



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
2008 JUL 29 1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

07-JUL-2008

Repository

Reference No.
10233394

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City ANDERSON State SC Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

Evening Telephone Number [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 7/29/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side JS1G177A972 [REDACTED] Make SUZUKI Model GSX-R1000 Model Year 2007

Date Purchased June 07, 2008 Dealer's Name and Telephone Number ANDERSON MOTOR SPORTS 864-225-0561 Engine: No: Cylinders 4 Fuel Type: [REDACTED]
Original Owner Dealer's City State Zip Code

Transmission Type 6 speed constant mesh Antilock Brakes Cruise Control Powertrain Vehicle Component Code 060000 ENGINE AND ENGINE COOLING Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 07-JUN-2008 Failure Mileage 10 Failure Speed 40

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make Tire Model (Name or Number) Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location:
Tire Component Code Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: Date Manufactured: Model No./Name:
Seat Type: Installation System:
Child Seat Component Code: Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured 1 Number of Deaths 0 Reported to Police N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

TL*THE CONTACT OWNS A 2007 SUZUKI GSX-R1000 K7. WHILE DRIVING 40 MPH, THE VEHICLE SUDDENLY ACCELERATED. THE CONTACT LOST CONTROL AND THE VEHICLE FLIPPED OVER. THE CONTACT WAS THROWN FROM THE VEHICLE. HE WAS IN INTENSIVE CARE FOR OVER TEN DAYS AND IS NOW IN A REHABILITATION PROGRAM AT THE HOSPITAL. THE CONTACT SUFFERED TRAUMATIC HEAD INJURY, A FRACTURED COLLARBONE, AND POSSIBLY A BROKEN BONE, IN ADDITION TO SIGNIFICANT CUTS AND BRUISES. THE VEHICLE WAS DESTROYED. THE CAUSE OF THE FAILURE WAS UNKNOWN. A WEEK AFTER THE INCIDENT, THE CONTACT RECEIVED A RECALL NOTICE PERTAINING TO THE SAME FAILURE. HE RESEARCHED THE DEFECTS AND FOUND OTHER FAILURES SIMILAR TO WHAT HE EXPERIENCED. THE DEALER STATED THAT THE RECALL SHOULD NOT HAVE CAUSED SUCH A DANGEROUS OUTCOME TO THE VEHICLE. THE RECALL NUMBER WAS UNKNOWN. THE CURRENT AND FAILURE MILEAGES WERE LESS THAN 10.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

[REDACTED] IS THE OWNER and crash victim, [REDACTED] was in the hospital in coma + rehab. [REDACTED] is the Father of [REDACTED] and is handling the details of the Motorcycle Accident. All questions should be directed to [REDACTED] due to [REDACTED] not being able to clearly communicate at this time. Due to the Traumatic Head Injury [REDACTED] memory of the purchase + accident is not clear to him. He does not remember any details -

Attached in separate envelope is additional information

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation
National Highway Traffic Safety Administration
1200 New Jersey Avenue SE, Washington, D.C. 20077-9382
Official Business
Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Ave SE
Washington, DC 20077-9382**

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Think your vehicle has a safety defect?



**If so:
Use the enclosed form to file a report.**

**or visit:
www.safercar.gov**

**or call:
Vehicle Safety Hotline
888-327-4236**



Vehicle Owners' Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration



[REDACTED]
[REDACTED]
ANDERSON, S.C. [REDACTED]
[REDACTED]
[REDACTED]

July 22, 2008

National highway Traffic Safety Administration
1200 New Jersey Avenue SE
Washington, D.C. 20590

To Whom It May Concern,

This letter is additional Information concerning [REDACTED] involvement in a single motorcycle accident June 07,2008.

I am handling the affairs concerning the accident for [REDACTED]. I am his Father, I reside at the above address and can be reached at [REDACTED] (home) or [REDACTED] (cell).

The bike was purchased by [REDACTED] at approximately 4:00pm on June 07, 2008 and the accident occurred at Approximately 8:00pm June 07, 2008.

This was under the SAFETY RECALL CAMPAIGN #2098
According to information from the Internet, the NHTSA Campaign ID number is 07V362000.
Also, according to information I took from the Internet, The recall affected all 2007 GSX-R1000K7 Models

I am enclosing the following information for your review:

- 1- Copy of the Bill of Sale for the motorcycle
- 2- Copy of the Certificate of vehicle Pre-delivery
- 3- Copy of the Photo of the VIN Number (Photo taken by State Farm Insurance Co.)
- 4- Copy of Recall notice mailed from Suzuki dated June 26,2008,Received around June 28/30, 2008.

