

## APPENDIX E: DATA ENTRY FORMS

This appendix includes the 10 forms that are available in the default database of the application (PBCAT.MDB). Any of these databases may be edited to meet the data entry needs of a State or local agency. Refer to chapter 5 for further instruction. The forms included are as follows:

- Ped\_All\_Data\_Milepost—contains all crash typing fields, all crash report fields, and the milepost referencing system fields.
- Ped\_All\_Data\_Refpost—contains all crash typing fields, all crash report fields, and the reference post referencing system fields.
- Ped\_All\_Data\_RouteName—contains all crash typing fields, all crash report fields, and the route/street name referencing system fields.
- Ped\_All\_Data\_LinkNode—contains all crash typing fields, all crash report fields, and the link/node referencing system fields.
- Ped\_Crash\_Type—contains only the *Report\_Number* field and the crash typing fields.
- Bike\_All\_Data\_Milepost—contains all crash typing fields, all crash report fields, and the milepost referencing system fields.
- Bike\_All\_Data\_Refpost—contains all crash typing fields, all crash report fields, and the reference post referencing system fields.
- Bike\_All\_Data\_RouteName—contains all crash typing fields, all crash report fields, and the route/street name referencing system fields.
- Bike\_All\_Data\_LinkNode—contains all crash typing fields, all crash report fields, and the link/node referencing system fields.
- Bike\_Crash\_Type—contains only the *Report\_Number* field and the crash typing fields.

The forms containing “all” database fields may be most useful to those users planning to use PBCAT to store and manage all pedestrian and bicyclist collision data in this application. The forms with crash type information only may be utilized by those users who plan to export the crash typing information and merge it with another database that contains the other crash data elements.

<b>Principal Information</b> Report Number <input type="text"/>  Date of Crash (mmddyyyy) <input type="text"/> Time of Day (military - hhmm) <input type="text"/> No. of Peds <input type="text"/> Hit and Run <input type="text" value="Unknown"/>		<b>Location</b> Jurisdiction 1 <input type="text"/> Jurisdiction 2 <input type="text"/> Route Name <input type="text"/> Route Number <input type="text"/> Milepost <input type="text"/>		<b>GPS Data</b> GPS Longitude <input type="text"/>  GPS Latitude <input type="text"/>	
<b>Driver Information</b> Driver Date of Birth (mmddyyyy) <input type="text"/> Driver Age <input type="text"/> Driver Gender <input type="text" value="Unknown"/> Driver Race <input type="text" value="Unknown"/> Driver Alcohol/Drug Use <input type="text" value="Unknown"/> Driver Injury Severity <input type="text" value="Unknown"/>		<b>Pedestrian Information</b> Pedestrian Date of Birth (mmddyyyy) <input type="text"/> Pedestrian Age <input type="text"/> Pedestrian Gender <input type="text" value="Unknown"/> Pedestrian Race <input type="text" value="Unknown"/> Pedestrian Alcohol/Drug Use <input type="text" value="Unknown"/> Pedestrian Injury Severity <input type="text" value="Unknown"/> Unique Ped Characteristic <input type="text" value="Unknown"/>			
<b>Vehicle Information</b> Motor Vehicle Type <input type="text" value="Unknown"/> Motor Vehicle Defects <input type="text" value="Unknown"/>  Estimated Original Vehicle Speed <input type="text"/> Estimated Speed at Impact <input type="text"/>		<b>Area Characteristics</b> Type of Area <input type="text" value="Unknown"/> Development Type <input type="text" value="Unknown"/> School Zone <input type="text" value="Unknown"/>			
<b>Roadway Features</b> No. of Through Lanes <input type="text"/> Roadway Type <input type="text" value="Unknown"/> Roadway Configuration <input type="text" value="Unknown"/> Roadway Terrain <input type="text" value="Level"/> Roadway Alignment <input type="text" value="Unknown"/> Roadway Surface <input type="text" value="Unknown"/> Roadway Defects <input type="text" value="Unknown"/> Traffic Control <input type="text" value="Unknown"/>  Speed Limit <input type="text"/> Marked Crosswalk <input type="text" value="Unknown"/> Sidewalk Presence <input type="text" value="Unknown"/>		<b>Environmental Conditions</b> Weather Conditions <input type="text" value="Unknown"/> Surface Conditions <input type="text" value="Unknown"/> Light Conditions <input type="text" value="Unknown"/>			
		<b>Contributing Factors/Citations/Fault</b> Driver Contributing Factors <input type="text" value="Unknown"/> Driver Citation 1 <input type="text"/> Driver Citation 2 <input type="text"/> Ped Contributing Factors <input type="text" value="Unknown"/> Ped Citation 1 <input type="text"/> Ped Citation 2 <input type="text"/> Fault <input type="text" value="Unknown"/>			
<b>Crash Typing Information</b>					
Crash Type Number	<input type="text"/>	Crash Type Description	<input type="text"/>		
Crash Group Number	<input type="text"/>	Crash Group Description	<input type="text"/>		
Crash Location	<input type="text"/>	Crash Location Description	<input type="text"/>		
Pedestrian Position	<input type="text"/>	Pedestrian Position Description	<input type="text"/>		
Pedestrian Direction	<input type="text"/>	Leg Intersection	<input type="text"/>	Crash Type Expanded	<input type="text"/>
Motorist Direction	<input type="text"/>	Scenario	<input type="text"/>	Crash Group Expanded	<input type="text"/>
Motorist Maneuver	<input type="text"/>				

