

## **XI. OPERATIONS PROFILE**

### **Table of Contents**

<b>Organizational Structure.....</b>	<b>Page 2</b>
<b>Mission Statement.....</b>	<b>Page 2</b>
<b>Brief Description of Transit Program.....</b>	<b>Page 2-3</b>
<b>Administrative Employees.....</b>	<b>Page 3</b>
<b>Operations Employees.....</b>	<b>Page 4-5</b>
<b>Vehicle Fleet.....</b>	<b>Page 5</b>
<b>Accident /Incident Reporting Procedure.....</b>	<b>Page 5</b>
<b>Passenger Conduct Policy.....</b>	<b>Page 5</b>
<b>Appendix A Organizational Chart.....</b>	<b>Page 6</b>
<b>Appendix B Program Coordinator Job Description.....</b>	<b>Page 7-8</b>
<b>Appendix C Finance Manager Job Description.....</b>	<b>Page 9</b>
<b>Appendix D Life Circle Code of Conduct.....</b>	<b>Page 10-11</b>
<b>Appendix E Van Driver Job Description.....</b>	<b>Page 12-13</b>
<b>Appendix F Code of Conduct Policy for Drivers.....</b>	<b>Page 14-15</b>
<b>Appendix G Preventive Maintenance Schedule.....</b>	<b>Page 16</b>
<b>Appendix H Vehicle Inspection Report Form.....</b>	<b>Page 17-18</b>
<b>Appendix I Accident Report Form.....</b>	<b>Page 19-24</b>
<b>Appendix J Passenger Conduct Policy.....</b>	<b>Page 25-26</b>

## **2. Organizational Structure**

Life Circle New Mexico has an eight member board and staff positions for an Executive Director, a Program Coordinator, a Financial Manager, a Volunteer Coordinator, and a driver. In addition, there are a range of volunteer positions. An Organizational Chart is shown in **Appendix A**.

## **3. Mission Statement**

Life Circle New Mexico has leased space in the Hopewell Community Center from the Santa Fe Civic Housing Authority on 1800A Espinacitas Street, Santa Fe, NM 87505 for the purpose of opening a much-needed Adult Day Service center.

The purpose of Life Circle's Adult Day Service is to provide a coordinated program of professional and compassionate services for adults in a community-based setting with supervised care, planned activities, and companionship for older adults who can no longer manage independently, or who are isolated and lonely.

The center will provide a safe, supportive environment for older adults who need assistance with independent living, including stimulating social activities. Such a service will allow families to care for adults at home, while wage earners continue working during the day. The center will help support the health, nutritional, social, and daily living needs of adults in professionally staffed, group settings. The center will also benefit family caregivers by enabling them to remain in the workforce as well as providing them with direct services.

As an alternative or supplement to home care and an alternative to moving to assisted living or a nursing home to receive care, the center will help enable continued community-based living for individuals with physical and cognitive limitations and provide respite for their caregivers.

## **4. Brief Description of Transit Program**

### **a) Route Design**

It is anticipated that most of our passengers will live within the city of Santa Fe. We project five miles of driving per each of the 14 passengers, twice a day. The route will be designed to minimize driver and passenger travel time as much as possible.

### **b) Schedule (days and hours of operation)**

The Adult Day Center will be open Monday through Friday, with the exception of 11 holidays. Thus we anticipate that the van will be in operation for 249 days per year. We anticipate passenger pick-up will occur between the hours of 7 am and 9 am.

Passenger drop off will occur between the hours of 4:00 pm and 6 pm. Once a month field trips will take place between the hours of 9 am and 4 pm.

### **c) Fare Structure**

We do not plan to collect a fare at this time. The transportation service will be free for the Adult Day Service clients.

d) Advertising/marketing

There will be no advertising or marketing. Clients of the Center will be offered free transportation

## **5. Administrative Employees**

a) Titles and Job descriptions

Life Circle will employ one driver, who will be supervised by the Program Coordinator of the Adult Day Service. A financial manager will oversee driver payroll and any van related expenses. The job descriptions for the Program Coordinator and Financial Manager are attached as **Appendices B and C**.

b) Code of Conduct

The Code of Conduct for all Life Circle New Mexico staff and volunteers is attached as **Appendix D**.

c) Training Plan/Record Keeping Policy and Procedures

Upon hire, all staff receive training in first aid and CPR, including the use of a portable, automated external defibrillator. All staff receive training in the use of a fire extinguisher

In addition, staff participate in upon hiring, and periodically thereafter, in in-service trainings on the needs and appropriate care for the elderly and disabled.

The Program Coordinator and Financial Manager follow all record keeping policies detailed in the Life Circle New Mexico Financial Procedures Manual and the Procurement Manual. These include, electronic or hard copy filing in locked files of all van related inspection reports, accident reports, and expenditures (e.g. oil and gas). The drivers' personnel record contains the driver's job application, background check results, drug and alcohol testing results and dates and outcomes for any type of training. In addition, all staff performance reviews are kept in the individuals' Personnel file. All Personnel records are kept for a minimum of three years after employee termination or in grant related documents, for a minimum of three years after the end of grant funding. All other records are kept for a minimum of three years.