5- Police Report

I hope this information is helpful in your investigation.

If you need additional information, Please contact me.

Sincerely,
[REDACTED]
[REDACTED]

Certificate Of Vehicle Pre-Delivery

Suzuki Motorcycles, ATV's and QUV's

A- 1038748

Model 65XR100C

Year 2007

VIN No JSIGT77A972

Engine No. _____

Key(s) No. _____

Mileage _____

Check off each step of Assembly & Pre-Delivery - Cross off non-applicable items

ASSEMBLY

- UNCRATE - Inspect for damage or missing parts
- FORK LEGS - Install
- FRONT FENDER - Install
- FRONT BRAKE CABLE or HOSE BRACKET - Install
- FRONT BRAKE SHOE ASSEMBLY - Install in wheel
- BRAKE DISCS - Clean front & rear
- CAB FRAME - Install
- WHEELS - Install, torque, cotter pin
- HANDLEBAR - Install & align
- MASTER CYLINDER - Install & align
- THROTTLE GRIP & CABLE - Install/connect wiring
- LEFT SWITCH ASSEMBLY - Install/connect wiring

- CARGO BED - Install
- STEERING WHEEL - Install torque
- FRONT GUARD - Install
- SEATON CABLE - Install
- INSTRUMENTS - Install & connect
- TURN SIGNALS - Install & connect
- HEADLIGHT(S) - Install
- WIRING HARNESS - Connect
- SKIDPLATE - Install
- REAR BRAKE PEDAL - Install & connect
- RIDER/PASSENGER FOOTREST(S) - Install
- KICK START LEVER - Install

- GEAR SHIFT LEVER - Install
- REAR FENDER - Install
- SEAT, BACKREST, HAND RAILS - Install
- MIRRORS - Install & adjust
- TOOL KIT - Inspect & install
- NUMBER PLATE - Install
- FRAME COVER(S) - Install
- RECHECK ALL CABLE & WIRING ROUTING
- CONTROLS - Check for proper operation
- COMPLETE APPLICABLE RECALL or FACTORY DIRECTED MODIFICATION

ASSEMBLED BY: (signature) _____

GENERAL

- INSPECT ALL COTTER PINS & FASTNERS
- TIGHTEN ALL NUTS & BOLTS

- TORQUE ALL FASTNERS LISTED IN ASSEMBLY GUIDE

- RECHECK ROUTING OF ALL CABLES & WIRING

SERVICED BY: (signature) _____

VISUAL INSPECTION

- PAINT
- CHROME
- UPHOLSTERY
- POLISHED PARTS

SERVICE

- FUEL TANK VENT HOSE - Routing
- BATTERY - Fill/Charge/Install/Route vent hose
- ENGINE/TRANSMISSION OIL - Check / Adjust level
- SECONDARY DRIVE OIL - Check/Adjust level
- FINAL DRIVE OIL - Check/Adjust level
- FRONT & REAR BRAKE FLUID - Inspect & Bleed
- COOLING SYSTEM - Inspect/Use 50/50 solution
- WIRING HARNESS - Check routing & connectors
- CLUTCH CABLE - Route/Adjust
- CLUTCH FLUID - Inspect & Bleed
- CLUTCH RELEASE MECHANISM - Adjust

- CLUTCH RELEASE MECHANISM - Adjust
- FRONT & REAR BRAKE CABLE(S) - Route & adjust
- THROTTLE CABLES - Route & adjust
- REAR BRAKE PEDAL - Adjust
- COMPRESSION RELEASE CABLE - Route/Adjust
- CHOKE CABLE - Route/Adjust
- RECOIL START - Check operation & adjust
- PARKING BRAKE CABLE - Route/adjust
- DRIVE CHAIN/BELT - Inspect/Adjust/Cotter pin
- FRONT SUSPENSION - Adjust Dampings - Select & Adjust Spring Pre-load - Select & Adjust

- REAR SUSPENSION - Adjust Damping - Select & Adjust Spring Pre-load - Select & Adjust
- TIRE PRESSURE - FRONT/REAR - Check & Adjust Front 36 psi Rear 32 psi
- RIM LOCKS - Check tightness
- SPOKES - FRONT/REAR - Check/adjust
- IGNITION OPERATION - verify
- CARBURETOR (Non-Emission Only) - Check & adjust settings
- ENGINE IDLE SPEED - Adjust