**Figure 121. Ped\_All\_Data\_Milepost Form**

<b>Principal Information</b> Report Number <input type="text"/> Date of Crash (mmdyyyy) <input type="text"/> Time of Day (military - hhmm) <input type="text"/> No. of Peds <input type="text"/> Hit and Run <input type="text" value="Unknown"/>	<b>Location</b> Jurisdiction 1 <input type="text"/> Jurisdiction 2 <input type="text"/> Route Name (rps) <input type="text"/> Route Number (rps) <input type="text"/> Reference Post <input type="text"/>	<b>GPS Data</b> GPS Longitude <input type="text"/> GPS Latitude <input type="text"/>
<b>Driver Information</b> Driver Date of Birth (mmdyyyy) <input type="text"/> Driver Age <input type="text"/> Driver Gender <input type="text" value="Unknown"/> Driver Race <input type="text" value="Unknown"/> Driver Alcohol/Drug Use <input type="text" value="Unknown"/> Driver Injury Severity <input type="text" value="Unknown"/>	<b>Pedestrian Information</b> Pedestrian Date of Birth (mmdyyyy) <input type="text"/> Pedestrian Age <input type="text"/> Pedestrian Gender <input type="text" value="Unknown"/> Pedestrian Race <input type="text" value="Unknown"/> Pedestrian Alcohol/Drug Use <input type="text" value="Unknown"/> Pedestrian Injury Severity <input type="text" value="Unknown"/> Unique Ped Characteristic <input type="text" value="Unknown"/>	
<b>Vehicle Information</b> Motor Vehicle Type <input type="text" value="Unknown"/> Motor Vehicle Defects <input type="text" value="Unknown"/> Estimated Original Vehicle Speed <input type="text"/> Estimated Speed at Impact <input type="text"/>	<b>Area Characteristics</b> Type of Area <input type="text" value="Unknown"/> Development Type <input type="text" value="Unknown"/> School Zone <input type="text" value="Unknown"/>	
<b>Roadway Features</b> No. of Through Lanes <input type="text"/> Roadway Type <input type="text" value="Unknown"/> Roadway Configuration <input type="text" value="Unknown"/> Roadway Terrain <input type="text" value="Level"/> Roadway Alignment <input type="text" value="Unknown"/> Roadway Surface <input type="text" value="Unknown"/> Roadway Defects <input type="text" value="Unknown"/> Traffic Control <input type="text" value="Unknown"/> Speed Limit <input type="text"/> Marked Crosswalk <input type="text" value="Unknown"/> Sidewalk Presence <input type="text" value="Unknown"/>	<b>Environmental Conditions</b> Weather Conditions <input type="text" value="Unknown"/> Surface Conditions <input type="text" value="Unknown"/> Light Conditions <input type="text" value="Unknown"/>	
	<b>Contributing Factors/Citations/Fault</b> Driver Contributing Factors <input type="text" value="Unknown"/> Driver Citation 1 <input type="text"/> Driver Citation 2 <input type="text"/> Ped Contributing Factors <input type="text" value="Unknown"/> Ped Citation 1 <input type="text"/> Ped Citation 2 <input type="text"/> Fault <input type="text" value="Unknown"/>	
<b>Crash Typing Information</b> Crash Type Number <input type="text"/> Crash Type Description <input type="text"/> Crash Group Number <input type="text"/> Crash Group Description <input type="text"/> Crash Location <input type="text"/> Crash Location Description <input type="text"/> Pedestrian Position <input type="text"/> Pedestrian Position Description <input type="text"/> Pedestrian Direction <input type="text"/> Leg Intersection <input type="text"/> Crash Type Expanded <input type="text"/> Motorist Direction <input type="text"/> Scenario <input type="text"/> Crash Group Expanded <input type="text"/> Motorist Maneuver <input type="text"/>		

