

## 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

\*\*Number of Motor Vehicle Occupant Forms Submitted

State Case #

<p><a href="#">Crash Date</a></p> <p style="text-align: center;">/ / 2021</p>	<p><a href="#">Crash Time</a></p> <p style="text-align: center;">:</p>
<p><a href="#">County</a></p>	<p><a href="#">City</a></p>
<p><a href="#">Relation To Junction: Within Interchange Area</a></p> <div style="border: 1px solid gray; height: 20px; margin-bottom: 5px;"></div> <p>0 - No 1 - Yes 8 - Not Reported 9 - Reported as Unknown</p>	<p><a href="#">Relation To Junction: Specific Location</a></p> <div style="border: 1px solid gray; height: 20px; margin-bottom: 5px;"></div> <p>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</p>
<p><a href="#">Type of Intersection</a></p> <div style="border: 1px solid gray; height: 20px; margin-bottom: 5px;"></div> <p>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</p>	<p><a href="#">Relation to Trafficway</a></p> <div style="border: 1px solid gray; height: 20px; margin-bottom: 5px;"></div> <p>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</p>

0006

OMB Control No. 2127-

XX/XX/XXXX

Expiration Date

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><u>Work Zone</u></p> <input type="text"/> <p>0 - None  1 - Construction  2 - Maintenance  3 - Utility  4 - Work Zone, Type Unknown</p> <input type="text"/>	<p><u>Light Condition</u></p> <input type="text"/> <p>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>
<p><u>Atmospheric Conditions</u></p> <p>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</p>	

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

<p><a href="#">National Highway System</a></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><a href="#">Special Jurisdiction</a></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><a href="#">Mile Point</a></p> <input type="text"/>	<p><b>Global Position</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">Deg</td> <td style="width: 20%; text-align: center;">Min</td> <td style="width: 20%; 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><a href="#">School Bus Related</a></p> <input type="text"/>	<p><a href="#">Rail Grade Crossing Identifier</a></p> <input type="text"/>
<p><a href="#">Notification Time</a></p> <p><a href="#">EMS</a></p> <input type="text"/> : <input type="text"/>	<p><a href="#">Arrival Time EMS</a></p> <input type="text"/> : <input type="text"/>
<p><a href="#">EMS Time at</a></p> <p><a href="#">Hospital</a></p> <input type="text"/> : <input type="text"/>	<p><a href="#">Crash Related Factors</a></p> <input type="text"/>
<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]

[Input field for Age]

Sex

Person Type

[Input field for Sex]

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

[Input field for Person Type]

- 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

[Input field for 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

[Input field for 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

Non-Motorist Related Factors

Conditions at Time of Crash

[Input field for Non-Motorist Related Factors]

[Input field for Conditions 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

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

Input field for State Number

Input field for Consecutive Number

Input field for \*\*Vehicle Number

Input field for \*\*Person Number

School Zone

Input field for School Zone

- 0 - None Noted
1 - Yes
9 - Unknown

Marked Crosswalk

Input field for Marked Crosswalk

- 0 - None Noted
1 - Yes
9 - Unknown

Sidewalk Presence

Input field for Sidewalk Presence

- 0 - None Noted
1 - Yes
9 - Unknown

Crash Type Number

Input field for Crash Type Number

Crash Group Number

Input field for 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

Input field for Crash Location

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

Pedestrian Position

Input field for 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

Input field for 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)**

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

Non-Motorist Safety Equipment

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

<b>Preventive</b>	
<a href="#">Clothing</a> <input type="text"/> 1 - No 2 - Yes 8 - Not Reported 9 - Reported as Unknown	<a href="#">Lighting</a> <input type="text"/> 1 - No 2 - Yes 8 - Not Reported 9 - Reported as Unknown
<a href="#">Other</a> <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><a href="#">Police-Reported Alcohol Involvement</a></p> <input type="text"/> 0 - No (Alcohol Not Involved) 1 - Yes (Alcohol Involved) 8 - Not Reported 9 - Reported as Unknown	<p><a href="#">Alcohol Test Status</a></p> <input type="text"/> 0 - Test Not Given 2 - Test Given 8 - Not Reported 9 - Reported as Unknown if Tested
<p><a href="#">Alcohol Test Type</a></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><a href="#">Alcohol Test Result</a></p> <input type="text"/>