## **6. Operations Employees:**

a) Titles and Job descriptions.

Life Circle will employ one driver, who will be supervised by the Program Coordinator of the Adult Day Service. The job description for the driver is attached as **Appendix E**.

b) Hiring procedures.

The Van Driver will undergo a criminal background check prior to employment. They must provide a valid driver's license, and current motor vehicle record. Drug and alcohol testing may be required. Upon employment, all staff members receive a copy of the organization's Personnel Handbook, and are asked to sign their acceptance and understanding of the personnel policies.

c) Training Plan/Record Keeping Policy and Procedures

The van driver will be asked to complete several transportation related trainings including:

- Vehicle maintenance inspection record keeping and reporting
- Accident reporting and record keeping
- Passenger safety measures, including safe operation of a wheel chair lift
- Training in cleaning and sanitizing the vehicle each day in accordance with all state/federal regulations.
- First aid/CPR training, including the use of a portable, automated external defibrillator
- Training in the use of a fire extinguisher

In addition, along with other staff, the driver will participate in in-service trainings on the needs and appropriate care for the elderly and disabled.

d) Code of Conduct Policy

Life Circle's Code of Conduct Policy for Drivers is attached as **Appendix F**.

e) Drug and Alcohol Policy

The van driver will not require a CDL license, however, as stated in the Personnel Handbook and Policies and Procedures, Life Circle prohibits the possession, sale, consumption, or being under the influence of alcoholic beverages or illegal drugs by employees while in the office, during working hours outside the office, or while on agency business, or in an agency vehicle. Any employee or volunteer found possessing, selling, consuming, or being under the influence of alcoholic beverages or illegal drugs while on duty will be subject to discipline, up to and including termination.

Any employee or volunteer who is using prescription or over-the-counter drugs that may impair the employee's ability to safely perform the job, or affect the safety or well being of others, must notify a supervisor of such use immediately before starting or resuming work while under the influence of such prescription or over-the-counter drugs.

Smoking and using e-cigarettes are not allowed in any parts of the workplace, including all indoor areas and company-owned vehicles. E-cigarettes include e-hookahs, e-cigars, vape pens and similar products. In addition, Life Circle prohibits the use of tobacco and e-cigarettes outdoors, within twenty-five (25) feet of its facility.

## 7. Vehicle Fleet

### a) Update in BlackCat

Life Circle does not currently own any vehicles that are used for organizational business. If our application is successful, we will enter the vehicle information in the Black Cat system. Any documentation pertaining to extraordinary repair, recalls or accidents will also be reported.

### b) Preventive maintenance schedule

The preventive maintenance schedule for the requested van is shown in **Appendix G**.

### c) Pre/post inspection procedures

The van driver will inspect the vehicle prior to each morning shift and again after the evening shift has been completed. He/she will complete a hard copy inspection report form (See **Appendix H**) that will be filed by the supervisor in the organization's transportation files.

### d) Fleet Replacement Plan for FY22

If our application is successful, we will purchase a new van and have no plans to replace it in the next three years, barring extraordinary wear and tear. However, as required by the Department of Transportation, we will have a Federal Annual Inspection (49 CFR, 396. 17-23) of the vehicle, using a certified auto repair shop, which will make recommendations regarding replacement.

## 8. Accident/Incident Reporting Procedures

a) In case of a vehicle accident or breakdown, the driver is expected to phone his/her supervisor and emergency services or police, as necessary. He/she will give a verbal report of the incident and promptly complete a written report of the incident that will be given to their supervisor within 24 hours. The driver will complete the State of New Mexico's uniform crash report (See **Appendix I**) that will be filed by their supervisor in the organization's transportation files. The information will also be documented in the corresponding vehicle inventory record in BlackCat and reported to the Insurance company.

