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CREATION AND MAINTENANCE OF A MOTOR
VEHICLE TRAFFIC ACCIDENT FILE

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FOREWORD

The highway transportation system is comprised of three elements; the vehicle, the facility, and the facility user. A lack of proper performance on the part of any or all of the three elements results in a traffic accident. Society uses the accident report form to record this lack of proper performance and, of course, the agencies concerned with highway safety have dealt with accident reports in an effort to gain insight into accident causation, and, hopefully, gain similar insight as to accident prevention. Crude as they seem to be, and are in terms of sophisticated research effort, accident reports are a means of studying causes and are helpful for the application of accident reducing remedies.

Many state highway departments, in cooperation with the Bureau of Public Roads, are stepping up activity in the utilization of accident reports. This Circular presents a case study of assimilation of accident reports into, and development of, a computerized accident record system for use by one state highway department. While not directly applicable to, and of prime value for, every state highway department, the setting up and use of such a system is explained. This Circular should be of help to other agencies that are either operating accident record systems or getting ready to establish such systems.

CREATION AND MAINTENANCE
OF A
MOTOR VEHICLE TRAFFIC ACCIDENT FILE

by

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INTRODUCTION

On the average, 175 motor vehicle accidents occur in the State of Connecticut every day of the year. Whether such an occurrence takes place on Main Street in the center of town, on a suburban residential street, or on a rural highway, it sets in motion machinery which through various procedures converts it into a statistic or record usable in engineering studies.

Each such occurrence triggers into action the services of a staff ranging from file clerks to computer programmers, who perform some 35 separate operations utilizing 11 different types of machines ranging from hand numbering devices to electronic computers, and numerous standard paper forms especially planned and created for these procedures.

When a motor vehicle accident finally becomes a permanent part of the Connecticut State Highway Department accident file, it is the result of the cooperative efforts of the motoring public, three state agencies (Motor Vehicle, Highway, and State Police Departments) and the local enforcement authorities of 169 Connecticut towns.

In this joint effort, the state and town police act as reporting agencies, the Motor Vehicle Department acts as the collecting agency and the State Highway Department acts as the engineering agency.

The highway department maintains accident records almost solely for engineering uses. This report examines and illustrates these uses utilizing the high-speed electronic computer.

Engineering uses, however, are only the end result of a necessary program for the assimilation of such data. Both aspects are considered to be of equal importance in the accident field. As a result, this report is presented in two parts, as follows:

- 1 Assimilation of accident data and processing into usable form.
- 2 Use of accident data for accident studies conducted through the use of the high-speed electronic computer.

In order to describe the procedures properly, it will be necessary to dwell at some length on operations performed by other agencies involved.

OPERATOR'S MOTOR VEHICLE ACCIDENT REPORT

On the reporting of motor vehicle accidents, the Connecticut Motor Vehicle Laws stipulate the following (in part):

Jurisdiction and Procedure - Sec. 14-108. Report of accidents. Any operator, whether resident or nonresident, of any motor Vehicle or any road roller involved in an accident on a highway in this state or in an off-street parking area offered for public use with or without payment of a fee in which any person is killed or injured, or in which damage to the property of any one person, including the operator, in excess of two hundred dollars is sustained, shall, withinfive days thereafter, make a written report of the circumstances thereof to the commissioner and shall supplement such report by a detailed statement, on forms of the type prescribed in section 14-108a and provided by the commissioner, which report shall state as accurately as possible the time, place and cause of such accident the injuries occasioned thereby and such further facts as the commissioner may require. The commissioner may require such report from the owner of such motor vehicle, and may make such investigation of such accident as seems to him advisable, and for such purpose he may require the assistance of the state police. The commissioner shall take such action as may be necessary to enforce a strict compliance with the provisions of this section, and shall report any failure to make any such report to a prosecuting officer having jurisdiction in the town in which the accident occurred.

The Operator's Motor Vehicle Accident Report is a standard printed form prepared and issued by the Connecticut Motor Vehicle Department, and is designed to aid motor vehicle operators who are involved in accidents to comply with the regulations as stated in the statutes. The form is the product of years of refinement accomplished by experts in the field of highway safety, who recommend and incorporate changes and improvements through the process of cumulative experience.

The report form is intended to be a model of simplicity. It is prepared with the knowledge that on the average the person using it performs this function just once in a lifetime. An entire section is devoted to instructions

which serves to erase any doubts regarding proper procedures on the part of the user. Its planned simplicity invites the user to cooperate in providing all the information desired by the collecting agency.

The operator's accident report is one of the foundations on which good accident records and statistics are built. Proper completion and submission of these reports is necessary for the following reasons:

1. . Approximately 13 percent of the motor vehicle accidents which occur in Connecticut are not investigated by a police officer at the scene. Ideally, all accidents should be so investigated, but this is both an economic and a physical impossibility even for such a relatively small state. This situation places the burden of accurate reporting on the operator(s) involved.

2. If a police officer is at the scene of the accident and submits a police accident report, it is eventually processed into the same file as the operator's report. The police report corroborates the operator's report. In some cases, the operator's report provides additional information.

Information requested on the operator's report (Fig.1) may be separated into the following general categories:

I. Driver and vehicle information:

A. Driver information:

Name and address
Sex
Occupation
Driving experience
Student driver (Yes) (No)

B. Vehicle information:

Name and address of owner
Year
Make
Body style
License plate number

C. Property Damage and liability insurance information:

Amount of coverage
Policyholder's name and address
Policy number and effective dates

II. The accident setting:

Date
Day of week
Weather condition
Light condition

MOTOR VEHICLE ACCIDENT REPORT

STATE OF CONNECTICUT
 READ CAREFULLY
 FILL IN COMPLETELY

AN ACCIDENT CAUSING DEATH OR PERSONAL INJURIES IN ANY DEGREE OR DAMAGE TO THE PROPERTY OF ANY ONE PERSON IN EXCESS OF \$100.00 MUST BE REPORTED WITHIN 5 DAYS TO THE COMMISSIONER OF MOTOR VEHICLES, STATE OFFICE BUILDING, HARTFORD, CONN. FAILURE TO REPORT MAY RESULT IN THE SUSPENSION OF OPERATOR'S LICENSE.

INSTRUCTIONS

THIS FORM MUST BE PRINTED IN INK OR TYPE WRITTEN. ALL SIGNATURES MUST BE IN INK.

1. If You Neglected To Write Down Necessary Information At The Scene Of The Accident You May Be Able To Obtain Same By Contacting The Operator Or Owner Of Other Vehicle Involved Or Police Who Investigated Accident.
2. Under "Location" Of Accident And On The Diagram Show Sufficient Information To Locate Exact Scene.
3. The Nature And Extent Of All Injuries And Damages Must Be Clearly Stated.
4. Use Plain Paper The Same Size As This Form For Additional Vehicles, Injuries, Etc., And Attach To This Form.
5. If Accident Occurred While Student Operator Was Driving, Both Licensed Operator And Student Must Sign.
6. It Is Suggested That You Use Carbon Paper To Make An Exact Duplicate Of Your Report To Keep For Your Own Use Or To Give To Your Insurance Agent Or Your Attorney At Law.