TWO STROKE ONLY

- INJECTION OIL - Check/Adjust level
- OIL PUMP - Bleed & adjust
- PRE MIX FUEL - Type/ratio
- OIL TANK VENT HOSE - Routing

ELECTRICAL SYSTEM OPERATION

- HEADLIGHT(S) - Check/Adjust Hi/Low indicator
- TAIL LIGHT(S) - Check
- BRAKE LIGHT(S) - Adjust SWITCHES
- TURN SIGNAL INDICATORS - Check
- OIL PRESSURE LIGHT - Check

- INSTRUMENT LIGHT - Check
- NEUTRAL LIGHT - Check
- SIDE STAND POSITION SWITCH - Check
- STARTER INTERLOCK SWITCH - Check
- REVERSE POSITION INDICATOR - ATV model

- GAUGES - LED/LCD - Check operation
- CLOCK - Set time - Check operation
- HORN(S) - Check
- ENGINE STOP SWITCH - Check

TEST DRIVE / RIDE

- ENGINE - Starting/Acceleration/Smoothness/Idle
- CLUTCH & TRANSMISSION - Shifting/smoothness
- DRIVE LINE - Smoothness

- BRAKES - Proper operation
- SUSPENSION/STEERING - Adjustments/Stability/Smoothness

- INSTRUMENTATION - Check

TEST RIDDEN BY: (signature) _____

DELIVERY TO CUSTOMER

- OWNER'S MANUAL - Explain periodic maintenance responsibilities / Emphasize importance of reading safety information
- WARRANTY - PROVIDE POLICY Explain coverage & limits
- SAFETY TIPS BOOKLETS - Review supplied booklets and stress importance of safe riding habits
- DEALERSHIP SERVICE CONTRACT - Introduce
- PERIODIC MAINTENANCE - Discuss service needs

- RIDER TRAINING - Suggest rider training course Call 1-800-448-3227 for MSF street motorcycle course Call 1-877-289-7093 for MSF off-road motorcycle course Call 1-800-987-2887 for SVIA ATV course
- PROVIDE "Ride Safe, Ride Smart" Videotape and "ATV Rally" CD-ROM GAME (ATVs only)
- FUELING/STORAGE/TRANSPORTATION
- FUEL PETCOCK OPERATION - Explain function
- KEYS - Record numbers in Owner's Manual
- VISUAL INSPECTION - Resolve any concern

I certify that the pre-delivery inspection and service has been performed on this vehicle in accordance with the instruction issued by Suzuki as outlined in the vehicle's Assembly & Pre-Delivery Guide and related Service Bulletins.

Dealership Name: _____ Dealer # _____

Selling dealer's Signature: _____ Date: _____

CUSTOMER ACCEPTANCE

I understand the importance of following the Owner's Manual instructions and riding tips booklet suggestions.

I have reviewed and understand the Suzuki Warranty policy (ies).

I have inspected the vehicle and it meets with my satisfaction.

I understand the importance of the vehicle's initial service and following the periodic maintenance recommendations.