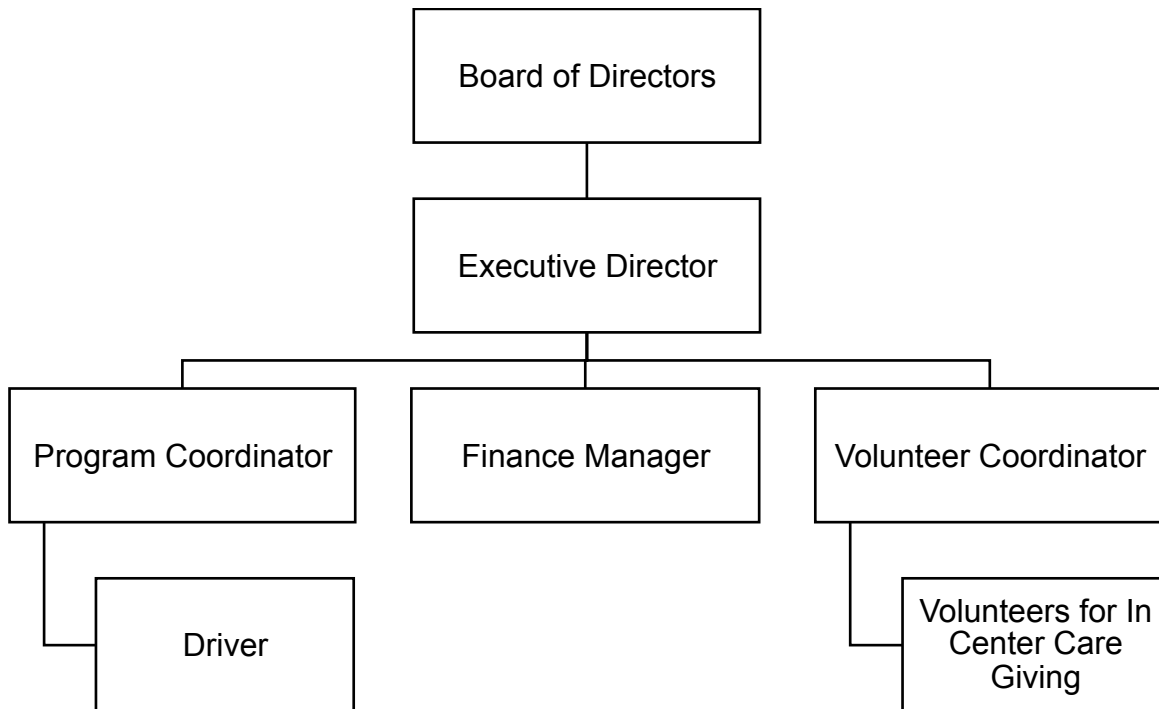
b) Insurance forms and accident/incident reporting forms will be kept in the vehicle at all times.

## 9. Passenger Conduct Policy

Life Circle's Passenger Conduct Policy is attached in **Appendix J**.

## Appendix A

### Life Circle New Mexico Organizational Chart



## **Appendix B**

### **Job Description Program Coordinator**

The Program Coordinator will have either a bachelor's or master's degree with experience in the field of Adult Day Services and/or Geriatrics. This person will develop, financially oversee and supervise the Life Circle Adult Day Services Program to help ensure that program participants are provided service in a safe and secure environment, and that participants are afforded the respect and quality service they deserve.

This Member of the Administrative Management Team will supervise the part-time Van Driver and in conjunction with the Executive Director will create job descriptions, participate in hiring processes and supervise and train staff assigned to her/him.

The nature of this work will be accomplished by a wide array of professional responsibilities some of which are listed below:

Well-developed individual plans of care for each client

Activity programming that meets the interests and needs of participants

Nutrition that supports healthy aging

Encouragement of healthy emotional expressions with other participants, staff and volunteers

Cognitive stimulation that develops interest in living as fully as possible

Physical strengthening through daily exercise

Will assess and report on staff satisfaction, training, progress, development and encouragement

Will coordinate, review and approve all staff and volunteer background checks

Will participate and successfully complete training as required by the New Mexico Department of Health, a minimum of 40 hours of training per calendar year

Will design and manage the successful completion of training of all staff and volunteers as required by the New Mexico Department of Health

Will communicate & reinforce process for receiving, documenting, tracking, investigating, and acting on all complaints concerning the center's privacy policies and procedures

Will ensure that staff have daily appropriate breaks and lunch times, absences, vacation, holidays, etc.

Will serve as Privacy/Security officer as required by HIPAA

Will report any suspected incidence of abuse (financial, mental or physical)

Will work closely with the Finance person and Treasurer to ensure that all financial transactions are recorded and are in line with Life Circle's financial policies.

Will be certified with a 40-hour training via Relias before being placed in service of the clients. They will also participate in any on-going education related to working with seniors and caregivers that both Life Circle and other agencies provide.

Will participate in end of the day staff case reviews

Will ensure that training, emergency and maintenance processes are created, implemented and sustained daily for Agency Van.



## **Appendix C**

### **Job Description – Finance Manager**

**Finance Manager:**

The Finance Manager will have a bachelor's degree in accounting or finance with knowledge of Quick Books and other fund-raising software

Ensure that the General Ledger is correct and up to date

Oversee cash and investment management

Prepare Payroll and pay bills

Develop and monitor program and annual budgets indicating restricted and unrestricted monies as well as donations.

Ensure all financial operations comply with federal and state laws

Present monthly, quarterly and annual financial statements to executives and board of directors

Coordinate audit and grant report activities

Bank Reconciliations

Oversee leases and insurance

Supervise and educate staff on internal financial protocols and agency policies to ensure smooth and ethical day-to-day transactions.

## Appendix D

### Life Circle Code of Conduct

Life Circle New Mexico is a non-profit organization dedicated to providing a coordinated program of professional and compassionate services for older adults in the community. As a Life Circle employee, consultant, or volunteer, you are subject to the observance of the organization's rules and procedures.

