arrival Time EMS</p> <input type="text"/> : <input type="text"/>
<p>EMS Time at</p> <p>Hospital</p> <input type="text"/> :	<p>Crash Related Factors</p>
<p>Additional State Information (1)</p>	<p>Additional State Information (2)</p>

0006

XX/XX/XXXX

OMB Control No. 2127-

Expiration Date

**2021 Fatality Analysis Reporting
System CRASH LEVEL - CRASH
EVENTS**

[Click here to open Clock Point Diagrams](#)

[First Harmful Event](#)

[Manner of Collision of the First Harmful Event](#)

Vehicle No. (This)	Area of Impact (AOI) (This)	Sequence Of Events (SOE)	Vehicle No. (Other)	Area of Impact (AOI) (Other)

2021 Fatality Analysis Reporting System PERSON LEVEL (NOT A MV OCCUPANT)

State Number

Consecutive Number

**Person Number

Input field for State Number

Input field for Consecutive Number

Input field for Person Number

Vehicle Number of Motor Vehicle Striking Non-Motorist

Age

Input field for Vehicle Number of Motor Vehicle Striking Non-Motorist

Input field for Age

Sex

Person Type

Form for Sex selection: 1 - Male, 2 - Female, 8 - Not Reported, 9 - Reported as Unknown

Form for Person Type selection: 04 - Occupant of a Non-Motor Vehicle Transport Device, 05 - Pedestrian, 06 - Bicyclist, 07 - Other Cyclist, 10 - Persons In/On Buildings, 11 - Person on Motorized Personal Conveyance, 12 - Person on Non-Motorized Personal Conveyance, 13 - Person on Personal Conveyance, Unknown if Motorized or Non-Motorized, 19 - Unknown Type of Non-Motorist

Injury Severity

Transported to First Medical Facility By

Form for Injury Severity selection: 0 - No Apparent Injury (O), 1 - Possible Injury (C), 2 - Suspected Minor Injury (B), 3 - Suspected Serious Injury (A), 4 - Fatal Injury (K), 5 - Injured, Severity Unknown, 6 - Died Prior to Crash*, 9 - Unknown/Not Reported

Form for Transported to First Medical Facility By selection: 0 - Not Transported for Treatment, 1 - EMS Air, 2 - Law Enforcement, 3 - EMS Unknown Mode, 4 - Transported Unknown Source, 5 - EMS Ground, 6 - Other, 8 - Not Reported, 9 - Reported as Unknown

Non-Motorist Related Factors

Conditions at Time of Crash

Form for Non-Motorist Related Factors

Form for Conditions at Time of Crash selection: 00 - None/Apparently Normal, 01 - Ill, Blackout, 02 - Asleep or Fatigued, 03 - Walking with a Cane or Crutches, etc., 04 - Paraplegic or in a Wheelchair, 05 - Impaired Due to Previous Injury, 06 - Deaf/Hard of Hearing, 07 - Blind/Low Vision

0006

XX/XX/XXXX

OMB Control No. 2127-

Expiration Date

	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 - Reported as Unknown if Impaired

0006

XX/XX/XXXX

OMB Control No. 2127-

Expiration Date

**2021 Fatality Analysis Reporting
System PERSON LEVEL (NOT A MV
OCCUPANT - PEDESTRIAN)**

State Number

Consecutive Number

**Vehicle Number

**Person Number

School Zone

- 0 - None Noted
- 1 - Yes
- 9 - Unknown

Marked Crosswalk

- 0 - None Noted
- 1 - Yes
- 9 - Unknown

Sidewalk Presence

- 0 - None Noted
- 1 - Yes
- 9 - Unknown

Crash Type Number

Crash Group Number

- 100 - Unusual Circumstances
- 200 - Backing Vehicle
- 310 - Working or Playing in Roadway
- 340 - Bus Stop-Related
- 350 - Unique Midblock
- 400 - Walking/Running Along Roadway
- 460 - Driveway Access/Driveway Access Related
- 500 - Waiting to Cross
- 600 - Pedestrian in Roadway - Circumstances Unknown
- 720 - Multiple Threat / Trapped
- 740 - Dash - Run, No Visual Obstruction Noted / Dart-Out - Visual Obstruction Noted
- 750 - Crossing Roadway - Vehicle Not Turning
- 790 - Crossing Roadway - Vehicle Turning
- 800 - Non-Trafficway
- 910 - Crossing Expressway
- 990 - Other / Unknown - Insufficient Details

Crash Location

- 1 - At Intersection
- 2 - Intersection-Related
- 3 - Not At Intersection
- 4 - Non-Trafficway Location
- 9 - Unknown / Insufficient Information

Pedestrian Position

- 1 - Intersection Area
- 2 - Crosswalk Area
- 3 - Travel Lane
- 4 - Paved Shoulder / Bicycle Lane / Parking Lane
- 5 - Sidewalk / Shared-Use Path / Driveway Access
- 6 - Unpaved Right-of-Way
- 7 - Non-Trafficway - Driveway
- 8 - Non-Trafficway - Parking Lot/Other
- 9 - Other/Unknown

Pedestrian Initial Direction of Travel

- 1 - Northbound
- 2 - Eastbound
- 3 - Southbound
- 4 - Westbound
- 9 - Not Derived/Unknown Initial Direction of Travel

Motorist Initial Direction of Travel

Motorist Maneuver

0006

XX/XX/XXXX

OMB Control No. 2127-

Expiration Date

- 1 - Northbound
- 2 - Eastbound
- 3 - Southbound
- 4 - Westbound
- 9 - Unknown Initial Direction of Travel

- 1 - Left Turn
- 2 - Right Turn
- 3 - Straight through
- 9 - Unknown Motorist Maneuver

[Leg Intersection](#)

[Scenario](#)

- 1 - Nearside
- 2 - Farside
- 9 - Unknown/None of the Above

Crash Type Expanded

2021 Fatality Analysis Reporting System
NON-MOTORIST ACTIONS (NOT A MV OCCUPANT)

NM. Location at Time of Crash <input type="text"/>	NM. Action/Circumstances <input type="text"/>
NM. Contributing Circumstances <input type="text"/>	NM. Distracted By <input type="text"/>

Non-Motorist Safety Equipment

Protective	
Helmet <input type="text"/> 1 - No 2 - Yes 8 - Not Reported 9 - Reported as Unknown	Pads <input type="text"/> 1 - No 2 - Yes 8 - Not Reported 9 - Reported as Unknown
Other <input type="text"/> 1 - No 2 - Yes 8 - Not Reported 9 - Reported as Unknown	

Preventive	
Clothing <input type="text"/> 1 - No 2 - Yes 8 - Not Reported 9 - Reported as Unknown	Lighting <input type="text"/> 1 - No 2 - Yes 8 - Not Reported 9 - Reported as Unknown
Other <input type="text"/> 1 - No 2 - Yes 8 - Not Reported 9 - Reported as Unknown	