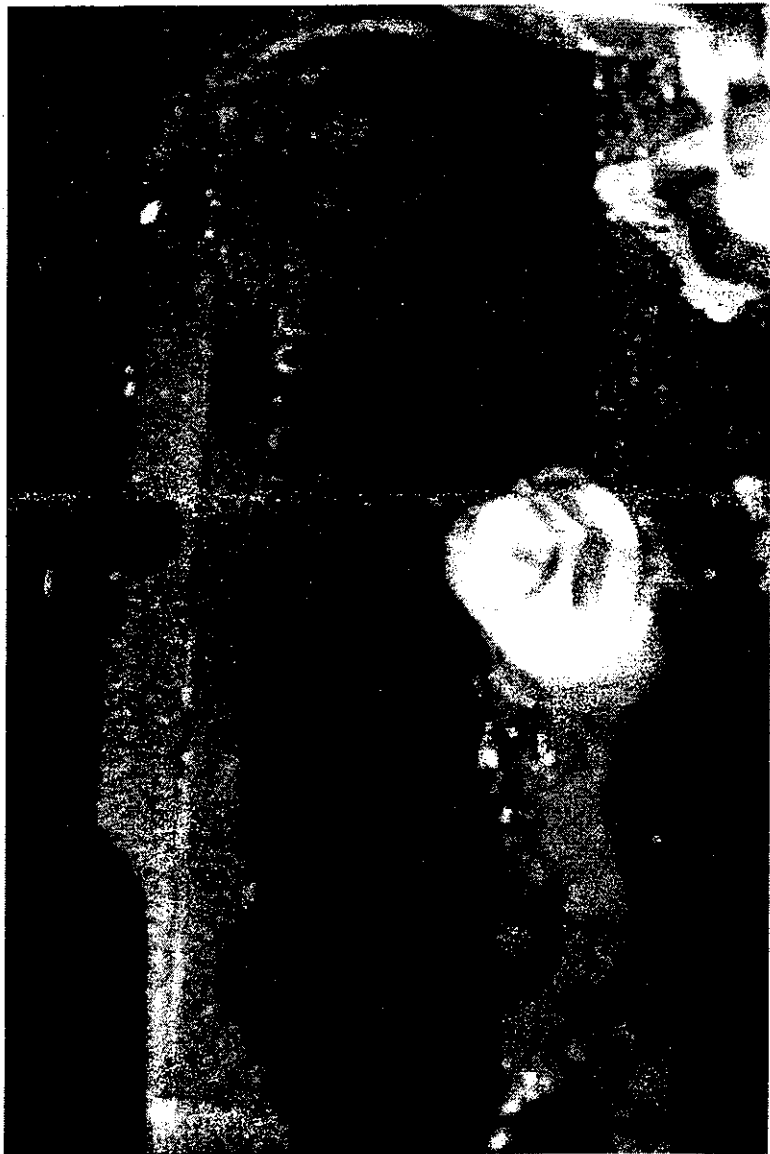
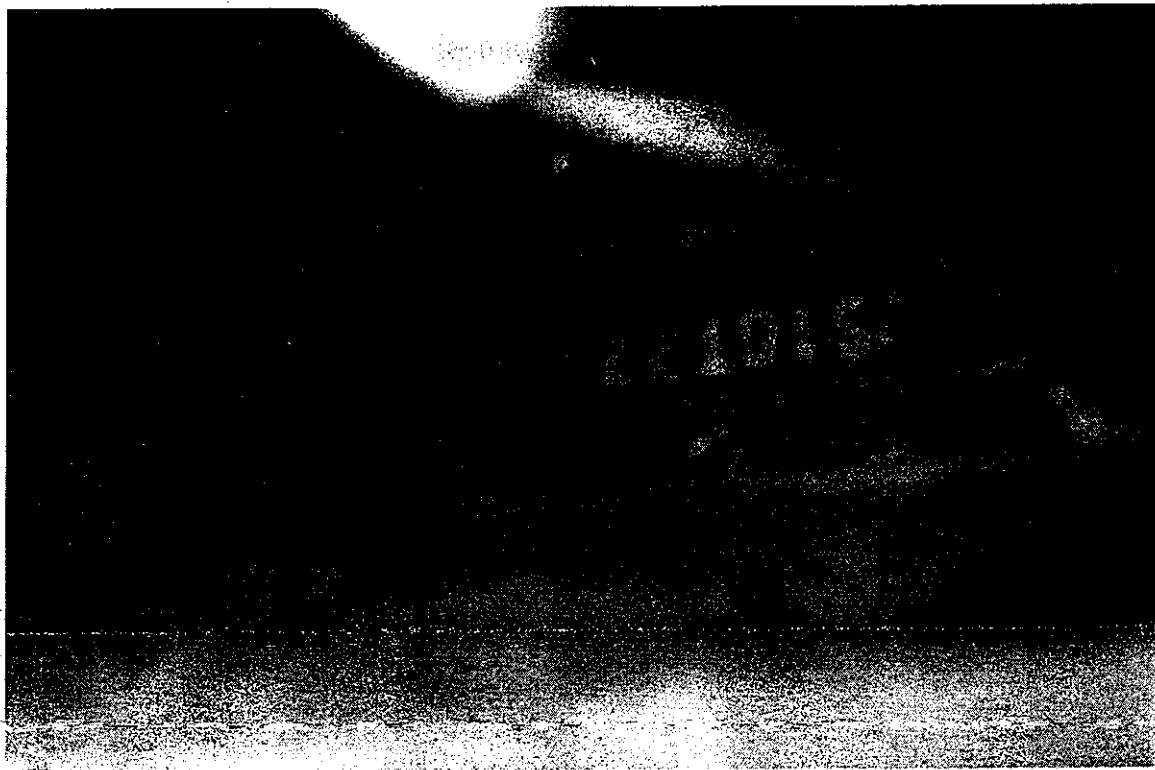
I have reviewed and signed the ATV Rider Training Certificate.