**Scope** This policy applies to all our employees, consultants, and volunteers, regardless of employment agreement or rank. We outline the components of our Code of Conduct below:

#### ***Respect in the workplace***

All individuals should show respect for clients, staff and volunteers of the organization. Any kind of discriminatory behavior, harassment or victimization is not allowed.

#### ***Protection of Company Property***

All individuals should treat Life Circle's property, whether material or intangible, with respect and care. **Equipment** should not be misused or used frivolously.

#### ***Professionalism***

All individuals must show integrity and professionalism in the workplace.

#### **Corruption**

Individuals are discouraged from accepting gifts from clients. Briberies for the benefit of any external or internal party are prohibited.

#### **Job duties and authority**

All individuals should fulfill their duties with integrity and respect. Supervisors shall not abuse their authority.

#### **Conflict of interest**

Individuals are expected to avoid any personal, financial or other interests that might hinder their capability or willingness to perform their duties.

### **Collaboration**

Individuals should be friendly and collaborative. They should try not to disrupt the workplace or present obstacles to their colleagues' work.

### **Disciplinary actions**

Life Circle New Mexico may have to take disciplinary action against any individual who repeatedly or intentionally fails to follow our code of conduct. We may take legal action in cases of corruption, theft, embezzlement or other unlawful behavior. Disciplinary actions will vary depending on the violation. Possible consequences include demotion, reprimand, or termination.

## **Appendix E**

### **Van driver job description**

Job details

Salary \$15 an hour

Part-time (up to 20 hours/week)

**POSITION SUMMARY:** This position is responsible for providing transportation for elderly clients from their homes throughout Santa Fe County to the Life Circle Adult Day Service facility in Santa Fe, NM. Responsibilities include collaborating with the Project Coordinator to schedule clients, establishing and maintaining a positive working relationship with passengers and their families and accurate reporting of daily trips, including mileage, gas/oil.

#### **REQUIREMENTS:**

High school diploma or general education degree (GED).

Must be 21 years of age or older (due to insurance requirements)

Knowledge of service area preferred.

Bilingual (Spanish / English) preferred.

Must have mobility and flexibility as to ensure safety and well-being of individuals serviced (i.e. lifting, climbing stairs, etc.).

Experience interacting with physically and/or mentally impaired individuals and/or senior citizens preferred.

Have or be able to obtain First Aid and Basic life support/CPR certifications within 30 days of hire. (Cost for this certification will be covered by Life Circle New Mexico).

#### **SCREENING REQUIREMENTS:**

This position requires successful completion of a Criminal Records Check.

#### **DRIVING REQUIREMENTS:**

Must possess and maintain a valid Driver's License.

Must provide a current motor vehicle record.

Must submit to a motor vehicle record check on an as needed basis and must maintain a satisfactory driving record.

May be required to undergo periodic drug and alcohol testing.

Will be required to complete transportation related trainings, including vehicle maintenance inspection and passenger safety, including the safe operation of a wheel chair lift

--Life Circle New Mexico is an Equal opportunity employer and does not discriminate on the basis of gender, religion, sexual orientation, disability or veterans' status.

## **Appendix F**

### **Life Circle Code of Conduct for Drivers**

To ensure the welfare and safety of our elderly clients, you must follow this guidance:

Keep your vehicle roadworthy and clean.  
Keep your vehicle at a comfortable temperature for your passengers.  
Drive by the rules in the Highway Code.  
Drive at a speed appropriate to the conditions.  
Drive in a way that is comfortable for your passengers.  
Take care when reversing and use audible reversing warning device if available.  
Park so that passengers can get out of your vehicle on the pavement side and so that they do not need to cross the road.  
Allow passengers to move away from your vehicle before you drive off.  
Carry Life Circle and passenger's family contact details in your vehicle.  
Carry your cell phone in the vehicle so you can contact your supervisor, emergency services, or a passenger's family member, if necessary.

Wear clothing and footwear appropriate for the job.  
Be on time, but if you are running late, contact Life Circle, if possible.  
Only allow authorized passengers in the vehicle.  
Help passengers on and off the vehicle, including helping with their belongings.  
Before you drive off, make sure your passengers are safely secured; sitting in a seat or their wheelchair,  
and wearing a seat belt.  
Report any medical problem during the journey to your supervisor or the passenger's family member  
if dropping off the passenger at home.  
On arrival at the Center, assist passengers out of the vehicle and into the Center.  
If you are concerned about the well being of a passenger, only talk to your supervisor.  
Find out what the medical needs of your passengers are and what to do in an emergency.

#### **Do not:**

Work when tired or under the influence of drugs or alcohol.  
Make inappropriate gestures to other road users.  
Administer medication to a passenger.  
Talk to anyone else about passengers or their families' personal information.  
Leave the vehicle engine running once you have parked.  
Smoke anything, including e-cigarettes, or vapor cigarettes at any time during your shift.  
Use your cell phone to make calls, answer calls, or text, if you are driving. If you need to use the cell phone for  
emergency communications pull off the road in a safe place.  
Photograph or film passengers using any device.

Do not show passengers pictures, video or online content using your phone or a mobile device.