**2021 Fatality Analysis Reporting
System ALCOHOL (NOT A MV
OCCUPANT)**

<p>Police-Reported Alcohol Involvement</p> <input type="text"/> 0 - No (Alcohol Not Involved) 1 - Yes (Alcohol Involved) 8 - Not Reported 9 - Reported as Unknown	<p>Alcohol Test Status</p> <input type="text"/> 0 - Test Not Given 2 - Test Given 8 - Not Reported 9 - Reported as Unknown if Tested
<p>Alcohol Test Type</p> <input type="text"/> 00 - Test Not Given 01 - Blood 02 - Breath Test (AC) 03 - Urine 04 - Vitreous 05 - Blood Plasma/Serum 06 - Blood Clot 07 - Liver 08 - Other Test Type 10 - Preliminary Breath Test (PBT) 11 - Breath Test, Unknown Type 95 - Not Reported 98 - Unknown Test Type 99 - Reported as Unknown if Tested	<p>Alcohol Test Result</p> <input type="text"/>

DRUG (NOT A MV OCCUPANT)

<p>Police Reported Drug Involvement</p> <input type="text"/>	<p>Method of Drug Determination by Police</p> <input type="text"/>		
<p>Drug Test Status</p> <input type="text"/>			
<p>Drug Toxicology Results</p> <table border="1"> <tr> <td data-bbox="66 1514 537 1581">Drug Specimen</td> <td data-bbox="581 1514 1182 1581">Drug Test Results</td> </tr> </table>		Drug Specimen	Drug Test Results
Drug Specimen	Drug Test Results		

0006

XX/XX/XXXX

OMB Control No. 2127-

Expiration Date

**2021 Fatality Analysis Reporting
System RACE (NOT A MV
OCCUPANT)**

<p>Race</p> <input type="text"/>	<p>Hispanic Origin</p> <input type="text"/>
----------------------------------	---

**SUPPLEMENTAL (NOT A MV
OCCUPANT)**

<p>Died at Scene/En Route</p> <input type="text"/> <ul style="list-style-type: none"> 0 - Not Applicable 7 - Died at Scene 8 - Died En Route 9 - Unknown 	<p>Death Date</p> <input type="text"/> / <input type="text"/> / <input type="text"/>
<p>Death Time</p> <p style="text-align: center;">:</p>	

2021 Fatality Analysis Reporting System PERSON LEVEL (NOT A MV OCCUPANT)

State Number

Consecutive Number

**Person Number

Input field for State Number

Input field for Consecutive Number

Input field for Person Number

Vehicle Number of Motor Vehicle Striking Non-Motorist

Age

Input field for Vehicle Number of Motor Vehicle Striking Non-Motorist

Input field for Age

Sex

Form for Sex selection with options: 1 - Male, 2 - Female, 8 - Not Reported, 9 - Reported as Unknown

Person Type

Form for Person Type selection with options: 04 - Occupant of a Non-Motor Vehicle Transport Device, 05 - Pedestrian, 06 - Bicyclist, 07 - Other Cyclist, 10 - Persons In/On Buildings, 11 - Person on Motorized Personal Conveyance, 12 - Person on Non-Motorized Personal Conveyance, 13 - Person on Personal Conveyance, Unknown if Motorized or Non-Motorized, 19 - Unknown Type of Non-Motorist

Injury Severity

Form for Injury Severity selection with options: 0 - No Apparent Injury (O), 1 - Possible Injury (C), 2 - Suspected Minor Injury (B), 3 - Suspected Serious Injury (A), 4 - Fatal Injury (K), 5 - Injured, Severity Unknown, 6 - Died Prior to Crash*, 9 - Unknown/Not Reported

Transported to First Medical Facility By

Form for Transported to First Medical Facility By selection with options: 0 - Not Transported for Treatment, 1 - EMS Air, 2 - Law Enforcement, 3 - EMS Unknown Mode, 4 - Transported Unknown Source, 5 - EMS Ground, 6 - Other, 8 - Not Reported, 9 - Reported as Unknown

Non-Motorist Related Factors

Form for Non-Motorist Related Factors selection

Conditions at Time of Crash

Form for Conditions at Time of Crash selection with options: 00 - None/Apparently Normal, 01 - Ill, Blackout, 02 - Asleep or Fatigued, 03 - Walking with a Cane or Crutches, etc., 04 - Paraplegic or in a Wheelchair, 05 - Impaired Due to Previous Injury, 06 - Deaf/Hard of Hearing, 07 - Blind/Low Vision

0006

XX/XX/XXXX

OMB Control No. 2127-

Expiration Date

	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 - Reported as Unknown if Impaired

0006

XX/XX/XXXX

OMB Control No. 2127-

Expiration Date

**2021 Fatality Analysis Reporting
System PERSON LEVEL (NOT A MV
OCCUPANT - BIKE)**

State Number

Consecutive Number

**Vehicle Number

**Person Number

[School
Zone](#)

[Marked Crosswalk](#)

- 0 - None Noted
- 1 - Yes
- 9 - Unknown

- 0 - None Noted
- 1 - Yes
- 9 - Unknown

[Sidewalk](#)

[Presence](#)

- 0 - None Noted
- 1 - Yes
- 9 - Unknown

[Crash Type
Number](#)

[Crash Group Number](#)

- 110 - Loss of Control / Turning Error
- 140 - Motorist Failed to Yield - Sign-Controlled Intersection
- 145 - Bicyclist Failed to Yield - Sign-Controlled Intersection
- 150 - Motorist Failed to Yield - Signalized Intersection
- 158 - Bicyclist Failed to Yield - Signalized Intersection
- 190 - Crossing Paths - Other Circumstances
- 210 - Motorist Left Turn / Merge
- 215 - Motorist Right Turn / Merge
- 219 - Parking / Bus-Related
- 220 - Bicyclist Left Turn / Merge
- 225 - Bicyclist Right Turn / Merge
- 230 - Motorist Overtaking Bicyclist
- 240 - Bicyclist Overtaking Motorist
- 258 - Wrong-Way / Wrong-Side
- 290 - Parallel Paths - Other Circumstances
- 310 - Bicyclist Failed to Yield - Midblock
- 320 - Motorist Failed to Yield - Midblock
- 600 - Backing Vehicle
- 850 - Other / Unusual Circumstances
- 910 - Non-Trafficway
- 990 - Other / Unknown - Insufficient Details

[Crash
Location](#)

[Bicyclist Position](#)

- 1 - At Intersection

- 2 - Intersection-Related

XX/XX/XXXX

<p>3 - Not At Intersection 4 - Non-Trafficway Location 9 - Unknown / Insufficient Information</p>	<p>1 - Travel Lane 2 - Bicycle Lane / Paved Shoulder / Parking Lane 3 - Sidewalk / Crosswalk / Driveway Access 4 - Shared-Use Path 5 - Non-Trafficway - Driveway 6 - Non-Trafficway - Parking Lot/Other</p>
<p>Bicyclist Direction</p> <p>1 - With Traffic 2 - Facing Traffic</p>	<p>8 - Other 9 - Unknown</p> <p>Crash Type Expanded</p>
<p>[Empty text box]</p>	<p>[Empty text box]</p>
<p>[Empty text box]</p>	<p>[Empty text box]</p>

3 - Not

OMB Control No. 2127-

Expiration Date

0006

XX/XX/XXXX

g - Unknown

2021 Fatality Analysis Reporting System
NON-MOTORIST ACTIONS (NOT A MV OCCUPANT)

NM. Location at Time of Crash <input type="text"/>	NM. Action/Circumstances <input type="text"/>
NM. Contributing Circumstances <input type="text"/>	NM. Distracted By <input type="text"/>