(TEAR OFF BEFORE MAILING REPORT)

Form No. FR-1-B				Location Time and General Information		Total Vehicles
Date of Accident		Day of Week	Hour (A.M. or P.M.)	Total Injured		
Police At Scene Yes No		Officer's Name		Name and Address of Person Arrested or Summoned to Court		
Place of Accident (City or Town)		Location Is		Urban <input type="checkbox"/>	Rural <input type="checkbox"/>	
Road On Which Accident Occurred (Give Name of Street or Highway Number)						
<input type="checkbox"/> At Intersection With						
Name of Intersecting Street or Highway Number						
<input type="checkbox"/> Not At Intersection						
Your Vehicle No. 1			Other Vehicle No. 2			
Operator						
Street Address						
City or Town		State		Driving Experience (Years)		
Operator's Occupation		Operator's Occupation		Check Type: Student Operator <input type="checkbox"/> Operator <input type="checkbox"/>		
Operator's Lic. No. (State)		Operator's Lic. No. (State)		Date of Birth (Month, Day, Year)		
Date of Birth (Month, Day, Year)		Sex		Sex		
Owner of Vehicle						
Street Address						
City or Town		State		City or Town		

License Plate (State)	No.	Year	License Plate (State)	No.	Year
Vehicle (Year)	Make	Type	Vehicle (Year)	Make	Type
Parts of Vehicle No. 1 Damaged			Parts of Vehicle No. 2 Damaged		
Approx. Cost To Repair \$			Approx. Cost To Repair \$		
Other Property Damage (Name Objects, State Name and Address of Owner, and Nature of Damage)					
Name of Injured		Address (Street - City - State)		In Vehicle No.	
Age	Sex	Injured Taken To		Operator	<input type="checkbox"/>
Did Person Die?	Nature and Extent of Injuries			Passenger	<input type="checkbox"/>
				Pedestrian	<input type="checkbox"/>
Name of Injured		Address (Street - City - State)		In Vehicle No.	
Age	Sex	Injured Taken To		Operator	<input type="checkbox"/>
Did Person Die?	Nature and Extent of Injuries			Passenger	<input type="checkbox"/>
				Pedestrian	<input type="checkbox"/>

Form No. S.R. 21

Property Damage and Liability Insurance Information

Is There on File With The Commissioner Fleet Coverage (Form SR 23) ? Yes No R. U. C. Certificate? Yes No Certificate of Self-Insurance? Yes No

If "Yes" The Following Items Need Not Be Completed

Was An Automobile Liability Policy Providing You With At Least \$20,000/20,000 Bodily Injury and \$1,000 Property Damage Liability Insurance in Effect On the Date of Accident? Yes No **IF YES THE FOLLOWING MUST BE COMPLETED**

Name of Insurance Company Which Issued Policy

Policy No. _____ Policy Effective From _____ To _____

Name of Policyholder _____ Address _____

IF THE VEHICLE YOU WERE OPERATING WAS INSURED YOU MUST COMPLETE THIS FORM BELOW THE SAME AS ABOVE BUT DO NOT DETACH

CONNECTICUT MOTOR VEHICLE PROPERTY DAMAGE AND LIABILITY INSURANCE INFORMATION

Date of Accident _____ Place of Accident _____

DESCRIPTION OF VEHICLE INVOLVED IN ACCIDENT MUST CORRESPOND TO VEHICLE No. 1 ON ACCIDENT REPORT

Make _____ Year _____ Type of Body _____ Identification or Engine No. _____

Name of Operator _____ Address _____

Name of Owner _____ Address _____

Name of Insurance Company Which Issued Policy _____

Policy No. _____ Policy Effective From _____ To _____

Name of Policyholder _____ Address _____

Name of Agent or Insurance Representative Who Issued Policy _____ Address _____

Your Signature _____

IMPORTANT

THIS ACCIDENT SHOULD ALSO BE REPORTED DIRECTLY TO YOUR INSURANCE REPRESENTATIVE FAILURE TO REPORT MAY JEOPARDIZE YOUR AUTOMOBILE LIABILITY INSURANCE.

Figure 1. Operator's motor vehicle accident report form (front).

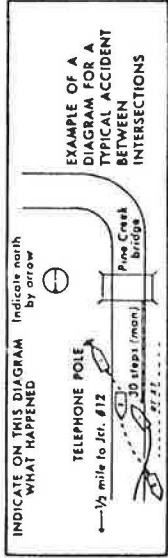
INSTRUCTIONS FOR LOCATING ACCIDENT AND MAKING DIAGRAM

What To Show On the Diagram:

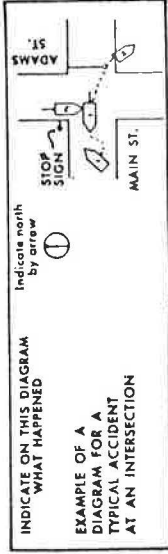
- The directions from which the vehicles were approaching before the collision. The same for any pedestrian.
- The point of collision. This can often be determined from the debris on the street or roadway.
- Any objects such as bridges, buildings, poles, guard rail, animals, etc. that were involved.
- Where the vehicles came to rest after the collision.

What To Select As A Landmark From Which To Measure Distances:

- Good landmarks in rural areas are: Highway junctions, bridges (number or name), railroad crossings, town lines, city limits, historical markers, permanent public buildings, or other well established, easily recognized points.
- In cities use house numbers, entrances to public or well-known buildings, or measurements to the curb line of the nearest cross street.
- Good location descriptions are extremely important to accident prevention. Please be as accurate as possible.
- Use an automobile speedometer to measure long distances. Report miles and tenths or fractions (1.4 miles north of "Some-town" city limit).



The right front wheel of No. 1 slipped off the edge of the pavement. The driver turned too sharply and allowed his car to go to the wrong side of the road where it struck the left rear side of No. 2. Both vehicles left the roadway after the collision, and No. 1 then struck a telephone pole. (You are Vehicle No. 1.)
(TEAR OFF BEFORE MAILING REPORT)



No. 2 was going south on Adams Street failed to stop before entering intersection with Main Street. No. 1 was going west on Main Street. No. 2 struck the right rear side of No. 1 and then went over the curb of the Southeast corner after striking a pedestrian. The pedestrian was crossing Main Street from the Northeast corner to the Southeast corner.
(TEAR OFF BEFORE MAILING REPORT)