**In case of a breakdown or accident :**

Phone your supervisor at Life Circle.

Phone emergency services and give a verbal report to the police.

Exchange insurance information if another vehicle is involved.

Take pictures.

Complete an accident report form and give it to your supervisor as soon as possible.

Only allow your passengers to get off the vehicle if staying on would put them in danger.

Try to get details from any witnesses.

**In case of a medical emergency:**

Use your judgment. Either stop and dial 911, administer first aid/CPR, or go straight to an Emergency Room, the Center, or the passenger's home, if appropriate.

## **Appendix G**

### **Preventive Maintenance Schedule**

Preventive maintenance will be done per the manufacturer's recommendation as follows:

Every 6 Months or 5,000 to 10,000 miles:

- Oil and filter change

Service at 20,000 miles:

- Replace cabin air filter
- Inspect engine cooling system level, strength, and hoses.
- Inspect exhaust system and heat shields.
- Inspect engine air filter, service as required.
- Inspect front axle and U-joints. Lubricate if equipped with grease fittings.
- Change oil and filter.
- Inspect steering linkage, ball joints, suspension, tie-rod ends, driveshaft, and U-joints. Lubricate if equipped with grease fittings.
- Inspect the automatic transmission fluid level.
- Inspect the wheels and related components for abnormal noise, wear, looseness or drag.
- Inspect brake pads, shoes, rotors, drums, brake linings, hoses, and parking brake.
- Perform multi-point inspection.

Service at 40,000 miles:

- Torque rear axle U-bolts to specification.
- Inspect engine cooling system level, strength, and hoses.
- Inspect exhaust system and heat shields.
- Inspect engine air filter, service as required.
- Inspect front axle and U-joints. Lubricate if equipped with grease fittings.
- Change oil and filter.
- Inspect steering linkage, ball joints, suspension, tie-rod ends, driveshaft, and U-joints. Lubricate if equipped with grease fittings.
- Inspect the automatic transmission fluid level.
- Inspect the wheels and related components for abnormal noise, wear, looseness or drag.
- Inspect brake pads, shoes, rotors, drums, brake linings, hoses, and parking brake.
- Perform multi-point inspection.



**Appendix H**  
**Pre-post Driver Inspection Report**

# Driver Pre-Trip/Post-Trip Inspection Checklist

Vehicle (Make/Model/Year):	Odometer Reading:
Trailer #:	
Inspection Date:	Time:
<i>Check any item that needs attention. Provide details under comments sections.</i>	

<b>Tires</b>		
OK	Needs Attention	
<input type="checkbox"/>	<input type="checkbox"/>	Proper inflation
<input type="checkbox"/>	<input type="checkbox"/>	Adequate tread
<input type="checkbox"/>	<input type="checkbox"/>	Spare inflated
<b>Leaks (look underneath)</b>		
OK	Needs Attention	
<input type="checkbox"/>	<input type="checkbox"/>	Oil
<input type="checkbox"/>	<input type="checkbox"/>	Fuel tanks
<b>Gauges</b>		
OK	Needs Attention	
<input type="checkbox"/>	<input type="checkbox"/>	Fuel
<input type="checkbox"/>	<input type="checkbox"/>	Temperature
<input type="checkbox"/>	<input type="checkbox"/>	Dashboard warning light
<b>Lighting System</b>		
OK	Needs Attention	
<input type="checkbox"/>	<input type="checkbox"/>	Headlights
<input type="checkbox"/>	<input type="checkbox"/>	Brake lights
<input type="checkbox"/>	<input type="checkbox"/>	Turn signals
<input type="checkbox"/>	<input type="checkbox"/>	Hazard lights
<input type="checkbox"/>	<input type="checkbox"/>	Reflectors
<b>Safety Equipment</b>		
OK	Needs Attention	
<input type="checkbox"/>	<input type="checkbox"/>	Fire extinguisher
<input type="checkbox"/>	<input type="checkbox"/>	Reflective triangles/flares
<input type="checkbox"/>	<input type="checkbox"/>	Spare bulbs/fuses
<input type="checkbox"/>	<input type="checkbox"/>	Emergency contact info
<input type="checkbox"/>	<input type="checkbox"/>	Cell phone/two-way radio

<b>Trailers</b>		
OK	Needs Attention	
<input type="checkbox"/>	<input type="checkbox"/>	Brake connections
<input type="checkbox"/>	<input type="checkbox"/>	Coupling chains
<input type="checkbox"/>	<input type="checkbox"/>	Coupling king pin
<input type="checkbox"/>	<input type="checkbox"/>	Doors
<input type="checkbox"/>	<input type="checkbox"/>	Landing gear
<input type="checkbox"/>	<input type="checkbox"/>	Tires/wheels
<b>Other Equipment</b>		
OK	Needs Attention	
<input type="checkbox"/>	<input type="checkbox"/>	Windshield wipers
<input type="checkbox"/>	<input type="checkbox"/>	Fans and defroster
<input type="checkbox"/>	<input type="checkbox"/>	Brake system
<input type="checkbox"/>	<input type="checkbox"/>	Mirrors
<input type="checkbox"/>	<input type="checkbox"/>	Horn
<input type="checkbox"/>	<input type="checkbox"/>	Exhaust system
<input type="checkbox"/>	<input type="checkbox"/>	Seat belts
<input type="checkbox"/>	<input type="checkbox"/>	IFTA stickers
<input type="checkbox"/>	<input type="checkbox"/>	NY HUT stickers
<input type="checkbox"/>	<input type="checkbox"/>	License plate(s)
<input type="checkbox"/>	<input type="checkbox"/>	State inspection (PA only)
<input type="checkbox"/>	<input type="checkbox"/>	Truck #
<input type="checkbox"/>	<input type="checkbox"/>	DOT/MC #s
<b>Comments</b>		