Non-Motorist Safety Equipment

Protective	
Helmet <input type="text"/> 1 - No 2 - Yes 8 - Not Reported 9 - Reported as Unknown	Pads <input type="text"/> 1 - No 2 - Yes 8 - Not Reported 9 - Reported as Unknown
Other <input type="text"/> 1 - No 2 - Yes 8 - Not Reported 9 - Reported as Unknown	

Preventive	
Clothing <input type="text"/> 1 - No 2 - Yes 8 - Not Reported 9 - Reported as Unknown	Lighting <input type="text"/> 1 - No 2 - Yes 8 - Not Reported 9 - Reported as Unknown
Other <input type="text"/> 1 - No 2 - Yes 8 - Not Reported 9 - Reported as Unknown	

**2021 Fatality Analysis Reporting
System ALCOHOL (NOT A MV
OCCUPANT)**

<p>Police-Reported Alcohol Involvement</p> <input type="text"/> 0 - No (Alcohol Not Involved) 1 - Yes (Alcohol Involved) 8 - Not Reported 9 - Reported as Unknown	<p>Alcohol Test Status</p> <input type="text"/> 0 - Test Not Given 2 - Test Given 8 - Not Reported 9 - Reported as Unknown if Tested
<p>Alcohol Test Type</p> <input type="text"/> 00 - Test Not Given 01 - Blood 02 - Breath Test (AC) 03 - Urine 04 - Vitreous 05 - Blood Plasma/Serum 06 - Blood Clot 07 - Liver 08 - Other Test Type 10 - Preliminary Breath Test (PBT) 11 - Breath Test, Unknown Type 95 - Not Reported 98 - Unknown Test Type 99 - Reported as Unknown if Tested	<p>Alcohol Test Result</p> <input type="text"/>

DRUG (NOT A MV OCCUPANT)

<p>Police Reported Drug Involvement</p> <input type="text"/>	<p>Method of Drug Determination by Police</p> <input type="text"/>		
<p>Drug Test Status</p> <input type="text"/>			
<p>Drug Toxicology Results</p> <table border="1"> <tr> <td data-bbox="66 1514 537 1581">Drug Specimen</td> <td data-bbox="581 1514 1182 1581">Drug Test Results</td> </tr> </table>		Drug Specimen	Drug Test Results
Drug Specimen	Drug Test Results		

0006

XX/XX/XXXX

OMB Control No. 2127-

Expiration Date

**2021 Fatality Analysis Reporting
System RACE (NOT A MV
OCCUPANT)**

<p>Race</p> <input type="text"/>	<p>Hispanic Origin</p> <input type="text"/>
----------------------------------	---

**SUPPLEMENTAL (NOT A MV
OCCUPANT)**

<p>Died at Scene/En Route</p> <input type="text"/> <ul style="list-style-type: none"> 0 - Not Applicable 7 - Died at Scene 8 - Died En Route 9 - Unknown 	<p>Death Date</p> <input type="text"/> / <input type="text"/> / <input type="text"/>
<p>Death Time</p> <input type="text"/> : <input type="text"/>	

2021 Fatality Analysis Reporting System VEHICLE LEVEL # 1

State Number

Consecutive Number

**Vehicle Number

**Number Of Occupants

[Number of Occupants](#)

[Unit Type](#)

- 1 - Motor Vehicle In-Transport (Inside or Outside the Trafficway)
- 2 - Motor Vehicle Not In-Transport Within the Trafficway
- 3 - Motor Vehicle Not In-Transport Outside the Trafficway
- 4 - Working Motor Vehicle (Highway Construction, Maintenance, Utility only)

[Hit and Run](#)

- 0 - No
- 1 - Yes

[Registration State](#)

[Registered Vehicle Owner](#)

- 0 - Not Applicable, Vehicle Not Registered
- 1 - Driver (in this crash) was Registered Owner
- 2 - Driver (in this crash) Not Registered Owner (Other Private Owner Listed)
- 3 - Vehicle Registered as Commercial/Business/Company/Government Vehicle
- 4 - Vehicle Registered as Rental Vehicle
- 5 - Vehicle was Stolen (reported by police)
- 6 - Driverless/Motor Vehicle Parked/Stopped Off Roadway
- 9 - Unknown

[Travel Speed](#)

[Vehicle Underride/Override](#)

- 0 - No Underride or Override
- 1 - Underride
- 2 - Override
- 7 - Not Applicable
- 8 - Not Reported
- 9 - Reported as Unknown

[Rollover](#)

- 0 - No Rollover
- 1 - Rollover, Tripped by Object/Vehicle
- 2 - Rollover, Untripped
- 9 - Rollover, Unknown Type

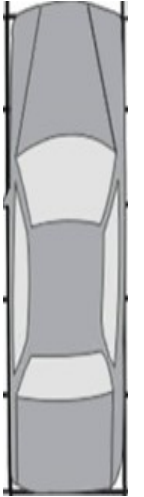
[Location of Rollover](#)

Areas of Impact-Initial

<div data-bbox="77 237 792 289" style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> <ul style="list-style-type: none"> 0 - No Rollover 1 - On Roadway 2 - On Shoulder 3 - On Median/Separator 4 - In Gore 5 - On Roadside 6 - Outside of Trafficway 7 - In Parking Lane/Zone 9 - Unknown <div data-bbox="77 1081 792 1134" style="border: 1px solid black; height: 25px; margin-top: 20px;"></div>	<div data-bbox="857 237 1572 289" style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> <ul style="list-style-type: none"> 00 - Non-Collision 01 - 1 Clock Point 02 - 2 Clock Point 03 - 3 Clock Point 04 - 4 Clock Point 05 - 5 Clock Point 06 - 6 Clock Point 07 - 7 Clock Point 08 - 8 Clock Point 09 - 9 Clock Point 10 - 10 Clock Point 11 - 11 Clock Point 12 - 12 Clock Point 13 - Top 14 - Undercarriage 18 - Cargo/Vehicle Parts Set-In-Motion 19 - Other Objects or Person Set-In-Motion 20 - Object Set in Motion, Unknown if Cargo/Vehicle Parts or Other 61 - Left 62 - Left-Front Side 63 - Left-Back Side 81 - Right 82 - Right-Front Side 83 - Right-Back Side 98 - Not Reported 99 - Reported as Unknown
<p>Extent of Damage</p> <div data-bbox="77 1218 792 1270" style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> <ul style="list-style-type: none"> 0 - No Damage 2 - Minor Damage 4 - Functional Damage 6 - Disabling Damage 8 - Not Reported 9 - Reported as Unknown 	<p>Vehicle Removal</p> <div data-bbox="857 1218 1572 1270" style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> <ul style="list-style-type: none"> 2 - Towed Due to Disabling Damage 3 - Towed But Not Due to Disabling Damage 5 - Not Towed 7 - Towed, Unknown Reason 8 - Not Reported 9 - Reported as Unknown
<p>Vehicle Sequence of Events</p>	<p>Most Harmful Event</p>