**DRUG (NOT A MV OCCUPANT)**

<p><a href="#">Police Reported Drug Involvement</a></p> <input type="text"/>	<p><a href="#">Method of Drug Determination by Police</a></p> <input type="text"/>				
<p><a href="#">Drug Test Status</a></p> <input type="text"/>					
<p>Drug Toxicology Results</p> <table border="1"> <tr> <td data-bbox="64 1512 535 1579">Drug Specimen</td> <td data-bbox="581 1512 1182 1579">Drug Test Results</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		Drug Specimen	Drug Test Results	<input type="text"/>	<input type="text"/>
Drug Specimen	Drug Test Results				
<input type="text"/>	<input type="text"/>				

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

Input field for Sex

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

Person Type

Input field for Person Type

- 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

Input field for 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

Transported to First Medical Facility By

Input field for 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

Non-Motorist Related Factors

Conditions at Time of Crash

Large empty input field for Non-Motorist Related Factors

- 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

0006

XX/XX/XXXX

**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

<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><a href="#">Bicyclist Direction</a></p> <p>1 - With Traffic  2 - Facing Traffic</p>	<p>8 - Other  9 - Unknown</p> <p>Crash Type Expanded</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)**

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

Non-Motorist Safety Equipment

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

<b>Preventive</b>	
<a href="#">Clothing</a> <input type="text"/> 1 - No 2 - Yes 8 - Not Reported 9 - Reported as Unknown	<a href="#">Lighting</a> <input type="text"/> 1 - No 2 - Yes 8 - Not Reported 9 - Reported as Unknown
<a href="#">Other</a> <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><a href="#">Police-Reported Alcohol Involvement</a></p> <input type="text"/> 0 - No (Alcohol Not Involved) 1 - Yes (Alcohol Involved) 8 - Not Reported 9 - Reported as Unknown	<p><a href="#">Alcohol Test Status</a></p> <input type="text"/> 0 - Test Not Given 2 - Test Given 8 - Not Reported 9 - Reported as Unknown if Tested
<p><a href="#">Alcohol Test Type</a></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><a href="#">Alcohol Test Result</a></p> <input type="text"/>

**DRUG (NOT A MV OCCUPANT)**

<p><a href="#">Police Reported Drug Involvement</a></p> <input type="text"/>	<p><a href="#">Method of Drug Determination by Police</a></p> <input type="text"/>		
<p><a href="#">Drug Test Status</a></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		

**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><a href="#">Died at Scene/En Route</a></p> <input type="text"/> <ul style="list-style-type: none"> <li>0 - Not Applicable</li> <li>7 - Died at Scene</li> <li>8 - Died En Route</li> <li>9 - Unknown</li> </ul>	<p><a href="#">Death Date</a></p> <input type="text"/> / <input type="text"/> / <input type="text"/>
<p><a href="#">Death Time</a></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](#)

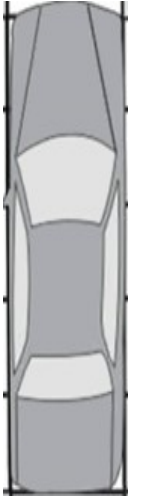
Areas of Impact-Initial



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

<a href="#">Vehicle Model Year</a>	<a href="#">VIN</a>
<input type="text"/>	<input type="text"/>
<input type="text"/>	000000000000000000 - No VIN Required, Not a Vehicle for Road Use 88888888888888888888 - Not Reported 99999999999999999999 - Reported as Unknown
<a href="#">vPIC Make</a>	<a href="#">vPIC Model</a>
<input type="text"/>	<input type="text"/>
<a href="#">vPIC Body Class</a>	<a href="#">NCSA Make</a>
<input type="text"/>	<input type="text"/>
<a href="#">NCSA Model</a>	<a href="#">NCSA Body Type</a>
<input type="text"/>	<input type="text"/>
<a href="#">Power Unit GVWR From</a>	<a href="#">Power Unit GVWR To</a>
<input type="text"/>	<input type="text"/>

<p><a href="#">Automation System(s) in Vehicle</a></p> <input type="text"/>
<p><a href="#">Highest Automation System Level Present in Vehicle</a></p> <input type="text"/>
<p><a href="#">Highest Automation System Level Engaged at Time of Crash</a></p>