- ☐ Condition of vehicle is acceptable
- ☐ Defects noted above have been repaired
- ☐ Defects noted above need not be repaired for safe operation of vehicle

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **Appendix I**

## **Accident Report Form**

STATE OF NEW MEXICO  
UNIFORM CRASH REPORT  
XXXXXXXXXXXXXX

REPORTING DEPARTMENT															Case Number: #																								
<input type="checkbox"/> On Pvt Property <input type="checkbox"/> FATAL <b>PROPERTY DAMAGE ONLY</b> <input type="checkbox"/> UNDER \$500 <input type="checkbox"/> Hit-and-Run School Bus Directly Involved <input type="checkbox"/> Secondary Crash <input type="checkbox"/> INJURY <input type="checkbox"/> \$500 OR MORE <input type="checkbox"/> School Bus Indirectly Involved <input type="checkbox"/> Commercial Vehicle Involved															Agency Code:    CAD Num: #																								
CRASH DATE (MM/DD/YYYY)					MILITARY TIME					CITY OCCURRED IN										COUNTY																			
Sun <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/>					OCCURRED ON: (Route No. or Name, Address)										AT INTERSECTION WITH:																								
OTHER LOCATION					<input type="checkbox"/> FEET <input type="checkbox"/> MILES    N <input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> S <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> E <input type="checkbox"/> W					MILEPOST - PERMANENT LANDMARK - COUNTY LINE - INTERSECTION										LAT:    LONG:																			
CRASH OCCURRED <input type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway <input type="checkbox"/> Non-Trafficway <input type="checkbox"/> Work Zone-Construction <input type="checkbox"/> Work Zone-Maintenance <input type="checkbox"/> Work Zone-Utility					TRIBAL LAND? <input type="checkbox"/> Yes <input type="checkbox"/> No FIRST HARMFUL EVENT (FHE) <input type="checkbox"/> Collision w/Motor Vehicle <input type="checkbox"/> Collision w/Person <input type="checkbox"/> Collision w/Animal <input type="checkbox"/> Collision w/Fixed Object <input type="checkbox"/> Non-Collision <input type="checkbox"/> Collision w/Other Non-Fixed Object Other (Specify in Narrative)					ANALYSIS CODE:										LOCATION OF FHE:																			
Vehicle No. 1    Number of Occupants:															VEHICLE NO. HEADED 1    MV Unit Type					N <input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> S <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> E <input type="checkbox"/> W					On:    Left Scene of Crash <input type="checkbox"/> Yes <input type="checkbox"/> No    Posted Speed    Safe Speed														
															Driver's Full Name (Last, First, Middle)										Address														
															Driver's License Number					State    Type <input type="checkbox"/> CDL    Status    Restrictions    Endorsements    Expires    Interlock <input type="checkbox"/> City/State					ZIP Code    Phone														
															Date of Birth - MM/DD/YYYY					Occupation					Incident Responder					Seat Pos.    Age    Sex (M/F)    Race    Injury Code    OP Code    OP Used Property    Airbag Deploy    Ejected    EMS #    Med Trans									
															Seat Pos.					Occupant's Name (Last, First, Middle)										Occupant's Address (City, State, ZIP)									
															Vehicle Yr.					Vehicle Make    Model    Color    Body Style    Cargo Body Type    Vehicle Use (1)    Vehicle Use (2)    Vehicle Use (3)					Towed? <input type="checkbox"/> Yes <input type="checkbox"/> No    Towed due to disabling damage? <input type="checkbox"/> Yes <input type="checkbox"/> No					Damage Severity <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Slight <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> All Areas <input type="checkbox"/> Property <input type="checkbox"/> Fire Extent <input type="checkbox"/> Disabled <input type="checkbox"/> Functional <input type="checkbox"/> Minor <input type="checkbox"/> None									