DAMAGED AREAS FOR VEHICLE#

1

Damaged Areas				
<input type="checkbox"/> 01-1 Clock Value	Left ↓	12	Top 13	
<input type="checkbox"/> 02-2 Clock Value	11		1	
<input type="checkbox"/> 03-3 Clock Value	10		2	
<input type="checkbox"/> 04-4 Clock Value	9		3	
<input type="checkbox"/> 05-5 Clock Value	8		4	
<input type="checkbox"/> 06-6 Clock Value	7		5	
<input type="checkbox"/> 07-7 Clock Value	14 Under		6	↑ Right
<input type="checkbox"/> 08-8 Clock Value				
<input type="checkbox"/> 09-9 Clock Value				
<input type="checkbox"/> 10-10 Clock Value				
<input type="checkbox"/> 11-11 Clock Value				
<input type="checkbox"/> 12-12 Clock Value 13-Top				
<input type="checkbox"/> 14-Undercarriage 15-No				
<input type="checkbox"/> Damage				
<input type="checkbox"/> 99-Damage Areas Unknown				

VIN INFORMATION FOR VEHICLE#

1

Vehicle Model Year	VIN
<input type="text"/>	<input type="text"/>
<input type="text"/>	000000000000000000 - No VIN Required, Not a Vehicle for Road Use 888888888888888888 - Not Reported 999999999999999999 - Reported as Unknown
vPIC Make	vPIC Model
<input type="text"/>	<input type="text"/>
vPIC Body Class	NCSA Make
<input type="text"/>	<input type="text"/>
NCSA Model	NCSA Body Type
<input type="text"/>	<input type="text"/>
Power Unit GVWR From	Power Unit GVWR To
<input type="text"/>	<input type="text"/>

0006

XX/XX/XXXX

OMB Control No. 2127-

Expiration Date

[Automation System\(s\) in Vehicle](#)

[Highest Automation System Level Present in Vehicle](#)

[Highest Automation System Level Engaged at Time of Crash](#)

DETAILS FOR VEHICLE# 1

<p>Motor Carrier ID Issuing Authority</p> <input type="text"/> <p>Motor Carrier Identification Number</p> <input type="text"/>	<p>Vehicle Configuration</p> <input type="text"/> <p>00 - Not Applicable 01 - Single-Unit Truck (2- axle and GVWR more than 10,000 02 - Single-Unit Truck (3 or more axles) 04 - Truck Pulling Trailer(s) 05 - Truck Tractor (Bobtail) 06 - Truck Tractor/Semi-Trailer 07 - Truck Tractor/Double 08 - Truck Tractor/Triple 10 - Vehicle 10,000 pounds or less placarded for hazardous 19 - Vehicle More Than 10,000 lbs., Other 20 - Bus/Large Van (seats for 9-15 occupants, including driver) 21 - Bus (seats for more than 15 occupants, including driver) 88 - Qualifying Vehicle, Unknown Configuration 99 - Unknown</p>
<p>Cargo Body Type</p> <input type="text"/> <p>00 - Not Applicable (N/A) 01 - Van/Enclosed Box 02 - Cargo Tank 03 - Flatbed 04 - Dump 05 - Concrete Mixer 06 - Auto Transporter 07 - Garbage/Refuse 08 - Grain/ Chips/ Gravel 09 - Pole-Trailer 10 - Log 11 - Intermodal Container Chassis 12 - Vehicle Towing Another Motor Vehicle 22 - Bus 96 - No Cargo Body Type 97 - Other 98 - Unknown Cargo Body Type 99 - Unknown</p>	<p>HM1: Hazardous Material Involvement</p> <input type="text"/> <p>1 - No 2 - Yes</p> <p>HM2: Placard</p> <input type="text"/> <p>0 - Not Applicable 1 - No 2 - Yes 8 - Not Reported</p> <p>HM3: Hazardous Material ID Number</p> <input type="text"/> <p>0000 - Not Applicable 8888 - Not Reported</p> <p>HM4: Hazardous Material Class Number</p> <input type="text"/> <p>00 - Not Applicable 01 - 01 02 - 02 03 - 03 04 - 04 05 - 05 06 - 06 07 - 07 08 - 08 09 - 09</p>

0006

XX/XX/XXXX

OMB Control No. 2127-

Expiration Date

	88 - Not Reported
	HM5: Release of Hazardous Material from the Cargo
	0 - Not Applicable
	1 - No
	2 - Yes
	8 - Not Reported

**OTHER INFORMATION FOR
VEHICLE# 1**

<p>Vehicle Trailing</p> <p>0 - No Trailing Units 1 - One Trailing Unit 2 - Two Trailing Units 3 - Three or More Trailing Units 4 - Yes, Number of Trailing Units Unknown 5 - Vehicle Towing Another Motor Vehicle - Fixed Linkage 6 - Vehicle Towing Another Motor Vehicle - Non-Fixed Linkage 9 - Unknown</p>	<p>Jackknife</p> <p>0 - Not an Articulated Vehicle 1 - No 2 - Yes - First Event 3 - Yes - Subsequent Event</p>
<p>Bus Use</p> <p>00 - Not a Bus 01 - School 04 - Intercity 05 - Charter/Tour 06 - Transit/ Commuter 07 - Shuttle 08 - Modified for Personal/Private Use 98 - Not Reported 99 - Reported as Unknown</p>	<p>Special Use</p> <p>00 - No Special Use Noted 01 - Taxi 02 - Vehicle Used for School Transport 03 - Vehicle Used as Other Bus 04 - Military 05 - Police 06 - Ambulance 07 - Fire Truck 08 - Non-Transport Emergency Services Vehicle 10 - Safety Service Patrols - Incident Response 11 - Other Incident Response 12 - Towing - Incident Response 19 - Motor Vehicle Used for Vehicle Sharing Mobility 20 - Motor Vehicle Used for Electronic Ride-hailing 21 - Mail Carrier 22 - Public Utility 23 - Rental Truck over 10,000 lbs. 24 - Truck Operating with Crash Attenuator Equipment 99 - Reported as Unknown</p>
<p>Emergency Motor Vehicle Use</p> <p>0 - Not Applicable 2 - Non-Emergency, Non-Transport 3 - Non-Emergency Transport 4 - Emergency Operation, Emergency Warning Equipment Not in Use 5 - Emergency Operation, Emergency Warning Equipment in Use 6 - Emergency Operation, Emergency Warning Equipment in Use Unknown 8 - Not Reported 9 - Reported as Unknown</p>	<p>Vehicle Related Factors</p>
<p>Fire Occurrence</p> <p>0 - No or Not Reported</p>	

0006

XX/XX/XXXX

OMB Control No. 2127-

Expiration Date

1 - Yes

**TRAILER INFORMATION FOR
VEHICLE# 1**

<p>Trailer VIN (1)</p> <input type="text"/> <p>0000000000000000 - No VIN Required, Not a Vehicle for Road Use 7777777777777777 - No Trailing Units 8888888888888888 - Not Reported 9999999999999999 - Reported as Unknown</p>	<p>vPIC Make vPIC Body Class vPIC Trailer Body Type vPIC Model vPIC Model Year</p>
<p>Trailer GVWR</p>	

<p>Trailer VIN (2)</p> <input type="text"/> <p>0000000000000000 - No VIN Required, Not a Vehicle for Road Use 7777777777777777 - No Trailing Units 8888888888888888 - Not Reported 9999999999999999 - Reported as Unknown</p>	<p>vPIC Make vPIC Body Class vPIC Body Type vPIC Model vPIC Year</p>
<p>Trailer GVWR</p>	