**Figure 122. Ped\_All\_Data\_Repost Form**

<b>Principal Information</b> Report Number <input type="text"/> Date of Crash (mmddyyyy) <input type="text"/> Time of Day (military - hhmm) <input type="text"/> No. of Peds <input type="text"/> Hit and Run <input type="text" value="Unknown"/>		<b>Location</b> Jurisdiction 1 <input type="text"/> GPS Longitude <input type="text"/> Jurisdiction 2 <input type="text"/> GPS Latitude <input type="text"/> Route/Street Name <input type="text"/> Route/Street Number <input type="text"/> Reference Street <input type="text"/> Direction from Reference Street <input type="text" value="Unknown"/> Distance from Reference Street <input type="text"/>	
<b>Driver Information</b> Driver Date of Birth (mmddyyyy) <input type="text"/> Driver Age <input type="text"/> Driver Gender <input type="text" value="Unknown"/> Driver Race <input type="text" value="Unknown"/> Driver Alcohol/Drug Use <input type="text" value="Unknown"/> Driver Injury Severity <input type="text" value="Unknown"/>		<b>Pedestrian Information</b> Pedestrian Date of Birth (mmddyyyy) <input type="text"/> Pedestrian Age <input type="text"/> Pedestrian Gender <input type="text" value="Unknown"/> Pedestrian Race <input type="text" value="Unknown"/> Pedestrian Alcohol/Drug Use <input type="text" value="Unknown"/> Pedestrian Injury Severity <input type="text" value="Unknown"/> Unique Ped Characteristic <input type="text" value="Unknown"/>	
<b>Vehicle Information</b> Motor Vehicle Type <input type="text" value="Unknown"/> Motor Vehicle Defects <input type="text" value="Unknown"/> Estimated Original Vehicle Speed <input type="text"/> Estimated Speed at Impact <input type="text"/>		<b>Area Characteristics</b> Type of Area <input type="text" value="Unknown"/> Development Type <input type="text" value="Unknown"/> School Zone <input type="text" value="Unknown"/>	
<b>Roadway Features</b> No. of Through Lanes <input type="text"/> Roadway Type <input type="text" value="Unknown"/> Roadway Configuration <input type="text" value="Unknown"/> Roadway Terrain <input type="text" value="Level"/> Roadway Alignment <input type="text" value="Unknown"/> Roadway Surface <input type="text" value="Unknown"/> Roadway Defects <input type="text" value="Unknown"/> Traffic Control <input type="text" value="Unknown"/> Speed Limit <input type="text"/> Marked Crosswalk <input type="text" value="Unknown"/> Sidewalk Presence <input type="text" value="Unknown"/>		<b>Environmental Conditions</b> Weather Conditions <input type="text" value="Unknown"/> Surface Conditions <input type="text" value="Unknown"/> Light Conditions <input type="text" value="Unknown"/>	
		<b>Contributing Factors/Citations/Fault</b> Driver Contributing Factors <input type="text" value="Unknown"/> Driver Citation 1 <input type="text"/> Driver Citation 2 <input type="text"/> Ped Contributing Factors <input type="text" value="Unknown"/> Ped Citation 1 <input type="text"/> Ped Citation 2 <input type="text"/> Fault <input type="text" value="Unknown"/>	
<b>Crash Typing Information</b>			
Crash Type Number <input type="text"/>	Crash Type Description <input type="text"/>		
Crash Group Number <input type="text"/>	Crash Group Description <input type="text"/>		
Crash Location <input type="text"/>	Crash Location Description <input type="text"/>		
Pedestrian Position <input type="text"/>	Pedestrian Position Description <input type="text"/>		
Pedestrian Direction <input type="text"/>	Leg Intersection <input type="text"/>	Crash Type Expanded <input type="text"/>	
Motorist Direction <input type="text"/>	Scenario <input type="text"/>	Crash Group Expanded <input type="text"/>	
Motorist Maneuver <input type="text"/>			