The Suzuki Extended Protection Plan (SEP) has been offered to me and I have purchased/declined the program.

- Purchased
- Declined

Salesperson _____

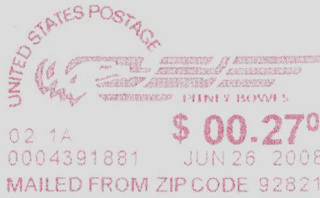
Vin # on Frame



86+ -1272-06



AMERICAN SUZUKI MOTOR CORPORATION
 MOTORCYCLE / MARINE DIVISION
 P.O. BOX 1100
 BREA, CA 92822-1100



**IMPORTANT: SAFETY RECALL
 CUSTOMER SATISFACTION
 PROGRAM REMINDER**

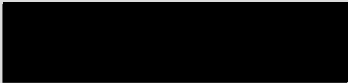
PLEASE DELIVER TO THE REGISTERED OWNER

MODEL / FRAME / SERIAL #

GSX-R1000K7 972111393

CAMPAIGN #

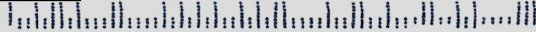
2098



ANDERSON, SC



35+5042



SAFETY RECALL / CUSTOMER SATISFACTION / PROGRAM REMINDER

Thank you for your purchase of a Suzuki product.

According to our records, your Suzuki product is affected by a Safety Recall Campaign or a Customer Satisfaction Program, but has not yet had the appropriate repair performed. (It's also possible that the repair has been performed, but the information was not received prior to this mailing.)

We hope you have enjoyed using your Suzuki product and we think that by having this Safety Recall repair or Customer Satisfaction repair performed will provide you even more reliability and satisfaction in the future.

Please contact your Suzuki dealer to schedule an appointment for your Suzuki product to be inspected and if necessary repaired. Also, please provide the dealer with this card, so that dealer may inspect your Suzuki product for the appropriate repair completion. If a repair is required it will be done free of charge. Once the repair has been performed by your Suzuki dealer, the dealer will report the repair completion to American Suzuki.

Your Suzuki dealer will be able to answer any questions you might have regarding this Safety Recall or Customer Satisfaction Campaign.

Thank you again for selecting a Suzuki product. We know that you had many brands to choose from and we will continue to try to maintain your satisfaction and confidence in our products.

American Suzuki Motor Corporation
 Motorcycle / Marine Division

Date 06/27/2008	Time 2008 04	County 04	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Collision Location (Rt. # / Name) 5 OLD WELLSMISTON RD.	0- Main 2- Alternate 5- Spur	6- Connection 7- Business	Miles: Dir.: N E S W	In / Near City or Town of: ANDERSON
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Lane # / Dir. #1 2 N E S W	Distance Offset 0.15 Miles Feet	Direction N E S W	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Base Intersection (Rt. # / Name) WELLDWOOD DR.	0- Main 2- Alternate 5- Spur	6- Connection 7- Business 9- Other	ASRU code	MP/Grid
R.R. Id. N/A	From N E S W	Ramp Only 1- Entrance 2- Exit	To N E S W	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Second Intersection (Rt. # / Name) GOSSETT ST.	0- Main 2- Alternate 5- Spur	6- Connection 7- Business 9- Other	Latitude N 34° 30' 4430"
					Longitude W 82° 37' 4190"				