CHECK (✓) THOSE ITEMS WHICH DESCRIBE CONDITIONS WHEN ACCIDENT HAPPENED

MANNER OF COLLISION		Head-on <input type="checkbox"/>		Sideswiped <input type="checkbox"/>		Angle <input type="checkbox"/>	
		Rear end <input type="checkbox"/>		Backed-into <input type="checkbox"/>		Other <input type="checkbox"/>	
CONDITION OF OPERATOR		DIRECTION OF TRAVEL		CHECK ROAD CONDITIONS			
Car 1 2		Car 1 2		Surface Type		Condition	
Odor of Liquor <input type="checkbox"/>		Going straight <input type="checkbox"/>		Concrete <input type="checkbox"/>		Oil <input type="checkbox"/>	
Driver was intoxicated <input type="checkbox"/>		Turning right <input type="checkbox"/>		Black top <input type="checkbox"/>		Dry <input type="checkbox"/>	
Asleep <input type="checkbox"/>		Turning left <input type="checkbox"/>		Paving <input type="checkbox"/>		Wet <input type="checkbox"/>	
Fatigued <input type="checkbox"/>		Slowing or stopping <input type="checkbox"/>		Block <input type="checkbox"/>		Snowy <input type="checkbox"/>	
Physical defect— <input type="checkbox"/>		Backing <input type="checkbox"/>		Brick <input type="checkbox"/>		Muddy <input type="checkbox"/>	
Eyesight <input type="checkbox"/>		Parked on highway <input type="checkbox"/>		Gravel <input type="checkbox"/>		Icy <input type="checkbox"/>	
Other <input type="checkbox"/>		Skidding <input type="checkbox"/>		Dirt <input type="checkbox"/>		Bump <input type="checkbox"/>	
OPERATOR DRIVING		Up hill <input type="checkbox"/>		Soft <input type="checkbox"/>		Shoulders <input type="checkbox"/>	
Too fast for conditions <input type="checkbox"/>		Down hill <input type="checkbox"/>		Shoulders <input type="checkbox"/>		Street and Driveway <input type="checkbox"/>	
Wrong side of road <input type="checkbox"/>		Making U turn <input type="checkbox"/>					
Without right of way <input type="checkbox"/>		CONDITION OF VEHICLE		PEDESTRIAN			
Cutting in <input type="checkbox"/>		Car 1 2		Crossing at intersection <input type="checkbox"/>			
Passing on hill <input type="checkbox"/>		Good condition <input type="checkbox"/>		Coasting in street <input type="checkbox"/>			
" on curve <input type="checkbox"/>		Brakes defective <input type="checkbox"/>		At work in road <input type="checkbox"/>			
" on wrong side <input type="checkbox"/>		Steering defective <input type="checkbox"/>		Coming from behind <input type="checkbox"/>			
" standing vehicle <input type="checkbox"/>		Glaring headlights <input type="checkbox"/>		No signal <input type="checkbox"/>			
Failed to signal <input type="checkbox"/>		One headlights out <input type="checkbox"/>		Moving traffic <input type="checkbox"/>			
Car ran away, no driver <input type="checkbox"/>		Both headlights out <input type="checkbox"/>		Parked car <input type="checkbox"/>			
Off roadway <input type="checkbox"/>		Tail-light out <input type="checkbox"/>		Hitching on vehicle <input type="checkbox"/>			
Following too closely <input type="checkbox"/>		Tail-light obscure <input type="checkbox"/>		Walking on rural road <input type="checkbox"/>			
Parking at curb <input type="checkbox"/>		Puncture or blowout <input type="checkbox"/>		With traffic <input type="checkbox"/>			
Leaving curb <input type="checkbox"/>		Smooth tires <input type="checkbox"/>		Across traffic <input type="checkbox"/>			
Backing out of driveway <input type="checkbox"/>		Other defects <input type="checkbox"/>		Against traffic <input type="checkbox"/>			
ACCIDENT INVOLVED				CONDITION OF PEDESTRIAN			
Other motor vehicle <input type="checkbox"/>				Physical defect <input type="checkbox"/>			
Horse-drawn vehicle <input type="checkbox"/>				Odor of liquor <input type="checkbox"/>			
Pedestrian <input type="checkbox"/>				Intoxicated <input type="checkbox"/>			
Motor cycle <input type="checkbox"/>				TRAFFIC CONTROL			
Public bus <input type="checkbox"/>				None <input type="checkbox"/>			
Bicycle <input type="checkbox"/>				Stop sign <input type="checkbox"/>			
School bus <input type="checkbox"/>				Stop and Go signals <input type="checkbox"/>			
Animal <input type="checkbox"/>				Danger sign <input type="checkbox"/>			
Fixed object <input type="checkbox"/>				Blinker <input type="checkbox"/>			
				Officer directing traffic <input type="checkbox"/>			
				Rotary <input type="checkbox"/>			
				ZONE LOCATION			
				Business district <input type="checkbox"/>			
				Factory district <input type="checkbox"/>			
				Residential area <input type="checkbox"/>			
				School zone <input type="checkbox"/>			
				Rural area <input type="checkbox"/>			
				Public park <input type="checkbox"/>			

Turned over
 Ran off roadway
 Fell from vehicle
 Blunk
 Dark—street light
 Dark—street not lighted
 Middle lines
 Guard fences
 Other
 Public playground
 Parking lot—Public
 Parking lot—Private

INDICATE ON THIS DIAGRAM WHAT HAPPENED
 Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers.

1. Number each vehicle and show direction of travel by arrow: You are Vehicle No. 1
 2. Use solid line to show path before accident. Dotted line after accident.
 3. Show pedestrian by—o—
 4. Show railroad by
 5. Show distance and direction to landmarks, identify landmarks by name or number.
 6. Indicate north by arrow as:

STREET OR HIGHWAY
 Street or highway
 Street or Highway

DESCRIBE WHAT HAPPENED Refer to vehicles by number You are Vehicle No. 1

I declare under the penalties provided by law that this report has been examined by me and to the best of my knowledge and belief is complete and the statements made herein are true and correct.

SIGN ON THIS LINE _____ DATE _____

Operator of Vehicle No. 1, making this report, signs here in INK. (STUDENT OPERATOR MUST ALSO SIGN IF INVOLVED IN ACCIDENT.)

THIS REPORT WILL NOT BE ACCEPTED UNLESS PROPERLY SIGNED

↑ DO NOT WRITE BELOW THIS LINE

COMMISSIONER TO RETURN THIS STUB TO INSURANCE COMPANY FOR VERIFICATION. RETURN THIS FORM WITHIN 15 DAYS IF NO POLICY WAS IN EFFECT AS ALLEGED BY MOTORIST

TO: COMMISSIONER OF MOTOR VEHICLES
 STATE OFFICE BUILDING
 HARTFORD 15, CONNECTICUT

With regard to an automobile liability insurance policy for the policyholder named on the reverse side hereof, the undersigned insurance company advises you in accordance with the items checked below.

- 1. No policy was in effect on the date of accident.
- 2. Our policy for the named policyholder applies to him as the operator but it does not apply to the owner of the vehicle involved in the accident.
- 3. Our policy applies to the owner of the vehicle, but does not apply to the operator of the vehicle involved in the accident.
- 4. Our policy affords bodily injury coverage only.
- 5. Our policy affords property damage coverage only.
- 6. Our policy affords limits of liability less than \$20,000/20,000 bodily injury and \$1,000 property damage. (Indicate actual limits under remarks).

REMARKS:

DATE: _____ By _____

Name of insurance company _____
 Authorized representative _____

Figure 1. Operator's motor vehicle accident report form (back).

STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES POLICE REPORT OF MOTOR VEHICLE TRAFFIC ACCIDENT

TIME	DATE OF ACCIDENT 19..... Day of Week Hour A.M. P.M.						
LOCATION	PLACE WHERE ACCIDENT OCCURRED: County City, town State						DO NOT WRITE IN THIS SPACE No.
	If accident was outside city limits, indicate distance from nearest town miles <input type="checkbox"/> North <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of City or Town						
	ROAD ON WHICH ACCIDENT OCCURRED Give name of street or highway number (U.S. or State). If no highway number, identify by name.						
	AT ITS INTERSECTION WITH Name of intersecting street or highway number						
IF NOT AT INTERSECTION feet <input type="checkbox"/> North <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <small>Show nearest intersecting street or highway, house no., bridge, RR crossing, alley, driveway, culvert, milepost, underpass, or other landmark.</small>							
VEHICLE NO. 1	VEHICLE Year Make Type (sedan, truck, taxi, bus, etc.) License Plate Year State Number						
	Parts of vehicle damaged Vehicle removed to: By:						
	OWNER Print or type FULL name Address Street or R.F.D. City and State						
	DRIVER Print or type FULL name Address Street or R.F.D. City and State						
	Driver's License State Number Regular Operator's License <input type="checkbox"/> Other Type License <input type="checkbox"/> Date of Birth Month, Day, Year						
	Specify Type and/or Restrictions						
Total number vehicles involved	OCCUPANTS						
	Front Center Name Address Street or R.F.D. City and State						
	Front Right Address						
	Rear Left Address						
	Rear Center Address						
	Rear Right Address						
VEHICLE NO. 2 or PEDESTRIAN	VEHICLE Year Make Type (sedan, truck, taxi, bus, etc.) License Plate Year State Number						
	Parts of vehicle damaged Vehicle removed to: By:						
	OWNER Print or type FULL name Address Street or R.F.D. City and State						
	DRIVER (or Pedestrian) Print or type FULL name Address Street or R.F.D. City and State						
	Driver's License State Number Regular Operator's License <input type="checkbox"/> Other Type License <input type="checkbox"/> Date of Birth Month, Day, Year						
	Specify Type and/or Restrictions						
OCCUPANTS							
Front Center Name Address Street or R.F.D. City and State							
Front Right Address							
Rear Left Address							
Rear Center Address							
Rear Right Address							
FIRST AID GIVEN BY: Injured Taken for:							
DAMAGE TO PROPERTY OTHER THAN VEHICLES Name object and state nature of damage						CODE FOR INJURY (Use only the most serious one in each space for injury.) K-Dead before report made. A-Visible signs of injury, as bleeding wound or distorted member or had to be carried from scene. B-Other visible injury, as bruises, abrasions, swelling, limping, etc. C-No visible injury but complaint of pain or momentary unconsciousness. D-No indication of injury.	
Name and address of owner of object struck							
WITNESSES							
Name Address							
Name Address							
AGE SEX							

Police Report #1

TURN THE PAGE - COMPLETE BOTH SIDES

Figure 2. Police report form for motor vehicle traffic accidents (front).

KIND OF LOCALITY (Check one) <input type="checkbox"/> Apartments, Stores, Factories <input type="checkbox"/> one-family homes <input type="checkbox"/> Farms, Fields <input type="checkbox"/> No marginal development	WEATHER (Check one) <input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Specify other	WHAT DRIVERS WERE GOING TO DO BEFORE ACCIDENT Driver No. 1 was headed <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West on (Street or highway) Driver No. 2 was headed <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West on (Street or highway) Driver 1 2 (Check one for each driver) Driver 1 2 Driver 1 2 <input type="checkbox"/> Go straight ahead <input type="checkbox"/> Make left turn <input type="checkbox"/> Start in traffic lane <input type="checkbox"/> Remain stopped in traffic lane <input type="checkbox"/> Overtake <input type="checkbox"/> Make U turn <input type="checkbox"/> Start from parked position <input type="checkbox"/> Remain parked <input type="checkbox"/> Make right turn <input type="checkbox"/> Slow or stop <input type="checkbox"/> Back	
ROAD SURFACE (Check one) <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy or Icy Specify other	TRAFFIC CONTROL (Check one or more) <input type="checkbox"/> Stop sign <input type="checkbox"/> Stop-and-go signal <input type="checkbox"/> Officer or watchman <input type="checkbox"/> R.R. gates or signals <input type="checkbox"/> Specify other <input type="checkbox"/> No traffic control	WHAT PEDESTRIAN WAS DOING <input type="checkbox"/> Along Pedestrian was going <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Across or into From To (Check one) Street name, highway No. (N.E. corner to S.E. corner, or west to east side, etc.) <input type="checkbox"/> Crossing or entering at intersection <input type="checkbox"/> Walking in roadway—with traffic <input type="checkbox"/> Pushing or working on vehicle <input type="checkbox"/> Other in roadway <input type="checkbox"/> Crossing or entering not at intersection <input type="checkbox"/> Walking in roadway—against traffic <input type="checkbox"/> Other working in roadway <input type="checkbox"/> Not in roadway <input type="checkbox"/> Getting on or off vehicle <input type="checkbox"/> Standing in roadway <input type="checkbox"/> Playing in roadway	
LIGHT CONDITIONS (Check one) <input type="checkbox"/> Daylight <input type="checkbox"/> Dawn or dusk <input type="checkbox"/> Darkness	ROAD CHARACTER (Check two) <input type="checkbox"/> Straight road <input type="checkbox"/> Curve <input type="checkbox"/> Level <input type="checkbox"/> On grade <input type="checkbox"/> Hillcrest	CONTRIBUTING CIRCUMSTANCES Driver 1 2 (Check one or more for each driver) Driver 1 2 Driver 1 2 <input type="checkbox"/> Speed too fast <input type="checkbox"/> Disregarded stop sign <input type="checkbox"/> Other improper driving <input type="checkbox"/> Failed to yield right of way <input type="checkbox"/> Disregarded traffic signal <input type="checkbox"/> Inadequate brakes <input type="checkbox"/> Drove left of center <input type="checkbox"/> Followed too closely <input type="checkbox"/> Improper lights <input type="checkbox"/> Improper overtaking <input type="checkbox"/> Made improper turn <input type="checkbox"/> Under infl. of liquor or drugs	

SHOW NORTH BY ARROW

INDICATE ON THIS DIAGRAM WHAT HAPPENED

Street or highway

DESCRIBE WHAT HAPPENED:
(Refer to vehicles by number)

.....

.....

.....

.....

.....

POLICE ACTIVITY	<input type="checkbox"/> A.M.	What was the source of accident information?
Time notified of accident.....	<input type="checkbox"/> P.M.	(Officer at scene, No. 1 driver contacted station, both drivers contacted station, etc.)
Date	Hour	
Arrests	Name	Charge
	Name	Charge
Other action taken		
SIGN HERE		
Officers rank and name	Badge No.	Department
		Date of report

Figure 2. Police report form for motor vehicle traffic accidents (back).

III. The accident location:

- Street name or highway number
- Intersecting street name or number (if any)
- Rural or urban area
- Zone location (business district, school zone, etc.)
- Type of traffic control
- Roadway surface (composition)
- Surface condition (dry, wet, etc.)
- Roadway defects
- Roadway alignment

IV. The accident occurrence:

- Accident involved (other vehicle, fixed object, etc.)
- Type of collision (rear-end, sideswipe, etc.)
- Pedestrian action (if pedestrian involved)
- Abnormal condition of pedestrian
- Sketch of accident
- Summary of accident

V. Post-accident data:

- Amount of property damage (to vehicles)
- Other property damage
- Injuries (identify as operator, passenger, or pedestrian)
- Was police officer at scene (name)
- Name and address of person summoned to court
- Condition of both operators
- Condition of both vehicles
- Maneuvers of both vehicles
- Cause of accident (both vehicles)

POLICE REPORT OF MOTOR VEHICLE ACCIDENT

A high standard of motor vehicle traffic accident reporting is the basic ingredient in the creation of useful and efficient accident records. The police accident report provides this element. It is prepared by trained personnel experienced in the field of accident investigation and whose job and duty it is to be exact. The state police and the enforcement authorities of 169 towns investigate and report on approximately 87 percent of some 63,759 accidents occurring yearly in Connecticut. Even when the operator's report is available, the police report is preferred by the highway department as the standard for extracting accident information. Although operators are encouraged in every way to supply complete information, omissions on their part are numerous. As a result of negligence, indifference, inexperience, or even innocent error, the completed operator's report does not, in most cases, measure up to the police report for completeness and accuracy. To be useful, accident records require thoroughness in their preparation.