**Figure 123. Ped\_All\_Data\_RouteName Form**

<b>Principal Information</b> Report Number <input type="text"/> Date of Crash (mmddyyyy) <input type="text"/> Time of Day (military - hhmm) <input type="text"/> No. of Peds <input type="text"/> Hit and Run <input type="text" value="Unknown"/>		<b>Location</b> Jurisdiction 1 <input type="text"/> Jurisdiction 2 <input type="text"/> Link <input type="text"/> Reference Node <input type="text"/> Distance from Reference Node <input type="text"/>		<b>GPS Data</b> GPS Longitude <input type="text"/> GPS Latitude <input type="text"/> Node <input type="text"/> Approach Link <input type="text"/> Distance from Node <input type="text"/>	
<b>Driver Information</b> Driver Date of Birth (mmddyyyy) <input type="text"/> Driver Age <input type="text"/> Driver Gender <input type="text" value="Unknown"/> Driver Race <input type="text" value="Unknown"/> Driver Alcohol/Drug Use <input type="text" value="Unknown"/> Driver Injury Severity <input type="text" value="Unknown"/>		<b>Pedestrian Information</b> Pedestrian Date of Birth (mmddyyyy) <input type="text"/> Pedestrian Age <input type="text"/> Pedestrian Gender <input type="text" value="Unknown"/> Pedestrian Race <input type="text" value="Unknown"/> Pedestrian Alcohol/Drug Use <input type="text" value="Unknown"/> Pedestrian Injury Severity <input type="text" value="Unknown"/> Unique Ped Characteristic <input type="text" value="Unknown"/>			
<b>Vehicle Information</b> Motor Vehicle Type <input type="text" value="Unknown"/> Motor Vehicle Defects <input type="text" value="Unknown"/> Estimated Original Vehicle Speed <input type="text"/> Estimated Speed at Impact <input type="text"/>		<b>Area Characteristics</b> Type of Area <input type="text" value="Unknown"/> Development Type <input type="text" value="Unknown"/> School Zone <input type="text" value="Unknown"/>			
<b>Roadway Features</b> No. of Through Lanes <input type="text"/> Roadway Type <input type="text" value="Unknown"/> Roadway Configuration <input type="text" value="Unknown"/> Roadway Terrain <input type="text" value="Level"/> Roadway Alignment <input type="text" value="Unknown"/> Roadway Surface <input type="text" value="Unknown"/> Roadway Defects <input type="text" value="Unknown"/> Traffic Control <input type="text" value="Unknown"/> Speed Limit <input type="text"/> Marked Crosswalk <input type="text" value="Unknown"/> Sidewalk Presence <input type="text" value="Unknown"/>		<b>Environmental Conditions</b> Weather Conditions <input type="text" value="Unknown"/> Surface Conditions <input type="text" value="Unknown"/> Light Conditions <input type="text" value="Unknown"/>			
		<b>Contributing Factors/Citations/Fault</b> Driver Contributing Factors <input type="text" value="Unknown"/> Driver Citation 1 <input type="text"/> Driver Citation 2 <input type="text"/> Ped Contributing Factors <input type="text" value="Unknown"/> Ped Citation 1 <input type="text"/> Ped Citation 2 <input type="text"/> Fault <input type="text" value="Unknown"/>			
Crash Type Number <input type="text"/> Crash Group Number <input type="text"/> Crash Location <input type="text"/> Pedestrian Position <input type="text"/> Pedestrian Direction <input type="text"/> Motorist Direction <input type="text"/> Motorist Maneuver <input type="text"/>		Crash Type Description <input type="text"/> Crash Group Description <input type="text"/> Crash Location Description <input type="text"/> Pedestrian Position Description <input type="text"/> Leg Intersection <input type="text"/> Scenario <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Crash Type Expanded <input type="text"/> Crash Group Expanded <input type="text"/>	

**Figure 124. Ped\_All\_Data\_LinkNode Form**

**Figure 125. Ped\_Crash\_Type Form**

Report Number <input type="text"/>			
Crash Typing Information			
Crash Type Number	<input type="text"/>	Crash Type Description	<input type="text"/>
Crash Group Number	<input type="text"/>	Crash Group Description	<input type="text"/>
Crash Location	<input type="text"/>	Crash Location Description	<input type="text"/>
Pedestrian Position	<input type="text"/>	Pedestrian Position Description	<input type="text"/>
Pedestrian Direction	<input type="text"/>	Leg Intersection	<input type="text"/> Crash Type Expanded <input type="text"/>
Motorist Direction	<input type="text"/>	Scenario	<input type="text"/> Crash Group Expanded <input type="text"/>
Motorist Maneuver	<input type="text"/>		