<p>Trailer VIN (3)</p> <input type="text"/> <p>0000000000000000 - No VIN Required, Not a Vehicle for Road Use 7777777777777777 - No Trailing Units 8888888888888888 - Not Reported 9999999999999999 - Reported as Unknown</p>	<p>vPIC Make vPIC Body Class vPIC Trailer Body Type vPIC Model vPIC Year</p>
<p>Trailer GVWR</p>	

**2021 Fatality Analysis Reporting
System PRECRASH LEVEL
(VEHICLE/DRIVER) FOR VEHICLE# 1**

State Number

Consecutive Number

**Vehicle Number

Contributing Circumstances, Motor Vehicle

- 00 - None Noted
- 01 - Tires
- 02 - Brake System
- 03 - Steering
- 04 - Suspension
- 05 - Power Train
- 06 - Exhaust System
- 07 - Head Lights
- 08 - Signal Lights
- 09 - Other Lights
- 10 - Wipers
- 11 - Wheels
- 12 - Mirrors
- 13 - Windows/Windshield
- 14 - Body, Doors
- 15 - Truck Coupling/Trailer Hitch/Safety Chains
- 16 - Safety Systems
- 17 - Vehicle Contributing Factors - No Details
- 97 - Other
- 99 - Reported as Unknown

Trafficway Description

- 0 - Non-Trafficway or Driveway Access
- 1 - Two-Way, Not Divided
- 2 - Two-Way, Divided, Unprotected Median
- 3 - Two-Way, Divided, Positive Median Barrier
- 4 - One-Way Trafficway
- 5 - Two-Way, Not Divided With a Continuous Left-Turn Lane
- 6 - Entrance/Exit Ramp
- 8 - Not Reported
- 9 - Reported as Unknown

Total Lanes in Roadway

- 0 - Non-Trafficway or Driveway Access
- 1 - One lane
- 2 - Two lanes
- 3 - Three lanes

Speed Limit

0006

XX/XX/XXXX

<ul style="list-style-type: none"> 4 - Four lanes 5 - Five lanes 6 - Six lanes 7 - Seven or more lanes 8 - Not Reported 9 - Reported as Unknown 	
<p>Roadway Alignment</p> <input style="width: 100%; height: 20px; margin-bottom: 5px;" type="text"/> <ul style="list-style-type: none"> 0 - Non-Trafficway or Driveway Access 1 - Straight 2 - Curve Right 3 - Curve Left 4 - Curve - Unknown Direction 8 - Not Reported 9 - Reported as Unknown 	<p>Roadway Grade</p> <input style="width: 100%; height: 20px; margin-bottom: 5px;" type="text"/> <ul style="list-style-type: none"> 0 - Non-Trafficway or Driveway Access 1 - Level 2 - Grade, Unknown Slope 3 - Hillcrest 4 - Sag (Bottom) 5 - Uphill 6 - Downhill 8 - Not Reported 9 - Reported as Unknown
<p>Roadway Surface Type</p> <input style="width: 100%; height: 20px; margin-bottom: 5px;" type="text"/> <ul style="list-style-type: none"> 0 - Non-Trafficway or Driveway Access 1 - Concrete 2 - Blacktop, Bituminous, or Asphalt 3 - Brick or Block 4 - Slag, Gravel or Stone 5 - Dirt 7 - Other 8 - Not Reported 9 - Reported as Unknown 	<p>Roadway Surface Conditions</p> <input style="width: 100%; height: 20px; margin-bottom: 5px;" type="text"/> <ul style="list-style-type: none"> 00 - Non-Trafficway or Driveway Access 01 - Dry 02 - Wet 03 - Snow 04 - Ice/Frost 05 - Sand 06 - Water (Standing or Moving) 07 - Oil 08 - Other 10 - Slush 11 - Mud, Dirt or Gravel 98 - Not Reported 99 - Reported as Unknown
<p>Traffic Control Device</p> <input style="width: 100%; height: 20px; margin-bottom: 5px;" type="text"/> <ul style="list-style-type: none"> 00 - No Controls 01 - Traffic control signal (on colors) without Pedestrian Signal 02 - Traffic control signal (on colors) with Pedestrian Signal 03 - Traffic control signal(on colors) not known whether or not Pedestrian Signal 04 - Flashing Traffic Control Signal 	<p>Device Functioning</p> <input style="width: 100%; height: 20px; margin-bottom: 5px;" type="text"/> <ul style="list-style-type: none"> 0 - No Controls 1 - Device Not Functioning 2 - Device Functioning-Functioning Improperly 3 - Device Functioning Properly 4 - Device Not Functioning or Device Functioning Improperly, Specifics

0006

XX/XX/XXXX

OMB Control No. 2127-

Expiration Date

07 - Lane Use Control Signal	Unknown
08 - Other Highway Traffic Signal	8 - Not Reported
09 - Unknown Highway Traffic Signal	9 - Reported as Unknown
20 - Stop Sign	
21 - Yield Sign	
23 - School Zone Sign/Device	
28 - Other Regulatory Sign	
29 - Unknown Regulatory Sign	
40 - Warning Sign	
50 - Person	
65 - Railway Crossing Device	
97 - Not Reported	
98 - Other	
99 - Reported as Unknown	

Driver's Vision Obscured By	Driver Maneuvered to Avoid
Driver Distracted By	Pre-Event Movement(Prior to Recognition of Critical Event)

0006

XX/XX/XXXX

Expiration Date

<p><u>Critical Event-Pre crash (Category)</u></p> <p>1 - This Vehicle Loss of Control Due To: 2 - This Vehicle Traveling 3 - Other Motor Vehicle in Lane 4 - Other Motor Vehicle Encroaching into Lane 5 - Pedestrian or Pedalcyclist or Other Non-Motorist 6 - Object or Animal 7 - Other 9 - Unknown</p>	<p><u>Critical Event -Pre crash (Event)</u></p>
<p><u>Attempted Avoidance Maneuver</u></p> <p>00 - No Driver Present / Unknown if Driver Present 01 - No Avoidance Maneuver 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 15 - Braking and Unknown Steering Direction 16 - Braking 98 - Other actions (specify:) 99 - Unknown/Not Reported</p>	<p><u>Pre-Impact Stability</u></p> <p>0 - No Driver Present / Unknown if Driver Present 1 - Tracking 2 - Skidding longitudinally rotation less than 30 degrees 3 - Skidding laterally clockwise rotation 4 - Skidding laterally counterclockwise rotation 5 - Skidding Laterally, Rotation Direction Unknown 7 - Other vehicle loss-of-control (specify:) 9 - Precrash stability unknown</p>
<p><u>Pre-Impact Location</u></p> <p>0 - No Driver Present / Unknown if 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</p>	<p><u>Crash Type</u></p>

2021 Fatality Analysis Reporting System DRIVER LEVEL FOR VEHICLE# 1

State Number

Consecutive Number

**Vehicle Number

[Driver Presence](#)

- 0 - No Driver Present/Not Applicable
- 1 - Yes
- 9 - Unknown

[Drivers License State](#)

[Driver Zip Code](#)

- 00000 - Not resident of U.S. or Territories
- 99998 - Not Reported
- 99999 - Reported as Unknown