															License Yr.					State    License Plate Number    VIN					USDOT#    State #    Carrier Type Code    Towed By    Towed To Number of Axles    Vehicle Weight Rating/Gross Combination Weight Rating <input type="checkbox"/> 10,000 lbs. or less <input type="checkbox"/> 10,001 lbs. to 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs.    HazMat Placard (cargo only) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A    HazMat Placard 4 digit #    OR    Hazmat Name    AND    1 digit #    Hazmat Released? (Cargo only) <input type="checkbox"/> Yes <input type="checkbox"/> No														
															Carrier's Name										Carrier's Address (Street/PO Box, City, State)										Carrier's ZIP				
															Owner's Name					Owner's Company Name					Owner's Address (Street/PO Box, City, State)					Owner's ZIP    Owner's Telephone									
															Insured By: (Name of Company)					Policy Number					Trailer or Towed Vehicles (1)    Type    Year    Make    License Yr.    License State    License Number					Trailer or Towed Vehicles (2)    Type    Year    Make    License Yr.    License State    License Number									
Vehicle No. 2    Number of Occupants:															VEHICLE NO. HEADED 2    MV Unit Type					N <input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> S <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> E <input type="checkbox"/> W					On:    Left Scene of Crash <input type="checkbox"/> Yes <input type="checkbox"/> No    Posted Speed    Safe Speed														
															Driver's Full Name (Last, First, Middle)										Address														
															Driver's License Number					State    Type <input type="checkbox"/> CDL    Status    Restrictions    Endorsements    Expires    Interlock <input type="checkbox"/> City/State					ZIP Code    Phone														
															Date of Birth - MM/DD/YYYY					Occupation					Incident Responder					Seat Pos.    Age    Sex (M/F)    Race    Injury Code    OP Code    OP Used Property    Airbag Deploy    Ejected    EMS #    Med Trans									
															Seat Pos.					Occupant's Name (Last, First, Middle)										Occupant's Address (City, State, ZIP)									
															Vehicle Yr.					Vehicle Make    Model    Color    Body Style    Cargo Body Type    Vehicle Use (1)    Vehicle Use (2)    Vehicle Use (3)					Towed? <input type="checkbox"/> Yes <input type="checkbox"/> No    Towed due to disabling damage? <input type="checkbox"/> Yes <input type="checkbox"/> No					Damage Severity <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Slight <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> All Areas <input type="checkbox"/> Property <input type="checkbox"/> Fire Extent <input type="checkbox"/> Disabled <input type="checkbox"/> Functional <input type="checkbox"/> Minor <input type="checkbox"/> None									
															License Yr.					State    License Plate Number    VIN					USDOT#    State #    Carrier Type Code    Towed By    Towed To Number of Axles    Vehicle Weight Rating/Gross Combination Weight Rating <input type="checkbox"/> 10,000 lbs. or less <input type="checkbox"/> 10,001 lbs. to 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs.    HazMat Placard (cargo only) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A    HazMat Placard 4 digit #    OR    Hazmat Name    AND    1 digit #    Hazmat Released? (Cargo only) <input type="checkbox"/> Yes <input type="checkbox"/> No														
															Carrier's Name										Carrier's Address (Street/PO Box, City, State)										Carrier's ZIP				
															Owner's Name					Owner's Company Name					Owner's Address (Street/PO Box, City, State)					Owner's ZIP    Owner's Telephone									
															Insured By: (Name of Company)					Policy Number					Trailer or Towed Vehicles (1)    Type    Year    Make    License Yr.    License State    License Number					Trailer or Towed Vehicles (2)    Type    Year    Make    License Yr.    License State    License Number									