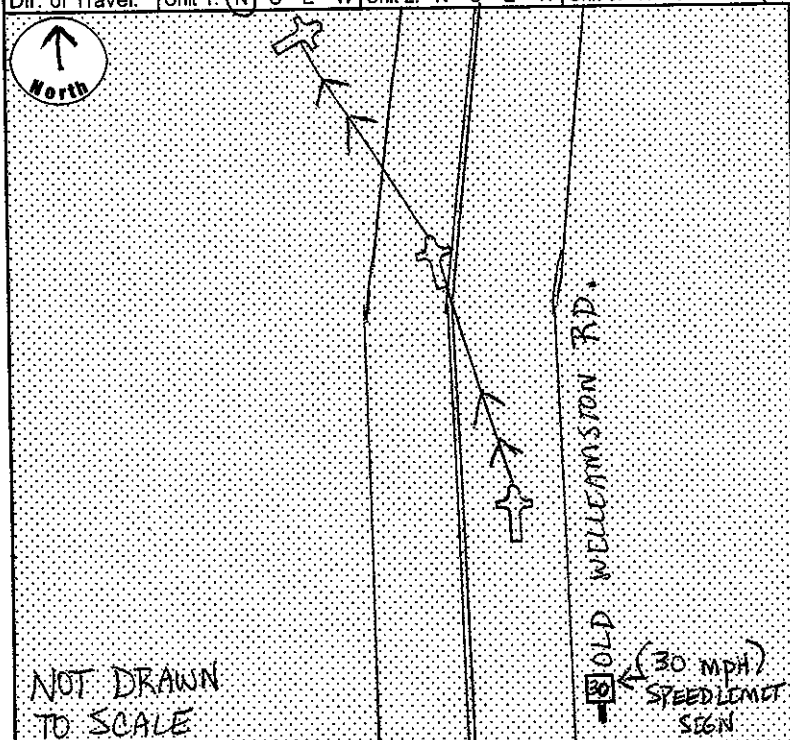
Driver/Pedestrian's Full Name V-135976	Driver/Pedestrian's Full Name V-135977
Unit # 1	Unit # N/A
Sex M	Sex N/A
Race W	Race N/A
Street [REDACTED]	Street [REDACTED]
Birth Date [REDACTED]	Birth Date [REDACTED]
City, State, & Zip ANDERSON SC	City, State, & Zip [REDACTED]

State SC	Driver's License # [REDACTED]	Insurance Company STATE FARM	State [REDACTED]	Driver's License # [REDACTED]	Insurance Company [REDACTED]
Year 2007	Body MC	Vehicle Make SUZUKI	VIN # JS1GT77A972	Year [REDACTED]	Body [REDACTED]
State N/A	Year N/A	License Plate # N/A	Owner's D.L. # SAME	State [REDACTED]	Year [REDACTED]
Home Telephone [REDACTED]	Owner's Full Name SAME	Home Telephone [REDACTED]	Owner's Full Name [REDACTED]	Bus. Telephone [REDACTED]	Street AS

Contributed To Collision Yes No	City, State, & Zip ABOVE	Contributed To Collision Yes No	City, State, & Zip [REDACTED]
Estimated Speed 50	Speed Limit 30	C.D.L. Req: Yes (No) N/A	T/B S Req: Yes (No) N/A
Code [REDACTED]	Summons # [REDACTED]	Code [REDACTED]	Towed By CITY GARAGE

Driver/Pedestrian's Full Name V-135978	State [REDACTED]	Year [REDACTED]	License Plate # [REDACTED]	Owner's D.L. # [REDACTED]
Unit # N/A	Sex [REDACTED]	Race [REDACTED]	Street [REDACTED]	Home Telephone [REDACTED]
Birth Date [REDACTED]	City, State, & Zip [REDACTED]	Bus. Telephone [REDACTED]	Street [REDACTED]	Contributed To Collision Yes No
State [REDACTED]	Driver's License # [REDACTED]	Insurance Company [REDACTED]	City, State, & Zip [REDACTED]	Estimated Speed [REDACTED]
Year [REDACTED]	Body [REDACTED]	Vehicle Make [REDACTED]	VIN # [REDACTED]	Speed Limit [REDACTED]
C.D.L. Req: Yes (No) [REDACTED]	T/B S Req: Yes (No) [REDACTED]	Alc/Drg info (see back): Yes (No) [REDACTED]	Summons # [REDACTED]	Code [REDACTED]
Summons # [REDACTED]	Code [REDACTED]	Summons # [REDACTED]	Code [REDACTED]	Towed By [REDACTED]

Dir. of Travel: Unit 1: (N) S E W	Unit 2: N S E W	Unit 3: N S E W		
Unit 1 Dam. \$ 10,000.00	Unit 2 Dam. \$ N/A	Unit 3 Dam. \$ N/A	Prop. Dam. 1 \$ N/A	Prop. Dam. 2 \$ N/A
Property Owner/Witness [REDACTED]	Property Owner/Witness [REDACTED]	Address [REDACTED]	Address [REDACTED]	State Zip SC [REDACTED]
Phone [REDACTED]	State Zip SC [REDACTED]	Phone [REDACTED]	State Zip SC [REDACTED]	Phone [REDACTED]
Photo: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Describe What Happened (Refer to Units by Number)			



UNIT #1 DID LOOSE CONTROL OF MOTORCYCLE AND DRIVE OFF LEFT SIDE OF ROAD IN CURVE IN ROADWAY. UNIT #1 WAS NOT WEARING A HELMET AT TIME OF COLLISION.