[Violations Charged](#)

[Speeding Related](#)

- 0 - No
- 2 - Yes, Racing
- 3 - Yes, Exceeded Speed Limit
- 4 - Yes, Too Fast for Conditions
- 5 - Yes, Specifics Unknown
- 9 - Reported as Unknown

[Condition \(Impairment\) At Time of Crash](#)

- 00 - None/Apparently Normal
- 01 - Ill, Blackout
- 02 - Asleep or Fatigued
- 03 - Walking with a Cane or Crutches, etc.
- 04 - Paraplegic or in a Wheelchair
- 05 - Impaired Due to Previous Injury
- 06 - Deaf/Hard of Hearing
- 07 - Blind/Low Vision
- 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 - Reported as Unknown if Impaired

[Driver Related Factors](#)

DRIVER LICENSE FOR VEHICLE# 1

[Non-CDL License Type](#)

[Non-CDL License Status](#)

<input type="text"/>
0 - Not Licensed
1 - Full Driver License
2 - Intermediate Driver License
7 - Learner's Permit
8 - Temporary License
9 - Unknown License Type

<input type="text"/>
0 - Not licensed
1 - Suspended
2 - Revoked
3 - Expired
4 - Canceled or denied
6 - Valid
9 - Unknown License Status

[Commercial Motor Vehicle License Status](#)

<input type="text"/>
00 - No (CDL)
01 - Suspended
02 - Revoked
03 - Expired
04 - Cancelled or Denied
05 - Disqualified
06 - Valid
07 - Commercial Learner's Permit (CLP)
08 - Other Not-Valid
99 - Unknown License Status

[Compliance With CDL Endorsements](#)

<input type="text"/>
0 - No Endorsements required for this vehicle
1 - Endorsement(s) Required, Complied with
2 - Endorsement(s) Required, Not Complied with
3 - Endorsement(s) Required, Compliance Unknown
9 - Unknown, if required

[License Compliance with Class of Vehicle](#)

<input type="text"/>
0 - Not licensed
1 - No license required for this class vehicle
2 - No valid license for this class vehicle
3 - Valid license for this class vehicle
8 - Unknown If CDL and/or CDL endorsement required for this vehicle
9 - Unknown

[Compliance with license Restrictions](#)

<input type="text"/>
0 - No Restrictions or Not Applicable
1 - Restrictions Complied With
2 - Restrictions Not Complied With
3 - Restrictions, Compliance Unknown
9 - Unknown

[Driver Height\(Feet\)](#)

<input type="text"/>

[Driver Height\(Inches\)](#)

<input type="text"/>

[Driver Weight](#)

<input type="text"/>

<input type="text"/>

DRIVER COUNTERS FOR VEHICLE# 1

[Previous Rec. Crashes](#)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Previous Rec. Susp.,Revoc. and Withdrawals

[Previous Underage Admin. Per Se for BAC](#)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

[Previous Admin. Per Se for BAC \(Not Underage\)](#)

<input type="text"/>

[Previous Recorded Other Susp/Revoc/Withdrawals](#)

0006

XX/XX/XXXX

OMB Control No. 2127-

Expiration Date

Previous DWI Convictions	Previous Recorded Speeding Convictions
Previous Other Moving Violation Convictions	Date of Oldest Crash, Suspension, Convictions /
Date of Most Recent Crash, Susp., Convictions /	

2021 Fatality Analysis Reporting System

PERSON LEVEL (MV OCCUPANT) FOR VEHICLE# 1 AND PERSON# 1

State Number

Consecutive Number

**Vehicle Number

**Person Number

[Age](#)

[Sex](#)

- 1 - Male
- 2 - Female
- 8 - Not Reported
- 9 - Reported as Unknown

[Person Type](#)

- 01 - Driver of a Motor Vehicle In-Transport
- 02 - Passenger of a Motor Vehicle In-Transport
- 03 - Occupant of a Motor Vehicle Not In- Transport
- 09 - Unknown Occupant Type in a Motor Vehicle In- Transport

[Injury Severity](#)

- 0 - No Apparent Injury (O)
- 1 - Possible Injury (C)
- 2 - Suspected Minor Injury (B)
- 3 - Suspected Serious Injury (A)
- 4 - Fatal Injury (K)
- 5 - Injured, Severity Unknown
- 6 - Died Prior to Crash*
- 9 - Unknown/Not Reported

[Seating Position](#)

- 11 - Front Seat, Left Side
- 12 - Front Seat, Middle
- 13 - Front Seat, Right Side
- 18 - Front Seat, Other
- 19 - Front Seat, Unknown
- 21 - Second Seat, Left Side
- 22 - Second Seat, Middle
- 23 - Second Seat, Right Side
- 28 - Second Seat, Other
- 29 - Second Seat, Unknown
- 31 - Third Seat, Left Side
- 32 - Third Seat, Middle
- 33 - Third Seat, Right Side
- 38 - Third Seat, Other
- 39 - Third Seat, Unknown
- 41 - Fourth Seat, Left Side
- 42 - Fourth Seat, Middle
- 43 - Fourth Seat, Right Side
- 48 - Fourth Seat, Other
- 49 - Fourth Seat, Unknown
- 50 - Sleeper Section of Cab (Truck)
- 51 - Other Passenger in enclosed passenger or cargo area
- 52 - Other Passenger in unenclosed passenger or cargo area
- 53 - Other Passenger in passenger or cargo area, unknown

[Transported to First Medical Facility By](#)

- 0 - Not Transported for Treatment
- 1 - EMS Air
- 2 - Law Enforcement
- 3 - EMS Unknown Mode
- 4 - Transported Unknown Source
- 5 - EMS Ground
- 6 - Other
- 8 - Not Reported
- 9 - Reported as Unknown

0006

OMB Control No. 2127-

XX/XX/XXXX

Expiration Date

whether or not enclosed	
54 - Trailing Unit	
55 - Riding on Exterior of Vehicle	
56 - Appended to a Motor Vehicle for Motion	
98 - Not Reported	
99 - Reported as Unknown	

Person Related Factors

[Empty input field]

SAFETY DEVICES FOR VEHICLE# 1 AND PERSON# 1

Restraint System Use

Type of Restraint System in Use

[Empty input field]

- 01 - Shoulder Belt Only Used
- 02 - Lap Belt Only Used
- 03 - Shoulder and Lap Belt Used
- 04 - Child Restraint Type Unknown
- 06 - Racing-Style Harness Used
- 08 - Restraint Used - Type Unknown
- 10 - Child Restraint System - Forward Facing
- 11 - Child Restraint System - Rear Facing
- 12 - Booster Seat
- 20 - None Used/Not Applicable
- 97 - Other
- 98 - Not Reported
- 99 - Reported as Unknown

Indication of Restraint System Misuse?

[Empty input field]

- 0 - No Indication of Misuse
- 1 - Yes, Indication of Misuse
- 7 - None Used/Not Applicable

Helmet Use

[Empty input field]

- 05 - DOT-Compliant Motorcycle Helmet
- 16 - Helmet, Other than DOT-Compliant Motorcycle Helmet
- 17 - No Helmet
- 19 - Helmet, Unknown if DOT-Compliant
- 20 - Not Applicable
- 98 - Not Reported
- 99 - Reported as Unknown if Helmet Worn

Indication of Helmet Misuse?