<b>Principal Information</b> Report Number <input type="text"/> Date of Crash (mmddyyyy) <input type="text"/> Time of Day (military - hhmm) <input type="text"/> No. of Bicyclists <input type="text"/> Hit and Run <input type="text" value="Unknown"/>		<b>Location</b> Jurisdiction 1 <input type="text"/> Jurisdiction 2 <input type="text"/> Route Name <input type="text"/> Route Number <input type="text"/> Milepost <input type="text"/>		<b>GPS Data</b> GPS Longitude <input type="text"/> GPS Latitude <input type="text"/>	
<b>Driver Information</b> Driver Date of Birth (mmddyyyy) <input type="text"/> Driver Age <input type="text"/> Driver Gender <input type="text" value="Unknown"/> Driver Race <input type="text" value="Unknown"/> Driver Alcohol/Drug Use <input type="text" value="Unknown"/> Driver Injury Severity <input type="text" value="Unknown"/>			<b>Bicyclist Information</b> Bicyclist Date of Birth (mmddyyyy) <input type="text"/> Bicyclist Age <input type="text"/> Bicyclist Gender <input type="text" value="Unknown"/> Bicyclist Race <input type="text" value="Unknown"/> Bicyclist Alcohol/Drug Use <input type="text" value="Unknown"/> Bicyclist Injury Severity <input type="text" value="Unknown"/> Bicyclist Helmet Use <input type="text" value="Unknown"/>		
<b>Vehicle Information</b> Motor Vehicle Type <input type="text" value="Unknown"/> Motor Vehicle Defects <input type="text" value="Unknown"/> Estimated Original Vehicle Speed <input type="text"/> Estimated Speed at Impact <input type="text"/>			<b>Bicycle and Facility Information</b> Bicycle Type <input type="text" value="Unknown"/> Bicycle Defects <input type="text" value="Unknown"/> Bicycle Facility Presence <input type="text" value="Unknown"/> Curb Lane Width <input type="text"/> Bike Lane/Paved Shoulder Width <input type="text"/>		
<b>Area Characteristics</b> Type of Area <input type="text" value="Unknown"/> Development Type <input type="text" value="Unknown"/> School Zone <input type="text" value="Unknown"/>			<b>Environmental Conditions</b> Weather Conditions <input type="text" value="Unknown"/> Surface Conditions <input type="text" value="Unknown"/> Light Conditions <input type="text" value="Unknown"/>		
<b>Roadway Features</b> No. of Through Lanes <input type="text"/> Roadway Type <input type="text" value="Unknown"/> Roadway Configuration <input type="text" value="Unknown"/> Roadway Terrain <input type="text" value="Level"/> Roadway Alignment <input type="text" value="Unknown"/> Roadway Surface <input type="text" value="Unknown"/> Roadway Defects <input type="text" value="Unknown"/> Traffic Control <input type="text" value="Unknown"/> Speed Limit <input type="text"/> Marked Crosswalk <input type="text" value="Unknown"/> Sidewalk Presence <input type="text" value="Unknown"/>			<b>Contributing Factors/Citations/Fault</b> Driver Contributing Factors <input type="text" value="Unknown"/> Driver Citation 1 <input type="text"/> Driver Citation 2 <input type="text"/> Bicyclist Contributing Factors <input type="text" value="Unknown"/> Bicyclist Citation 1 <input type="text"/> Bicyclist Citation 2 <input type="text"/> Fault <input type="text" value="Unknown"/>		
<b>Crash Typing Information</b> Crash Type Number <input type="text"/> Crash Type Description <input type="text"/> Crash Group Number <input type="text"/> Crash Group Description <input type="text"/> Crash Location <input type="text"/> Crash Location Description <input type="text"/> Bicyclist Position <input type="text"/> Bicyclist Position Description <input type="text"/> Bicyclist Direction <input type="text"/> Bicyclist Direction Description <input type="text"/> Crash Type Expanded <input type="text"/> Crash Group Expanded <input type="text"/>					