The uniform police accident report (Fig. 2) is a standard lettersize printed form distributed by the Motor Vehicle Department to all police agencies in the State. The present form was conceived and passed into law

by the 1961 Legislative Assembly, acting on a recommendation of the National Safety Council, whose ultimate aim is national uniformity in accident reporting. The form's design is a joint effort by leaders in the fields of enforcement, safety, engineering, and driver education, and partially fulfills the needs of all these agencies.

Basically, the information in the police report is the same as in the operator's report. Some difference contained in the police report are as follows:

1. Location of accident. Provisions for locating the accident are more detailed and exact. (Exact location of an accident is the most important item for highway engineering studies.)
2. Nature of injuries. Description of injuries is more comprehensive. Uniform codes indicate severity of injuries.
3. Description and diagram of accident. More space is provided on the report for these items.
4. Police activity. Description of the source of accident information and of charges preferred against operators involved.

In general, comparison of the operator's report with the police report indicates that both have enough common statistical data to insure uniformity in accident records when it becomes necessary to use either one as the source.

FUNCTIONS OF MOTOR VEHICLE DEPARTMENT IN COLLECTION AND CORRELATION OF ACCIDENT REPORTS

The laws of the State of Connecticut delegate the Motor Vehicle Department to be the central bureau for collection of motor vehicle accident reports. Police and motor vehicle operators alike are responsible to the Motor Vehicle Commissioner for reporting accidents which meet minimum requirements as prescribed in the statutes. The maximum time allowed for reporting accidents is within five days of occurrence for operators and within five days of being notified for police agencies.

The Accident Security Division of the Motor Vehicle Department acts as the accident collector and record keeper. The primary function of this division is to assemble all information relating to an accident occurrence into one unit. To present a hypothetical case, let it be assumed that Operator A was travelling on Route X, lost control and struck a vehicle driven by Operator B going in the opposite direction, then veered off the roadway and struck a utility pole. This accident will eventually appear in the division's accident files as follows: A file jacket with an assigned case number will have as its contents, operators' reports from both operators A and B, a police report from an investigating officer, and a report from the utility company whose property was damaged, identifying the pole and its location and the amount of damage in dollar value. There are many variations

of this example, but the primary goal is the same; i.e., to assemble all possible information relating to a motor vehicle accident for maximum combination of comparative data.

Police and operators' reports are routed separately until they are matched and mated together into a file.

Operators' Reports

Upon receipt of this report, the Accident Security Division assigns a permanent case number and for every operator involved, types an accident index card (Fig. 3) containing case number, full name and address of operator, license number and accident location. In the lower left corner of the index card is a code number (1, 2, or 3) denoting, respectively, police officer investigated, police officer did not investigate, and not stated.

The Security Division forwards duplicate copies of all index cards to the Accident Coordinating Unit. The newly created case jacket is not put into the permanent Security Division accident file until there is an operator's report to match each index card. It is the responsibility of the Security Division to see that missing reports are submitted by delinquent operators.

Police Reports

Police reports are received in the Motor Vehicle Department by a subdivision known as the Coding and Re-Entry Section, which extracts Motor Vehicle Department statistical data, assigns a sequence number (as opposed to the case number assigned to operators' reports), and forwards these to the Accident Coordinating Unit.

Accident Coordinating Unit

The function of this unit is to assign a motor vehicle case number to the matching police report.

A duplicate of each index card is received from the Accident Security Division and entered on the Motor Vehicle Index Card Code Sheet (Fig. 4). Information entered on to this form includes operator's name and first initial, date of accident, case number, and police investigation code (1, 2 or 3).

These forms are submitted daily to the Data Processing Division, where accidents with police investigation codes 1 and 3 are extracted and tabulated (1) in alphabetical order of operator's name and (2) in case number order. Police investigation code 2 is tabulated in case number order only.

Tabulated lists (Fig. 5) are transmitted back to the Accident Coordinating Unit. Code 1 and 3 tabulations are held for matching procedures. Code 2 tabulations are sent to the Coding and Re-Entry Section for reference use.

Date of Accident	Case Number
Doe, Jane Address	Operator's License No.
Location of Accident	
#1	Police Investigation Code Number

Figure 3. Index card.

Operator - Last Name Col. 1-16	F. In 17	Date of Acc. Col. 19-24	Case Number Col. 27-32	Y N 57

CODED BY _____ DATE _____ PUNCHED BY _____

Figure 4. Motor vehicle index card code sheet.

As police reports are received they are arranged in chronological order using date of accident as the key. The final operation involves the following:

1. Read date of occurrence and name(s) of operator(s) involved from police report. Use the tabulation of police investigation codes 1 and 3, which lists operators' names in alphabetical order and search for (a) operators' names taken from the police report and (b) date of accident occurrence. If names of operators match, verify the finding by referring to the tabulation of police investigation codes 1 and 3 which lists case numbers in numerical order (Fig. 5).

2. Enter case number from tabulated list on upper right corner of police report.

3. Submit numbered police reports to Accident Security Division for filing in case jackets with operators' reports.

Unmatched police reports (i. e., those which do not have a corresponding operator's report) are held for an 80-day period (for additional matching with new tabulations) and if they then are not matched they are forwarded to the Accident Security Division. Accident evaluators review the police reports for property damage and/or injury minimums. If, in their judgment, the accident is reportable, the following steps are taken:

1. Action is initiated to induce delinquent operators* to submit an accident report.

2. The Accident Security Division processes the police report through the same channels as the operators' report (as previously described) and creates an accident case, with the police report as the basis.

MICROFILMING OF ACCIDENT CASES

The transfer of all motor vehicle accident data to the Highway Department is accomplished by the use of microfilm. A microfilmer capable of microfilming both sides of a lettersize document at the rate of 750 per hour is located within easy access of the Accident Security Division's accident files. When a document is fed face up into the machine, it photographs both sides automatically.

The microfilming operation is accomplished in the following manner:

1. Take 50 case jackets from the accident files.

2. See that the case numbers are in the proper sequence and make a list of the numbers that are not in the file. For cases that are not available, note the numbers on the master "missing from file" listing for future filming

*Results of matching procedures reveal that for the 1964 calendar year 5,190 operators involved in reportable accidents failed to comply with applicable laws.