[Empty input field]

- 0 - No Indication of Misuse
- 1 - Yes, Indication of Misuse
- 7 - None Used/Not Applicable

Air Bag Deployed

[Empty input field]

- 01 - Deployed- Front
- 02 - Deployed- Side (door, seatback)
- 03 - Deployed- Curtain (roof)
- 07 - Deployed- Other (Knee, air belt, etc.)
- 08 - Deployed- Combination
- 09 - Deployment- Unknown Location
- 20 - Not Deployed
- 98 - Not Reported
- 99 - Reported as Deployment Unknown

Ejection

[Empty input field]

- 0 - Not Ejected
- 1 - Totally Ejected
- 2 - Partially Ejected
- 3 - Ejected - Unknown Degree
- 7 - Not Reported
- 8 - Not Applicable
- 9 - Reported as Unknown if Ejected

Ejection Path

[Empty input field]

- 0 - Ejection Path Not Applicable
- 1 - Through Side Door Opening
- 2 - Through Side Window
- 3 - Through Windshield
- 4 - Through Back Window
- 5 - Through Back Door/Tailgate Opening

Extrication

[Empty input field]

- 0 - Not Extricated or Not Applicable
- 1 - Extricated
- 9 - Unknown

0006

OMB Control No. 2127-

XX/XX/XXXX

Expiration Date

6 - Through Roof Opening (sun-roof, convertible top down)	
7 - Through roof (convertible top up)	
8 - Other Path (e.g., back of pick-up truck)	
9 - Ejection Path Unknown	

**2021 Fatality Analysis Reporting
System ALCOHOL FOR VEHICLE# 1
AND PERSON# 1**

<p>Police-Reported Alcohol Involvement</p> <input type="text"/> 0 - No (Alcohol Not Involved) 1 - Yes (Alcohol Involved) 8 - Not Reported 9 - Reported as Unknown	<p>Alcohol Test Status</p> <input type="text"/> 0 - Test Not Given 2 - Test Given 8 - Not Reported 9 - Reported as Unknown if Tested
<p>Alcohol Test Type</p> <input type="text"/> 00 - Test Not Given 01 - Blood 02 - Breath Test (AC) 03 - Urine 04 - Vitreous 05 - Blood Plasma/Serum 06 - Blood Clot 07 - Liver 08 - Other Test Type 10 - Preliminary Breath Test (PBT) 11 - Breath Test, Unknown Type 95 - Not Reported 98 - Unknown Test Type 99 - Reported as Unknown if Tested	<p>Alcohol Test Result</p> <input type="text"/>

**DRUG FOR VEHICLE# 1 AND
PERSON# 1**

<p>Police Reported Drug Involvement</p> <input type="text"/> 0 - No (Drugs Not Involved) 1 - Yes (Drugs Involved) 8 - Not Reported 9 - Reported as Unknown	<p>Method of Drug Determination by Police</p> <input type="text"/> 1 - Evidential Test (Blood, Urine) 2 - Drug Recognition Expert (or Evaluator) (DRE) 3 - Observed Behavior or SFST 7 - Other 8 - Not Reported
<p>Drug Test Status</p> <input type="text"/> 0 - Test Not Given 2 - Test Given 8 - Not Reported 9 - Reported as Unknown if Tested	

Drug Toxicology Results

Drug Specimen	Drug Test Results
<input type="text"/>	<input type="text"/>
00 - Test Not Given 01 - Whole Blood	
02 - Urine	
- Blood Plasma / Serum	
- Blood Clot	
- Oral Fluids	
- Vitreous	
- Liver	
- Not Reported	
- Unknown Specimen	
- Other Specimen	
- Reported as Unknown if Tested	

**2021 Fatality Analysis Reporting
System RACE FOR VEHICLE# 1
AND PERSON# 1**

<u>Race</u>	<u>Hispanic Origin</u>
00 - Not a Fatality (not applicable)	00 - Not A Fatality (not Applicable)
01 - White	01 - Mexican
02 - Black or African American	02 - Puerto Rican
03 - North American Indian or Alaska Native	03 - Cuban
04 - Chinese	04 - Central or South American
05 - Japanese	05 - European Spanish
06 - Native Hawaiian	06 - Hispanic, Origin Not Specified or Other Origin
07 - Filipino	07 - Non-Hispanic
18 - Asian Indian	99 - Unknown
19 - Other Indian (includes South and Central America, any others, except North American or Asian Indians)	
28 - Korean	
38 - Samoan	
48 - Vietnamese	
58 - Guamanian or Chamorro	
68 - Other Asian or Pacific Islander	
78 - Asian or Pacific Islander, No Specific (individual) Race	
97 - Multiple Races Unspecified	
98 - Other Race	
99 - Unknown	

SUPPLEMENTAL FOR VEHICLE# 1 AND PERSON# 1

<p>Died at Scene/En Route</p> <p>0 - Not Applicable <input type="checkbox"/></p> <p>7 - Died at Scene <input type="checkbox"/></p> <p>8 - Died En Route <input type="checkbox"/></p> <p>9 - Unknown <input type="checkbox"/></p>	<p>Death Date</p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p>
<p>Death Time</p> <p><input type="text"/> :</p>	<p>Death Certificate Number</p>
<p>Fatal Injury At Work</p>	

2021 Fatality Analysis Reporting System

PERSON LEVEL (MV OCCUPANT) FOR VEHICLE# 1 AND PERSON# 2

State Number

Consecutive Number

**Vehicle Number

**Person Number

Age

Sex

- 1 - Male
- 2 - Female
- 8 - Not Reported
- 9 - Reported as Unknown

Person Type

- 01 - Driver of a Motor Vehicle In-Transport
- 02 - Passenger of a Motor Vehicle In-Transport
- 03 - Occupant of a Motor Vehicle Not In- Transport
- 09 - Unknown Occupant Type in a Motor Vehicle In- Transport

Injury Severity

- 0 - No Apparent Injury (O)
- 1 - Possible Injury (C)
- 2 - Suspected Minor Injury (B)
- 3 - Suspected Serious Injury (A)
- 4 - Fatal Injury (K)
- 5 - Injured, Severity Unknown
- 6 - Died Prior to Crash*
- 9 - Unknown/Not Reported

Seating Position

- 11 - Front Seat, Left Side
- 12 - Front Seat, Middle
- 13 - Front Seat, Right Side
- 18 - Front Seat, Other
- 19 - Front Seat, Unknown
- 21 - Second Seat, Left Side
- 22 - Second Seat, Middle
- 23 - Second Seat, Right Side
- 28 - Second Seat, Other
- 29 - Second Seat, Unknown
- 31 - Third Seat, Left Side
- 32 - Third Seat, Middle
- 33 - Third Seat, Right Side
- 38 - Third Seat, Other
- 39 - Third Seat, Unknown
- 41 - Fourth Seat, Left Side
- 42 - Fourth Seat, Middle
- 43 - Fourth Seat, Right Side
- 48 - Fourth Seat, Other
- 49 - Fourth Seat, Unknown
- 50 - Sleeper Section of Cab (Truck)
- 51 - Other Passenger in enclosed passenger or cargo area
- 52 - Other Passenger in unenclosed passenger or cargo area
- 53 - Other Passenger in passenger or cargo area, unknown