Unit	Date of Birth	Sex	Race	INJ	Seat	RSD	A.B.D.	Eject	LAI	Tran	Name	Special Assignments	Zip Code
1		M	W	31	70	007	9	1	1/1		(DRIVER UNIT #1)	ANDERSON	

Race A - Asian/Pacific Islander B - African American I - Alaskan Native or American Indian	W - Caucasian O - Other U - Unk.	a) Injury Status 0- Not Injured 1- Possible 4- Fatal	2- Non-incapacitating 3- Incapacitating Motorcycle Only	Seating Loc. 01 02 03 04 05 06 07 08 09	20- Pedestrian 30- Trailing Unit 40- Bus or Van (4th row or Higher) 50- Other Enclosed Area (nontrailing) 51- Other Unenclosed Area (nontrailing)	60- Sleeper of Cab 70- Riding on Unit Exterior 80- Lap 99- Unk./NA	Restraint/Safety Device 00- None Used 11- Shoulder Belt Only 12- Lap Belt Only 13- Shoulder & Lap Belt 21- Child Safety Seat 88- Other 99- Unk.
Air Bag Deployment / Switch 1- Deployed Front 2- Deployed Side 3- Deployed Both 4- Not Deployed 7- Not App. 9- Unk.	Ejection 1- Not Ejected 2- Part. Ejected 3- Tot. Ejected 9- Unk.	b) Motorcycle Only Head Injury: 1-Yes 2-No Location After Impact 1- Not Trapped 2- Extricated (Mechanical Means) 3- Freed (non-mech.) 4- Not Applicable	Sequence of Events 1- Yes 2- No 3- Unknown b) By: 1- EMS 2- Police 8- Other 9- Unk.	Mail Orig. TR-310 to: Office of Financial Responsibility, PO Box 1498, Blythewood, SC 29016			