Operator's Name	Date of Init. Acc.	Case No.	Police Investigation Code Number
ALEXANDER JR	B 02466	E05190	1
ALEXOSVICH	B 03028	E08313	1
ALFANO	J 03075	E08811	1
ALFORD	K 01246	E02948	1
ALFORD JR	C 02266	E06974	1
ALPRED	I 02166	E06321	1
ALICIA	R 12046	E08679	3
ALISAUSKAS	E 02126	E05804	1
ALLAIRE	L 03086	E08994	1
ALLEGRETTI	A 02136	E08956	1
ALLEN	A 02286	E08116	1
ALLEN	D 03056	E08486	1
ALLEN	F 11176	E07358	1
ALLEN	G 02276	E07870	1
ALLEN	G 12246	E06120	1
ALLEN	J 03066	E08724	1
ALLEN	W 02046	E04749	1
ALLEN	Y 02066	E06313	1
ALLEN	AF 12496	E05116	1
ALLEN	JV 11246	D02027	1
ALLEN JR	C 11286	D02007	1
ALLGAIER	G 12246	D06119	1
ALLING	F 11276	D01712	1
ALLMAN	J 02166	E06322	1
ALLSPAUGH	PE 12226	E05467	1
ALMEIDA	E 02226	E06975	1
ALMEIDA	L 12256	D06355	1
ALMONA	L 02176	E06401	1
ALPERT	B 01076	E01653	1
ALSTON	L 01156	E01657	1
ALTRIO	L 02266	E07729	1
ALTERWITZ	I 12136	D04314	1
ALU	J 03066	E08725	1
AMARILE	A 03056	E08569	1
AMALFITANO	J 12365	D05614	1
AMANTI	V 02246	E07168	1
AMBACH	M 12016	E02139	1
AMBROSECCHIO	D 11226	D05762	1
AMENTO	F 02086	E05277	1
AMES	B 11196	D07717	1
AMASTASTO	L 02036	E04478	1
ANASTASTO JR	L 02246	E07247	1
ANCONA	J 12306	E06959	3
ANDERL	K 02246	E07317	1
ANDERSEN	B 02286	E08012	1
ANDERSEN	G 03056	E08564	1
ANDERSON	A 01046	E00430	1
ANDERSON	C 11236	D05904	1
ANDERSON	C 01086	E08001	1
ANDERSON	C 12116	D03349	1
ANDERSON	D 01206	E02067	1
ANDERSON	D 11196	D04145	1
ANDERSON	E 02266	E08987	1
ANDERSON	E 02036	E04481	1
FINGER	J 12076	D00116	1
KEVING	K 12076	D00117	1
LEWIS	W 11176	D05629	1
LESSUREAUX	E 11176	D00120	1
FALCIGNO	E 11176	D00121	1
BIALOCKY	JT 11176	D00038	1
CASERIA	LR 11176	D00042	1
REEDY	JR 11176	D00045	1
DAVIDSON	RL 11176	D00045	1
DUZINSKY	G 11176	D00045	1
GGGHIOLA	M 11176	D00046	1
PERUGINI	M 11176	D00046	1
COLASZ	R 11176	D00046	1
GADDEIS	W 11176	D00046	1
FILIPICZ	J 11176	D00046	1
EGOPS	B 11176	D00046	1
ROMOSKI	HC 11176	D00046	1
SEMENUK	NS 11176	D00046	1
TESTA	RT 11176	D00046	1
TSOGRAHIS	EM 11176	D00046	1
COLOMBO	C 11176	D00046	1
GARRUL	MS 11176	D00046	1
KOTTSHESKY	P 11176	D00046	1
GRABOLZ	DL 11176	D00046	1
WONES	FL 11176	D00046	1
ROBBEN	RV 11176	D00046	1
SEWIOS	KR 11176	D00046	1
EMRIS	DJ 11176	D00046	1
KELLY	PF 11176	D00046	1
GERRAM	TO 11176	D00046	1
BEREL	KL 11176	D00046	1
RYAN	ES 11176	D00046	1
BUFOROIO	LJ 11176	D00046	1
CHARBONNEAU	A 11176	D00046	1
SIMONI	CC 11176	D00046	1
FORSEY	JL 11176	D00046	1
FAZERAS	V 11176	D00046	1
DURA	PE 11176	D00046	1
BITNER	MS 11176	D00046	1
CONSILIO	M 11176	D00046	1
SHEEHY	D 11176	D00046	1
DOWLING	J 11176	D00046	1
FUDGE	W 11176	D00046	1
WIEZEMICKI	R 11176	D00046	1
VELLY	PA 11176	D00046	1
STOCKFORD	H 11176	D00046	1
MONICK	J 11176	D00046	1
LAMBERT	R 11176	D00046	1
SERVENSON	ER 11176	D00046	1
RELVING	OW 11176	D00046	1
ROLLINS	MD 11176	D00046	1
WEINER	R 11176	D00046	1

Figure 5. Tabulations of police investigation codes No. 1 and No. 3 alphabetically by operator's name (left) and in case number order (right).

on "missing from file" film roll.

3. Remove all documents from one case jacket at a time. Remove all staples and feed all documents, except insurance information tear off slip, into machine one at a time. Re-staple and replace in file jacket.

4. Return all case jackets to point of origin.

With this procedure the machine operator processes about 225 accident cases daily, using a 200-ft roll of film onto which can be recorded about 1,100 cases.

Completed film is encased in boxes labeled with the case numbers of the contents and sent to the vendor for developing. The vendor transmits the developed film to the Accident Coding Unit of the Highway Department.

The flow of matching police and operators' accident reports is shown in Figure 6.

ACCIDENT CODING UNIT AND PREPARATION OF ACCIDENT DATA FOR ELECTRONIC COMPUTERS

There are about 16,339 miles of improved roadways throughout the State of Connecticut, of which 3,763 miles are maintained under the uniform and exacting standards of the Connecticut State Highway Department. About 37 percent of the 63,759 accidents which occur in Connecticut yearly happen on state-maintained highways. Using a microfilm reader, the accident coders examine the reports of these accident cases, extract all accidents which occurred on state-maintained roads only, classify them per requirements, and then deploy them somewhere along the 3,763 mile network of the state highway system. The accident coders must transfer written information contained in these accident case reports into code numbers to be stored on the electronic computer magnetic tape.

The highway electronic computer installation (Remington-Rand Model Univac III) is capable of storing information in alpha as well as numeric form. Considering the fact that one code number can generate any number of characters or digits, it is obvious that in this particular operation the numeric form can be used to better advantage than the alpha (written) form.

Accident Code Sheet

The accident code sheet (Fig. 7) is the means of conveying code numbers from the accident reports to the computer via punch cards. It consists of 90 columns of data, part of which is purely statistical and part of which is pertinent to highway engineering studies. A coding manual containing instructions for each code heading is employed for conversion of information into code numbers.

The 90 columns may be divided into three coding groups, as follows:

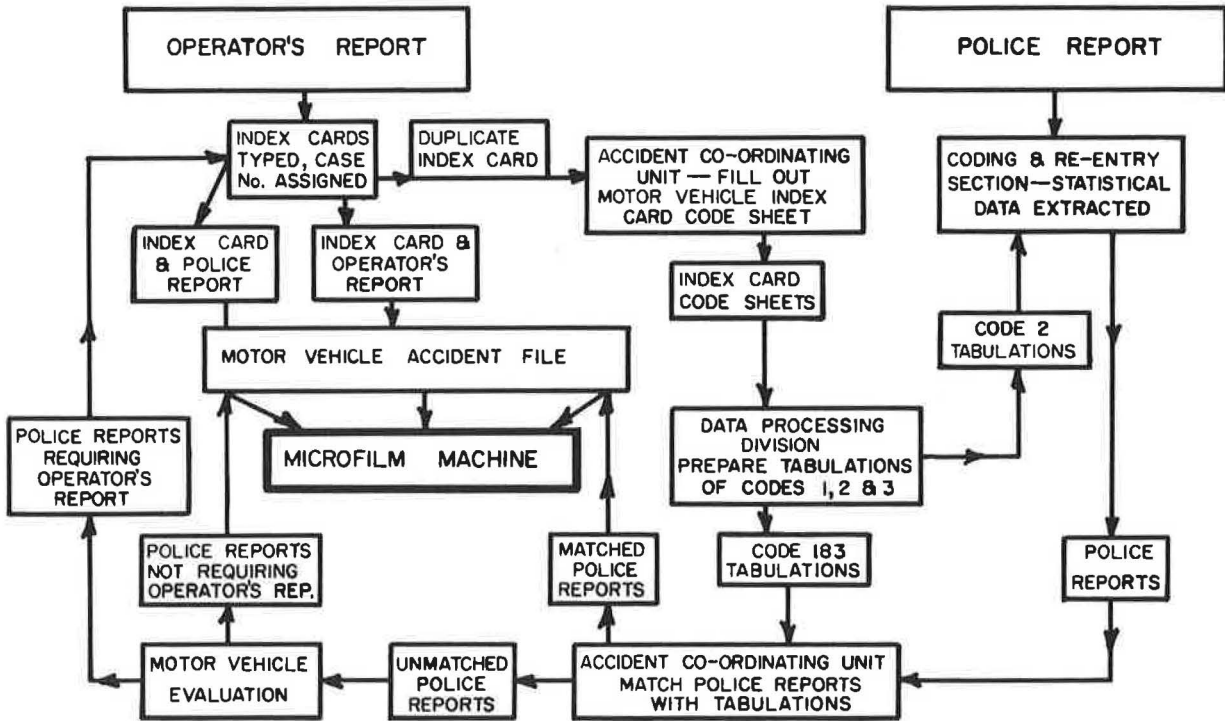


Figure 6. Motor Vehicle Department flow diagram for routing of police and operator's accident reports.

CONNECTICUT STATE HIGHWAY DEPARTMENT

YEAR _____

CASE NUMBER	TIME					TOWN	ROUTE NUMBER	CUM. MILEAGE	ACCIDENT LOCATION	RURAL-URBAN	ROADWAY		DRIVER ONE			VEHICLE ONE			DRIVER TWO			VEHICLE TWO																																		
	YEAR	MONTH	DATE	DAY	HOUR						TYPE	SURFACE	ALIGN.	SEX	AGE	RESI-DENCE	YEAR	BODY TYPE	SEX	AGE	RESI-DENCE	YEAR	BODY TYPE																																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57

ACCIDENT ANALYSIS

CODE SHEET

SEVERITY	FATALITIES			ROAD COND.	LIGHT COND.	WEATHER	LOC. OF OCCUR.	POL. ACT.	TYPE OF COLLISION	VEHICLE ONE			VEHICLE TWO			TRAFFIC CONTROL	OBJECT		SEC - OND		CONTRIBUTING FACTOR	UPDATING	CARD CONTROL									
	A	B	C							SURFACE	ABNORMAL	DIRECTION	MANEUVER	DIRECTION	MANEUVER		INVOLVED	LOCATION	INVOLV-MENT	LOCATION												
58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90

Figure 7. Accident analysis code sheet.

1. Coding of statistical data. These are categories that are self-evident and their conversion to a code number and subsequent transfer to the code sheet is an automatic operation. Code headings included in this group are (a) case number and dates (Col. 1-14); (b) town (Col. 15-17); (c) driver and vehicle information (Col. 36-57); (d) accident severity (Col. 58-62); (e) road condition, light and weather (Col. 63-66); and (f) traffic control (Col. 79-80).

2. Establishment of location (Route number and cumulative mileage). The fundamental element in the preparation of accident data for engineering use is the exact location of the accident. Remedial measures for existing roadways and for those in design cannot be effected otherwise. Coding an accident "near to" or "in the vicinity of" will never help to identify a faulty traffic condition for which solutions may be readily available.

The methods employed in determining the exact location of an accident include:

- (a) Use of an annually updated list of street names of state highways for each town. When a street name instead of a highway number is given on an accident report, reference to this list determines immediately whether the accident should be coded.
- (b) Use of the roadway inventory line diagram (Fig. 8), which is the basic reference used in the location of accidents. It virtually presents a pictorial view of the entire 3,673 mile network of the state highway system. It identifies intersecting streets, roadway geometrics, area characteristics, business establishments, and other landmarks apt to be referred to in the description of an accident location. All identification points (intersecting streets, bridges, etc.) are measured in mileage from the beginning of each route (mileage 0.00) and are marked permanently in hundredths of a mile. These straightline diagrams enable the accident coders to locate each accident within 50 ft of its occurrence.
- (c) Use of a map of each town showing all highway numbers as well as street names. These maps are used to ascertain locations on streets which are partly state and partly town maintained.
- (d) Use of city directories to find locations of street numbers, private residences, and business establishments.
- (e) Use of utility pole inventories to locate a utility pole referred to by number on an accident report. Utility companies are contacted by phone in cases where utility poles are not found in this inventory.

- (f) Use of field trips for on-the-spot confirmation of locations when, in spite of all the references provided, locating accidents sometimes presents problems which are insoluble in the office.

All of the foregoing means of locating accidents are directed towards tying in the street number, utility pole, house resident, etc., somewhere on the roadway inventory line diagram (Item b).

It is not until the location has been established that categories which are related to or dependent on it can be coded. These include (a) accident location (Col. 29-30) to show type of intersection (if at intersection); (b) rural or urban (Col. 31); (c) roadway type (Col. 32-33); (d) roadway surface (Col. 34); and (e) roadway alignment (Col. 35).

3. Reconstruction of the accident occurrence. In coding the accident occurrence, it is more desirable to have the location established first. This is particularly true of intersectional-type accidents. Vehicle maneuvers must be realistic for the locations at which they occur. Having a graphic view of the location (in the form of the roadway inventory line diagram) simplifies the task of reconstructing the accident occurrence and reduces the possibility of error.

The facts of the accident occurrence are obtained from both the sketch and the description summary of the accident report (Figs. 1 and 2). The following code headings are applicable:

- (a) Vehicle maneuver and direction of travel (Cols. 71-78). The action of every vehicle (or pedestrian) involved in the accident must be assigned a direction of travel and a vehicle or pedestrian maneuver. In actuality, the vehicle maneuver describes the action of vehicles immediately prior to the accident occurrence. For this reason, it is important that the direction of travel (Cols. 71 and 75) be shown as the direction any given vehicle was traveling before the vehicle maneuver started.

Example: Vehicle 1*, traveling south, violated traffic control and turned right into the westbound lane into the path of westbound Vehicle 2. Although the accident occurred in the westbound lane, the direction of travel assigned Vehicle 1 should be "south".

- (b) Type of collision (Cols. 69-70). The type of collision (in multi-vehicle accidents) is chiefly a consequence of the vehicle maneuvers rather than the manner in which the vehicles collided.

Example: Vehicle 1, traveling south, violated traffic control and turned right into westbound lane and was struck in rear by westbound Vehicle 2. Despite the rearend collision, the vehicle maneuver dictates that the type of collision was a "turning movement".

*Vehicles adjudged to have been the cause of the accident are always coded and referred to as Vehicle 1, with the exception of pedestrian maneuvers, which are all coded as Vehicle 2 (for computer accommodation).