**Figure 126. Bike\_All\_Data\_Milepost Form**

<b>Principal Information</b> Report Number <input type="text"/>  Date of Crash (mmddyyyy) <input type="text"/> Time of Day (military - hhmm) <input type="text"/> No. of Bicyclists <input type="text"/> Hit and Run <input type="text" value="Unknown"/>		<b>Location</b> Jurisdiction 1 <input type="text"/> Jurisdiction 2 <input type="text"/> Route Name (rps) <input type="text"/> Route Number (rps) <input type="text"/> Reference Post <input type="text"/>		<b>GPS Data</b> GPS Longitude <input type="text"/>  GPS Latitude <input type="text"/>	
<b>Driver Information</b> Driver Date of Birth (mmddyyyy) <input type="text"/> Driver Age <input type="text"/> Driver Gender <input type="text" value="Unknown"/> Driver Race <input type="text" value="Unknown"/> Driver Alcohol/Drug Use <input type="text" value="Unknown"/> Driver Injury Severity <input type="text" value="Unknown"/>		<b>Bicyclist Information</b> Bicyclist Date of Birth (mmddyyyy) <input type="text"/> Bicyclist Age <input type="text"/> Bicyclist Gender <input type="text" value="Unknown"/> Bicyclist Race <input type="text" value="Unknown"/> Bicyclist Alcohol/Drug Use <input type="text" value="Unknown"/> Bicyclist Injury Severity <input type="text" value="Unknown"/> Bicyclist Helmet Use <input type="text" value="Unknown"/>			
<b>Vehicle Information</b> Motor Vehicle Type <input type="text" value="Unknown"/> Motor Vehicle Defects <input type="text" value="Unknown"/>  Estimated Original Vehicle Speed <input type="text"/> Estimated Speed at Impact <input type="text"/>		<b>Bicycle and Facility Information</b> Bicycle Type <input type="text" value="Unknown"/> Bicycle Defects <input type="text" value="Unknown"/> Bicycle Facility Presence <input type="text" value="Unknown"/>  Curb Lane Width <input type="text"/> Bike Lane/Paved Shoulder Width <input type="text"/>			
<b>Area Characteristics</b> Type of Area <input type="text" value="Unknown"/> Development Type <input type="text" value="Unknown"/> School Zone <input type="text" value="Unknown"/>		<b>Environmental Conditions</b> Weather Conditions <input type="text" value="Unknown"/> Surface Conditions <input type="text" value="Unknown"/> Light Conditions <input type="text" value="Unknown"/>			
<b>Roadway Features</b> No. of Through Lanes <input type="text"/> Roadway Type <input type="text" value="Unknown"/> Roadway Configuration <input type="text" value="Unknown"/> Roadway Terrain <input type="text" value="Level"/> Roadway Alignment <input type="text" value="Unknown"/> Roadway Surface <input type="text" value="Unknown"/> Roadway Defects <input type="text" value="Unknown"/> Traffic Control <input type="text" value="Unknown"/>  Speed Limit <input type="text"/> Marked Crosswalk <input type="text" value="Unknown"/> Sidewalk Presence <input type="text" value="Unknown"/>		<b>Contributing Factors/Citations/Fault</b> Driver Contributing Factors <input type="text" value="Unknown"/> Driver Citation 1 <input type="text"/> Driver Citation 2 <input type="text"/> Bicyclist Contributing Factors <input type="text" value="Unknown"/> Bicyclist Citation 1 <input type="text"/> Bicyclist Citation 2 <input type="text"/> Fault <input type="text" value="Unknown"/>			
<b>Crash Typing Information</b>					
Crash Type Number	<input type="text"/>	Crash Type Description	<input type="text"/>		
Crash Group Number	<input type="text"/>	Crash Group Description	<input type="text"/>		
Crash Location	<input type="text"/>	Crash Location Description	<input type="text"/>		
Bicyclist Position	<input type="text"/>	Bicyclist Position Description	<input type="text"/>		
Bicyclist Direction	<input type="text"/>	Bicyclist Direction Description	<input type="text"/>		
Crash Type Expanded		<input type="text"/>	Crash Group Expanded		<input type="text"/>