Non-Collision 01- Cargo/Equip Loss or Shift 02- Cross Median/Center Line 03- Downhill Runaway	04- Equipment Failure 05- Fire/Explosion 06- Immersion 07- Jackknife	08- Overturn/Rollover 09- Ran off Road Left 10- Ran off Road Right	Collision: Not Fixed 20- Animal (Deer Only) 21- Animal (All Other) 22- Motor Veh. (In Transport) 23- Motor Veh. (Stopped) 24- Motor Veh. (Other Roadway)	27- Pedestrian 28- Railway Veh. Maint. Equip. 38- Other Movable Object 39- Unk. Movable Object	Collision: Fixed Object 40- Bridge Overhead Structure 41- Bridge Parapet End 42- Bridge Pier or Abutment 43- Bridge Rail 44- Culvert 45- Curb 46- Ditch	47- Embankment 48- Equipment 49- Fence 50- Guardrail End 51- Guardrail Face 52- Highway Traffic Sign Post 53- Impact Attenuator/Crash Cushion 54- Light/Luminaire Support	55- Mail Box 56- Median Barrier 57- Overhead Sign Support 58- Other (Post, Pole, Support, Etc.) 59- Other (Wall, Building, Tunnel, Etc.) 62- Work Zone Maint. Equipment	68- Other 69- Unk.
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Manner of Collision (Struck Veh.) 00- Not Coll. w/ Motor Veh. 10- Rear End Collision 20- Head On	30- Rear-to-Rear 41- Angle (↘↙) 42- Angle (→←) 43- Angle (↗↖)	50- Sideswipe Same Dir. 60- Sideswipe Opposite Dir. 70- Backed Into 99- Unknown	1st / Most Deformed Area 1-7	1st Deformed 1-7	Most Deformed 1-7
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Vehicle Type 01- Automobile 12- Pickup Truck 13- Truck Tractor 14- Other Truck	15- Full Size Van 16- Mini Van 17- Sport Utility 25- Motorcycle 26- Other Motorbike	27- Pedalcycle 38- Animal Drawn Veh. 39- Animal (Ridden) 41- Pedestrian 51- Train	61- School Bus 62- Passenger Bus 98- Other 99- Unk. (Hit and Run Only)	Vehicle Use Code 01- Personal 02- Driver Training 03- Construction/Maint.	04- Ambulance 05- Military 07- Transport Property	08- Farm Use 09- Wrecker or Tow 10- Police 11- Government	12- Fire Fighting 13- Logging 18- Other 41- Pedestrian	Vehicle Attachment 1- None 2- Mobile Home 3- Semi-Trailer	4- Utility Trailer 5- Farm Trailer 6- Trailer w/Boat 7- Camper Trailer	8- Towed Motor Vehicle 9- Petroleum Tanker A- Lowboy Trailer B- Autocarrier Trailer	C- Other Tanker D- Flat Bed E- Twin Trailers F- Other
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Action Prior to Impact 01- Backing 02- Changing Lanes 03- Entering Traffic Lane 04- Leaving Traffic Lane 05- Making U-turn 06- Movements Essentially Straight Ahead 07- Overtaking/Passing	(Vehicle) 08- Parked 09- Stopping or Stopped in Traffic 10- Turning Left 11- Turning Right 18- Other	(Non-motorist) 21- Approaching/Leaving Vehicle 22- Entering/Crossing Location 23- Playing/Working on Vehicle 24- Pushing Vehicle 25- Standing 26- Walking, Playing, Cycling 27- Working	Alc Test Results A1- 1- Two-way, Not Divided A2- 2- Two-way, Divided, Unprotected Median A3- 1- Gore, 3- Median, 5- Roadway, 7- Sidewalk, 9- Unk., 2- Island, 4- Roadside, 6- Shoulder, 8- Outside Trafficway	3- Given - Pending 4- None 5- Refused	Special Use Only 1- Under-Compartment Intrusion 2- Under- No Intrusion 3- Under- Unknown 4- Over- MV in Transport 5- Over- Other Vehicle 6- None 9- Unk.
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Weather Condition 1- Clear (no adverse conditions) 2- Rain	3- Cloudy 4- Sleet, Hail 5- Snow	6- Fog, Smog, Smoke 7- Blowing Sand, Oil, Dirt or Snow 8- Severe Crosswinds 9- Unk.	Alc Test Results A1- 1- Two-way, Not Divided A2- 2- Two-way, Divided, Unprotected Median A3- 1- Gore, 3- Median, 5- Roadway, 7- Sidewalk, 9- Unk., 2- Island, 4- Roadside, 6- Shoulder, 8- Outside Trafficway	3- Two-way, Divided, Barrier 4- One-Way 8- Other	Trafficway 2
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Light Condition 1- Daylight 2- Dawn	3- Dusk 4- Dark (Lighting Unspecified) 5- Dark (Street Lamp Lit)	6- Dark (Street Lamp Not Lit) 7- Dark (No lights)	Alc Test Results A1- 1- Two-way, Not Divided A2- 2- Two-way, Divided, Unprotected Median A3- 1- Gore, 3- Median, 5- Roadway, 7- Sidewalk, 9- Unk., 2- Island, 4- Roadside, 6- Shoulder, 8- Outside Trafficway	3- Two-way, Divided, Barrier 4- One-Way 8- Other	Trafficway 2
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Primary Contributing Factors 01- Disregarded Signs, Signals, Etc. 02- Distracted/Inattention 03- Driving Too Fast for Conditions 04- Exceeded Authorized Speed Limit 05- Failed to Yield Right of Way 06- Ran off Road 07- Fatigued/Asleep 08- Followed Too Closely	Driver 09- Made an Improper Turn 10- Medical Related 12- Aggressive Operation of Vehicle 13- Over-correcting/Over-steering 14- Swerving to Avoiding Object 15- Wrong Side or Wrong Way 16- Under the Influence 17- Vision Obscured (Within Unit) 18- Improper Lane Usage/Change 28- Other Improper Action	Roadway 30- Debris 31- Non-highway Work 32- Obstruction in Roadway 33- Road Surface Condition (i.e., Wet) 34- Rut, Holes, Bumps 35- Shoulders (None, Low, Soft, High) 36- Traffic Control Device (i.e., Missing) 37- Work Zone (Constr./Maint./Utility) 38- Worn, Travel-Polished Surface	Non-Motorist 48- Other 49- Unk. 50- Inattentive 51- Lying &/or Illegally in Roadway 52- Failure to Yield R. of W. 53- Not Visible (Dark Clothing) 54- Disregard Signs, Signals, Etc. 55- Improper Crossing 56- Darting 57- Wrong Side of Road 67- Other Person Under Influence	Environmental 60- Animal in Road 61- Glare 62- Obstruction 63- Weather Cond. 68- Other 69- Unk.	Vehicle Defect 70- Brakes 71- Steering 72- Power Plant 73- Tires/Wheel 74- Lights 75- Signals 76- Windows/Shield 77- Restraint System 78- Truck Coupling 79- Cargo 80- Fuel System 88- Other 89- Unk.
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