Transported to First Medical Facility By

- 0 - Not Transported for Treatment
- 1 - EMS Air
- 2 - Law Enforcement
- 3 - EMS Unknown Mode
- 4 - Transported Unknown Source
- 5 - EMS Ground
- 6 - Other
- 8 - Not Reported
- 9 - Reported as Unknown

0006

OMB Control No. 2127-

XX/XX/XXXX

Expiration Date

whether or not enclosed	
54 - Trailing Unit	
55 - Riding on Exterior of Vehicle	
56 - Appended to a Motor Vehicle for Motion	
98 - Not Reported	
99 - Reported as Unknown	

Person Related Factors

[Empty input box]

SAFETY DEVICES FOR VEHICLE# 1 AND PERSON# 2

Restraint System Use

Type of Restraint System in Use

[Empty input box]

- 01 - Shoulder Belt Only Used
- 02 - Lap Belt Only Used
- 03 - Shoulder and Lap Belt Used
- 04 - Child Restraint Type Unknown
- 06 - Racing-Style Harness Used
- 08 - Restraint Used - Type Unknown
- 10 - Child Restraint System - Forward Facing
- 11 - Child Restraint System - Rear Facing
- 12 - Booster Seat
- 20 - None Used/Not Applicable
- 97 - Other
- 98 - Not Reported
- 99 - Reported as Unknown

Indication of Restraint System Misuse?

[Empty input box]

- 0 - No Indication of Misuse
- 1 - Yes, Indication of Misuse
- 7 - None Used/Not Applicable

Helmet Use

[Empty input box]

- 05 - DOT-Compliant Motorcycle Helmet
- 16 - Helmet, Other than DOT-Compliant Motorcycle Helmet
- 17 - No Helmet
- 19 - Helmet, Unknown if DOT-Compliant
- 20 - Not Applicable
- 98 - Not Reported
- 99 - Reported as Unknown if Helmet Worn

Indication of Helmet Misuse?

[Empty input box]

- 0 - No Indication of Misuse
- 1 - Yes, Indication of Misuse
- 7 - None Used/Not Applicable

Air Bag Deployed

[Empty input box]

- 01 - Deployed- Front
- 02 - Deployed- Side (door, seatback)
- 03 - Deployed- Curtain (roof)
- 07 - Deployed- Other (Knee, air belt, etc.)
- 08 - Deployed- Combination
- 09 - Deployment- Unknown Location
- 20 - Not Deployed
- 98 - Not Reported
- 99 - Reported as Deployment Unknown

Ejection

[Empty input box]

- 0 - Not Ejected
- 1 - Totally Ejected
- 2 - Partially Ejected
- 3 - Ejected - Unknown Degree
- 7 - Not Reported
- 8 - Not Applicable
- 9 - Reported as Unknown if Ejected

Ejection Path

[Empty input box]

- 0 - Ejection Path Not Applicable
- 1 - Through Side Door Opening
- 2 - Through Side Window
- 3 - Through Windshield
- 4 - Through Back Window
- 5 - Through Back Door/Tailgate Opening

Extrication

[Empty input box]

- 0 - Not Extricated or Not Applicable
- 1 - Extricated
- 9 - Unknown

0006

OMB Control No. 2127-

XX/XX/XXXX

Expiration Date

6 - Through Roof Opening (sun-roof, convertible top down)	
7 - Through roof (convertible top up)	
8 - Other Path (e.g., back of pick-up truck)	
9 - Ejection Path Unknown	

**2021 Fatality Analysis Reporting
System ALCOHOL FOR VEHICLE# 1
AND PERSON# 2**

<p>Police-Reported Alcohol Involvement</p> <input type="text"/> <p>0 - No (Alcohol Not Involved) 1 - Yes (Alcohol Involved) 8 - Not Reported 9 - Reported as Unknown</p>	<p>Alcohol Test Status</p> <input type="text"/> <p>0 - Test Not Given 2 - Test Given 8 - Not Reported 9 - Reported as Unknown if Tested</p>
<p>Alcohol Test Type</p> <input type="text"/> <p>00 - Test Not Given 01 - Blood 02 - Breath Test (AC) 03 - Urine 04 - Vitreous 05 - Blood Plasma/Serum 06 - Blood Clot 07 - Liver 08 - Other Test Type 10 - Preliminary Breath Test (PBT) 11 - Breath Test, Unknown Type 95 - Not Reported 98 - Unknown Test Type 99 - Reported as Unknown if Tested</p>	<p>Alcohol Test Result</p>

**DRUG FOR VEHICLE# 1 AND
PERSON# 2**

<p>Police Reported Drug Involvement</p> <input type="text"/> <p>0 - No (Drugs Not Involved) 1 - Yes (Drugs Involved) 8 - Not Reported 9 - Reported as Unknown</p>	<p>Method of Drug Determination by Police</p> <input type="text"/> <p>1 - Evidential Test (Blood, Urine) 2 - Drug Recognition Expert (or Evaluator) (DRE) 3 - Observed Behavior or SFST 7 - Other 8 - Not Reported</p>
<p>Drug Test Status</p> <input type="text"/> <p>0 - Test Not Given 2 - Test Given 8 - Not Reported 9 - Reported as Unknown if Tested</p>	

Drug Toxicology Results

Drug Specimen	Drug Test Results
<input type="text"/>	<input type="text"/>
00 - Test Not Given 01 - Whole Blood	
02 - Urine	
- Blood Plasma / Serum	
- Blood Clot	
- Oral Fluids	
- Vitreous	
- Liver	
- Not Reported	
- Unknown Specimen	
- Other Specimen	
- Reported as Unknown if Tested	

**2021 Fatality Analysis Reporting
System RACE FOR VEHICLE# 1
AND PERSON# 2**

<u>Race</u>	<u>Hispanic Origin</u>
00 - Not a Fatality (not applicable)	00 - Not A Fatality (not Applicable)
01 - White	01 - Mexican
02 - Black or African American	02 - Puerto Rican
03 - North American Indian or Alaska Native	03 - Cuban
04 - Chinese	04 - Central or South American
05 - Japanese	05 - European Spanish
06 - Native Hawaiian	06 - Hispanic, Origin Not Specified or Other Origin
07 - Filipino	07 - Non-Hispanic
18 - Asian Indian	99 - Unknown
19 - Other Indian (includes South and Central America, any others, except North American or Asian Indians)	
28 - Korean	
38 - Samoan	
48 - Vietnamese	
58 - Guamanian or Chamorro	
68 - Other Asian or Pacific Islander	
78 - Asian or Pacific Islander, No Specific (individual) Race	
97 - Multiple Races Unspecified	
98 - Other Race	
99 - Unknown	

SUPPLEMENTAL FOR VEHICLE# 1 AND PERSON# 2

<p>Died at Scene/En Route</p> <p>0 - Not Applicable <input type="checkbox"/></p> <p>7 - Died at Scene <input type="checkbox"/></p> <p>8 - Died En Route <input type="checkbox"/></p> <p>9 - Unknown <input type="checkbox"/></p>	<p>Death Date</p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p>
<p>Death Time</p> <p><input type="text"/> :</p>	<p>Death Certificate Number</p>
<p>Fatal Injury At Work</p>	