**Figure 127. Bike\_All\_Data\_Repost Form**



<b>Principal Information</b> Report Number <input type="text"/> Date of Crash (mmdyyy) <input type="text"/> Time of Day (military - hhmm) <input type="text"/> No. of Bicyclists <input type="text"/> Hit and Run <input type="text" value="Unknown"/>		<b>Location</b> Jurisdiction 1 <input type="text"/> Jurisdiction 2 <input type="text"/> Route/Street Name <input type="text"/> Reference Street <input type="text"/> Direction from Reference Street <input type="text" value="Unknown"/>		<b>GPS Data</b> GPS Longitude <input type="text"/> GPS Latitude <input type="text"/> Route/Street Number <input type="text"/> Distance from Reference Street <input type="text"/>	
<b>Driver Information</b> Driver Date of Birth (mmdyyy) <input type="text"/> Driver Age <input type="text"/> Driver Gender <input type="text" value="Unknown"/> Driver Race <input type="text" value="Unknown"/> Driver Alcohol/Drug Use <input type="text" value="Unknown"/> Driver Injury Severity <input type="text" value="Unknown"/>		<b>Bicyclist Information</b> Bicyclist Date of Birth (mmdyyy) <input type="text"/> Bicyclist Age <input type="text"/> Bicyclist Gender <input type="text" value="Unknown"/> Bicyclist Race <input type="text" value="Unknown"/> Bicyclist Alcohol/Drug Use <input type="text" value="Unknown"/> Bicyclist Injury Severity <input type="text" value="Unknown"/> Bicyclist Helmet Use <input type="text" value="Unknown"/>			
<b>Vehicle Information</b> Motor Vehicle Type <input type="text" value="Unknown"/> Motor Vehicle Defects <input type="text" value="Unknown"/> Estimated Original Vehicle Speed <input type="text"/> Estimated Speed at Impact <input type="text"/>		<b>Bicycle and Facility Information</b> Bicycle Type <input type="text" value="Unknown"/> Bicycle Defects <input type="text" value="Unknown"/> Bicycle Facility Presence <input type="text" value="Unknown"/> Curb Lane Width <input type="text"/> Bike Lane/Paved Shoulder Width <input type="text"/>			
<b>Area Characteristics</b> Type of Area <input type="text" value="Unknown"/> Development Type <input type="text" value="Unknown"/> School Zone <input type="text" value="Unknown"/>		<b>Environmental Conditions</b> Weather Conditions <input type="text" value="Unknown"/> Surface Conditions <input type="text" value="Unknown"/> Light Conditions <input type="text" value="Unknown"/>			
<b>Roadway Features</b> No. of Through Lanes <input type="text"/> Roadway Type <input type="text" value="Unknown"/> Roadway Configuration <input type="text" value="Unknown"/> Roadway Terrain <input type="text" value="Level"/> Roadway Alignment <input type="text" value="Unknown"/> Roadway Surface <input type="text" value="Unknown"/> Roadway Defects <input type="text" value="Unknown"/> Traffic Control <input type="text" value="Unknown"/> Speed Limit <input type="text"/> Marked Crosswalk <input type="text" value="Unknown"/> Sidewalk Presence <input type="text" value="Unknown"/>		<b>Contributing Factors/Citations/Fault</b> Driver Contributing Factors <input type="text" value="Unknown"/> Driver Citation 1 <input type="text"/> Driver Citation 2 <input type="text"/> Bicyclist Contributing Factors <input type="text" value="Unknown"/> Bicyclist Citation 1 <input type="text"/> Bicyclist Citation 2 <input type="text"/> Fault <input type="text" value="Unknown"/>			
<b>Crash Typing Information</b> Crash Type Number <input type="text"/> Crash Type Description <input type="text"/> Crash Group Number <input type="text"/> Crash Group Description <input type="text"/> Crash Location <input type="text"/> Crash Location Description <input type="text"/> Bicyclist Position <input type="text"/> Bicyclist Position Description <input type="text"/> Bicyclist Direction <input type="text"/> Bicyclist Direction Description <input type="text"/> Crash Type Expanded <input type="text"/> Crash Group Expanded <input type="text"/>					

**Figure 128. Bike\_All\_Data\_RouteName Form**

Principal Information		Location		GPS Data	
Report Number	<input type="text"/>	Jurisdiction 1	<input type="text"/>	GPS Longitude	<input type="text"/>
Date of Crash (mmddyyyy)	<input type="text"/>	Jurisdiction 2	<input type="text"/>	GPS Latitude	<input type="text"/>
Time of Day (military - hhmm)	<input type="text"/>	Link	<input type="text"/>	Node	<input type="text"/>
No. of Bicyclists	<input type="text"/>	Reference Node	<input type="text"/>	Approach Link	<input type="text"/>
Hit and Run	<input type="text" value="Unknown"/>	Distance from Reference Node	<input type="text"/>	Distance from Node	<input type="text"/>