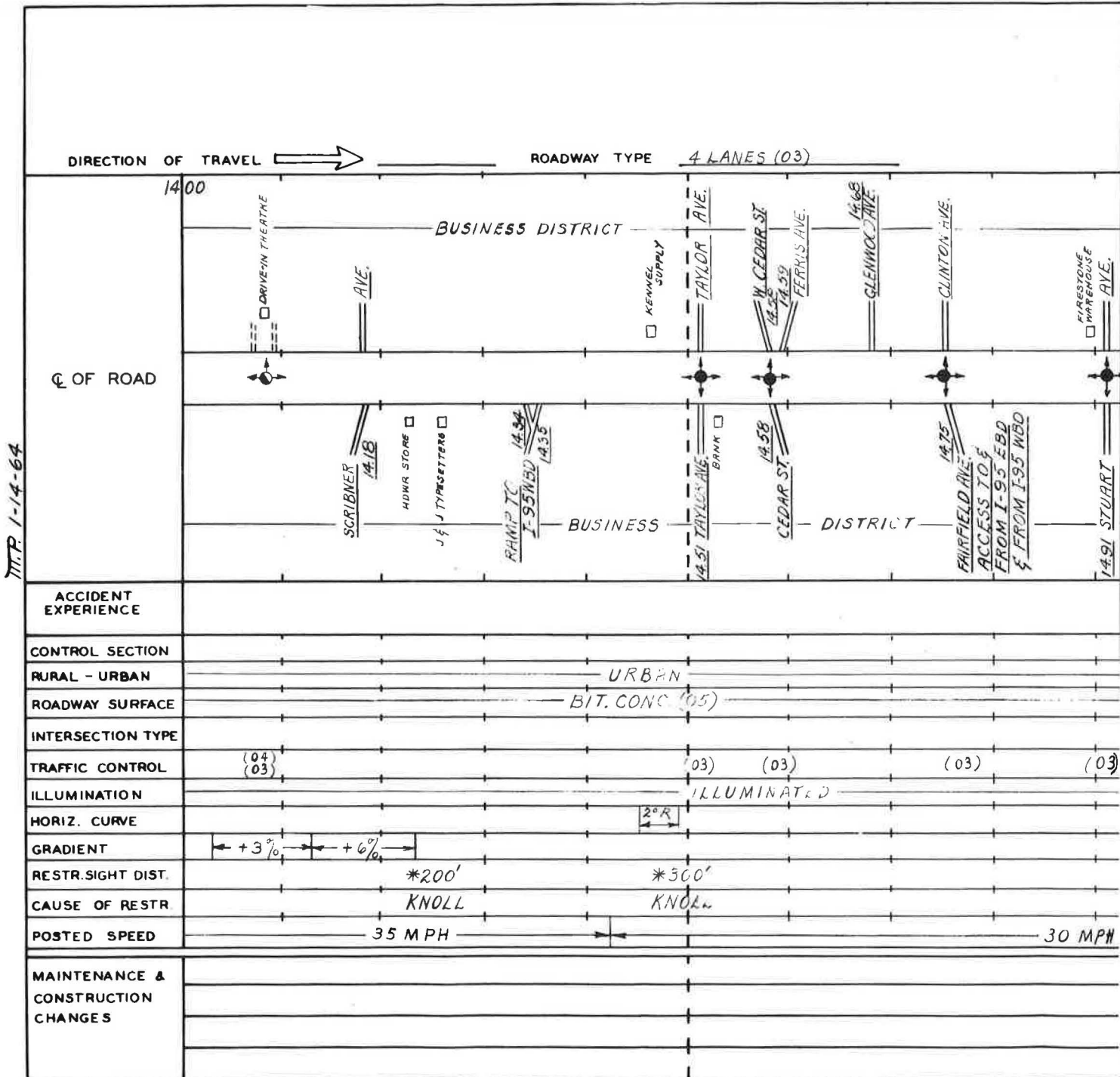


Figure 8. Typical roadway

- (c) Contributing factor (Cols. 87-88). The contributing factor is derived from either (1) the investigating officer's opinion, or (2) thorough scrutiny of all facts of information on the accident report (weather, speed, mechanical conditions of vehicles, etc.).
- (d) Location of occurrence (Col. 67). The location of occurrence identifies (1) the directional lane in which the accident occurred if the accident happened in the roadway or (2) where the accident occurred if the vehicle left the roadway (near side, far side or on median).
- (e) Object involved and object location (Cols. 81-83). These columns are coded in one-vehicle collisions only. Object location (to right, to left, on median, etc.) is of the utmost importance in engineering accident studies (median accidents, cross median accidents, etc.).
- (f) Second involvement and location (Cols. 84-86). When a vehicle strikes an object and then veers and strikes another vehicle (either stationary or moving) the vehicle that was struck is treated as an object and is so coded in Cols. 84-86 (second involvement). This column can also be used (a) when an object is struck after a two-vehicle collision and (b) when a vehicle strikes a second object in a one-vehicle collision.

Computer Updating

The computer updating code (Col. 89) is used for all accidents and for all cards for each accident as follows:

Code 1 - To delete a case now on file, code Cols. 1-5 (case number) and Cols. 18-28 (route number and cumulative mileage).

Code 2 - To add a new case, code the case in its entirety.

Code 3 - To change* information or add information on a case previously filed, code the case with the connected information in its entirety.

Card Control

The card control code Col. 90 is used for all accidents and for all cards for each accident to indicate accidents of more than 2 vehicles, as follows:

Code 1 - The first card of the accident, which is coded completely and has the vehicle and driver information for Vehicles 1 and 2.

Code 2 - For card 2; driver and vehicle information for Vehicles 3 and 4

* If a change is to be made in route number, cumulative mileage date or case number, it is necessary to first delete (Code 1) the case and then add (Code 2) the case again with the corrected an/or additional information.

Code 3 - For card 3; driver and vehicle information for Vehicles 5 and 6.
Etc.

(Note: For cards coded 2-9 in Col 90, the only other columns to be coded are 1-5 (case number), 6-11 (date and time), 12 (day of week), 13-14 (hour of day), 15-17 (town), 18-27 (route number and cumulative mileage), the same as coded for card with Code 1.)

The completed code sheets are transmitted to the Data Processing Division of the highway department, where the coded information is transferred to punch cards. The punched cards are fed into the computer and the accidents are made a permanent record on the master magnetic tape of the state highway motor vehicle accident.

The master tape contains the most current five years of accident data. Inasmuch as it requires about six months for an accident to be processed as outlined to here (collection, matching, coding, punching, filing on tape), the accidents in file are six months behind the current data.

When accidents for a whole new calendar year are incorporated onto the master tape, the oldest calendar year of data is transferred to a storage tape for reference use if needed.

Accidents are filed on the master tape in order (a) by route number and (b) by cumulative mileage within each route. With each updating, the Accident Analysis Unit of the highway department is furnished with a 5-year listing (Fig.9) of accidents for all routes, to be used as a visual reference.

SUMMARY

The material contained in the foregoing presents the method which the State of Connecticut employs in the assimilation and storage of motor vehicle accident data. This state has always regarded such data to be an integral part of highway engineering and has attempted to keep pace with all advanced systems in this field. It has, in addition introduced some original conceptions of its own, in the hope that they may be reviewed by other states for solutions to possible existing problems.

The two key factors upon which this system is based are as follows:

1. In the assimilation of data phase, all efforts are directed towards the use of the police report as a foundation. This is to insure accuracy and uniformity. In addition, because the uniform police report is now in state-wide use, this is in step with the eventual standarization of accident records nationally.
2. In the accident data storage phase, adapting sophisticated electronic equipment to full capability enlarges the potential uses of accident records and at the same time simplifies their utilization.

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