**DETAILS FOR VEHICLE# 1**

<p><a href="#">Motor Carrier ID Issuing Authority</a></p> <input type="text"/> <p><a href="#">Motor Carrier Identification Number</a></p> <input type="text"/>	<p><a href="#">Vehicle Configuration</a></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><a href="#">Cargo Body Type</a></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><a href="#">HM1: Hazardous Material Involvement</a></p> <input type="text"/> <p>1 - No  2 - Yes</p> <p><a href="#">HM2: Placard</a></p> <input type="text"/> <p>0 - Not Applicable  1 - No  2 - Yes  8 - Not Reported</p> <p><a href="#">HM3: Hazardous Material ID Number</a></p> <input type="text"/> <p>0000 - Not Applicable  8888 - Not Reported</p> <p><a href="#">HM4: Hazardous Material Class Number</a></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
	<a href="#">HM5: Release of Hazardous Material from the Cargo</a>
	0 - Not Applicable
	1 - No
	2 - Yes
	8 - Not Reported

**OTHER INFORMATION FOR VEHICLE# 1**

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

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	

<a href="#">Driver's Vision Obscured By</a>	<a href="#">Driver Maneuvered to Avoid</a>
<a href="#">Driver Distracted By</a>	<a href="#">Pre-Event Movement(Prior to Recognition of Critical Event)</a>

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

<a href="#">Previous DWI Convictions</a>	<a href="#">Previous Recorded Speeding Convictions</a>
<a href="#">Previous Other Moving Violation Convictions</a>	<a href="#">Date of Oldest Crash, Suspension, Convictions</a> /
<a href="#">Date of Most Recent Crash, Susp., Convictions</a> /	

### 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 box]

**SAFETY DEVICES FOR VEHICLE# 1 AND PERSON# 1**

**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# 1**

<p><a href="#">Police-Reported Alcohol Involvement</a></p> <input type="text"/> <p>0 - No (Alcohol Not Involved) 1 - Yes (Alcohol Involved) 8 - Not Reported 9 - Reported as Unknown</p>	<p><a href="#">Alcohol Test Status</a></p> <input type="text"/> <p>0 - Test Not Given 2 - Test Given 8 - Not Reported 9 - Reported as Unknown if Tested</p>
<p><a href="#">Alcohol Test Type</a></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><a href="#">Alcohol Test Result</a></p>

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

<p><a href="#">Police Reported Drug Involvement</a></p> <input type="text"/> <p>0 - No (Drugs Not Involved)  1 - Yes (Drugs Involved)  8 - Not Reported  9 - Reported as Unknown</p>	<p><a href="#">Method of Drug Determination by Police</a></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><a href="#">Drug Test Status</a></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# 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><a href="#">Died at Scene/En Route</a></p> <p>0 - Not Applicable</p> <p>7 - Died at Scene</p> <p>8 - Died En Route</p> <p>9 - Unknown</p>	<p><a href="#">Death Date</a></p> <p> / /</p>
<p><a href="#">Death Time</a></p> <p>:</p>	<p><a href="#">Death Certificate Number</a></p>
<p><a href="#">Fatal Injury At Work</a></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><a href="#">Police-Reported Alcohol Involvement</a></p> <input type="text"/> <p>0 - No (Alcohol Not Involved) 1 - Yes (Alcohol Involved) 8 - Not Reported 9 - Reported as Unknown</p>	<p><a href="#">Alcohol Test Status</a></p> <input type="text"/> <p>0 - Test Not Given 2 - Test Given 8 - Not Reported 9 - Reported as Unknown if Tested</p>
<p><a href="#">Alcohol Test Type</a></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><a href="#">Alcohol Test Result</a></p>

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

Police Reported Drug Involvement

- 0 - No (Drugs Not Involved)
- 1 - Yes (Drugs Involved)
- 8 - Not Reported
- 9 - Reported as Unknown

Method of Drug Determination by Police

- 1 - Evidential Test (Blood, Urine)
- 2 - Drug Recognition Expert (or Evaluator) (DRE)
- 3 - Observed Behavior or SFST
- 7 - Other
- 8 - Not Reported

Drug Test Status

- 0 - Test Not Given
- 2 - Test Given
- 8 - Not Reported
- 9 - Reported as Unknown if Tested

**Drug Toxicology Results**

Drug Specimen

Drug Test Results

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