  

Driver Information		Bicyclist Information	
Driver Date of Birth (mmddyyyy)	<input type="text"/>	Bicyclist Date of Birth (mmddyyyy)	<input type="text"/>
Driver Age	<input type="text"/>	Bicyclist Age	<input type="text"/>
Driver Gender	<input type="text" value="Unknown"/>	Bicyclist Gender	<input type="text" value="Unknown"/>
Driver Race	<input type="text" value="Unknown"/>	Bicyclist Race	<input type="text" value="Unknown"/>
Driver Alcohol/Drug Use	<input type="text" value="Unknown"/>	Bicyclist Alcohol/Drug Use	<input type="text" value="Unknown"/>
Driver Injury Severity	<input type="text" value="Unknown"/>	Bicyclist Injury Severity	<input type="text" value="Unknown"/>
		Bicyclist Helmet Use	<input type="text" value="Unknown"/>

  

Vehicle Information		Bicycle and Facility Information	
Motor Vehicle Type	<input type="text" value="Unknown"/>	Bicycle Type	<input type="text" value="Unknown"/>
Motor Vehicle Defects	<input type="text" value="Unknown"/>	Bicycle Defects	<input type="text" value="Unknown"/>
Estimated Original Vehicle Speed	<input type="text"/>	Bicycle Facility Presence	<input type="text" value="Unknown"/>
Estimated Speed at Impact	<input type="text"/>	Curb Lane Width	<input type="text"/>
		Bike Lane/Paved Shoulder Width	<input type="text"/>

  

Area Characteristics		Environmental Conditions	
Type of Area	<input type="text" value="Unknown"/>	Weather Conditions	<input type="text" value="Unknown"/>
Development Type	<input type="text" value="Unknown"/>	Surface Conditions	<input type="text" value="Unknown"/>
School Zone	<input type="text" value="Unknown"/>	Light Conditions	<input type="text" value="Unknown"/>

  

Roadway Features		Contributing Factors/Citations/Fault	
No. of Through Lanes	<input type="text"/>	Driver Contributing Factors	<input type="text" value="Unknown"/>
Roadway Type	<input type="text" value="Unknown"/>	Driver Citation 1	<input type="text"/>
Roadway Configuration	<input type="text" value="Unknown"/>	Driver Citation 2	<input type="text"/>
Roadway Terrain	<input type="text" value="Level"/>	Bicyclist Contributing Factors	<input type="text" value="Unknown"/>
Roadway Alignment	<input type="text" value="Unknown"/>	Bicyclist Citation 1	<input type="text"/>
Roadway Surface	<input type="text" value="Unknown"/>	Bicyclist Citation 2	<input type="text"/>
Roadway Defects	<input type="text" value="Unknown"/>	Fault	<input type="text" value="Unknown"/>
Traffic Control	<input type="text" value="Unknown"/>		
Speed Limit	<input type="text"/>		
Marked Crosswalk	<input type="text" value="Unknown"/>		
Sidewalk Presence	<input type="text" value="Unknown"/>		

  

Crash Typing Information			
Crash Type Number	<input type="text"/>	Crash Type Description	<input type="text"/>
Crash Group Number	<input type="text"/>	Crash Group Description	<input type="text"/>
Crash Location	<input type="text"/>	Crash Location Description	<input type="text"/>
Bicyclist Position	<input type="text"/>	Bicyclist Position Description	<input type="text"/>
Bicyclist Direction	<input type="text"/>	Bicyclist Direction Description	<input type="text"/>
Crash Type Expanded	<input type="text"/>	Crash Group Expanded	<input type="text"/>

**Figure 129. Bike\_All\_Data\_LinkNode Form**

Report Number	<input type="text"/>
Crash Typing Information	
Crash Type Number	<input type="text"/> Crash Type Description <input type="text"/>
Crash Group Number	<input type="text"/> Crash Group Description <input type="text"/>
Crash Location	<input type="text"/> Crash Location Description <input type="text"/>
Bicyclist Position	<input type="text"/> Bicyclist Position Description <input type="text"/>
Bicyclist Direction	<input type="text"/> Bicyclist Direction Description <input type="text"/>
Crash Type Expanded	<input type="text"/> Crash Group Expanded <input type="text"/>

**Figure 130. Bike\_Crash\_Type Form**