**STATE OF NEW MEXICO UNIFORM CRASH REPORT**  
**NM Statute 66-7-209**

SHEET 1  
OF 3 SHEETS



ROAD - WEATHER		LIGHTING (Check 1)	WEATHER (Check up to 2)	ROAD COND (Check 1 for each)	ROAD SURFACE (Check 1 for each)	TRAFFIC CONTROL (Check 1 for each)	ROAD CHARACTER (Check 1 for each)	RELATION TO JUNCTION	Work Zone Information							
		<input type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark - Lighted <input type="checkbox"/> Dark - Not Lighted <input type="checkbox"/> Dark - Unknown Lighting <input type="checkbox"/> Other <input type="checkbox"/> Unknown or Not Reported	<input type="checkbox"/> Clear <input type="checkbox"/> Blowing Sand, Soil, Dirt <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog, Smog, Smoke <input type="checkbox"/> Raining <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Sleet or Hail <input type="checkbox"/> Snowing <input type="checkbox"/> Freezing Rain or Freezing Drizzle <input type="checkbox"/> Wind <input type="checkbox"/> Other (Specify in narrative)	V1 <input type="checkbox"/> V2 <input type="checkbox"/> <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Loose <input type="checkbox"/> Material <input type="checkbox"/> Oil <input type="checkbox"/> Standing or Moving Water <input type="checkbox"/> Other	V1 <input type="checkbox"/> V2 <input type="checkbox"/> <input type="checkbox"/> Lane Markers <input type="checkbox"/> Paved Unstripped <input type="checkbox"/> Paved Center Stripe <input type="checkbox"/> Paved Center & Edgeline <input type="checkbox"/> Unpaved	V1 <input type="checkbox"/> V2 <input type="checkbox"/> <input type="checkbox"/> No-Passing Zone <input type="checkbox"/> Stop Sign <input type="checkbox"/> Traffic Signals <input type="checkbox"/> Yield Sign <input type="checkbox"/> R.R. Xing Device (sign, signal, gate, etc.) <input type="checkbox"/> All Way Stop <input type="checkbox"/> Flashers <input type="checkbox"/> No Controls <input type="checkbox"/> School Zone Sign/Device <input type="checkbox"/> Other (Specify in narrative) <input type="checkbox"/> Inoperative/ Missing	V1 <input type="checkbox"/> V2 <input type="checkbox"/> <input type="checkbox"/> Straight <input type="checkbox"/> Curve Left <input type="checkbox"/> Curve Right GRADE (Check 1 for each) V1 <input type="checkbox"/> V2 <input type="checkbox"/> <input type="checkbox"/> Level <input type="checkbox"/> Hillcrest <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill <input type="checkbox"/> Dip Intersection Type (Check 1) <input type="checkbox"/> Not an Intersection <input type="checkbox"/> Five-Point or More <input type="checkbox"/> Four-Way <input type="checkbox"/> Roundabout <input type="checkbox"/> Traffic Circle <input type="checkbox"/> T Int <input type="checkbox"/> Y Int <input type="checkbox"/> L Int	<input type="checkbox"/> Non-Junction <input type="checkbox"/> Acceleration/Deceleration Lane <input type="checkbox"/> Crossover <input type="checkbox"/> Crossover Related <input type="checkbox"/> Driveway <input type="checkbox"/> Driveway Access Related <input type="checkbox"/> Entrance/Exit Ramp <input type="checkbox"/> Entrance/Exit Ramp Related <input type="checkbox"/> Intersection <input type="checkbox"/> Intersection Related <input type="checkbox"/> Railway Grade Crossing <input type="checkbox"/> Shared-Use Path or Trail <input type="checkbox"/> Through Roadway	Location: Type of Work Zone: Workers Present: Law Enforcement Present: ROAD DESIGN (Check 1 for each per section) V1 <input type="checkbox"/> V2 <input type="checkbox"/> <input type="checkbox"/> 1 Lane <input type="checkbox"/> 2 Lanes <input type="checkbox"/> 3 Lanes <input type="checkbox"/> 4 + Lanes <input type="checkbox"/> Undivided <input type="checkbox"/> Physical Divider <input type="checkbox"/> Painted Divider (>4ft) <input type="checkbox"/> Physical Barrier <input type="checkbox"/> No Shoulder							
EVENT		APPARENT CONTRIBUTING FACTORS (Check 1 or more for each)				DRIVERS' ACTIONS (Check 1 or more for each)		SEQUENCE OF EVENTS (See event codes)								
		V1 <input type="checkbox"/> V2 <input type="checkbox"/> <b>DRIVER</b> Avoid no contact - other Avoid no contact - vehicle Cell phone Disregarded traffic signal Driver distracted by texting Driver distracted by talking on cell phone Driver distracted by talking on hand free device Driver distracted by passenger Driver distracted by other activity Driver Inattention Drove left of center Excessive Speed Failed to yield - Emrgy Veh(s) Failed to yield - Police Veh(s) Failed to yield right-of-way Following too closely High speed pursuit Improper backing	V1 <input type="checkbox"/> V2 <input type="checkbox"/> Improper lane change Improper overtaking Made improper turn No driver error Other improper driving Passed stop sign Pedestrian error Speed too fast for conditions Under influence of alcohol Under influence of drugs or medication	V1 <input type="checkbox"/> V2 <input type="checkbox"/> <b>ENVIRONMENT</b> Animal(s) in roadway Low visibility due to glare Low visibility due to smoke Other visual obstruction(s) Weather conditions <b>MOTOR VEHICLE</b> Coupling device (hitch, chains) Defective Steering	V1 <input type="checkbox"/> V2 <input type="checkbox"/> Defective Tires Exhaust System Inadequate brakes Lights (head, signal, tail) Mirrors Other mech. Defect Suspension Wheels Windows/Windshield Wipers <b>ROADWAY</b> Backup - prior crash Backup - prior incident Debris Obstruction in road Road defect Road surface conditions Traffic Congestion Traffic control not functioning	V1 <input type="checkbox"/> V2 <input type="checkbox"/> <input type="checkbox"/> Going Straight <input type="checkbox"/> Overtaking/Passing <input type="checkbox"/> Right Turn <input type="checkbox"/> Left Turn <input type="checkbox"/> U Turn <input type="checkbox"/> Slowing <input type="checkbox"/> Backing <input type="checkbox"/> Negotiating a Curve <input type="checkbox"/> Changing Lanes <input type="checkbox"/> Leaving Traffic Lane <input type="checkbox"/> Entering Traffic Lane <input type="checkbox"/> Parked <input type="checkbox"/> Stopped in Traffic <input type="checkbox"/> Other (Specify in narrative)	V1 <input type="checkbox"/> V2 <input type="checkbox"/> <input type="checkbox"/> Stopped for traffic <input type="checkbox"/> Stopped for sign/signal <input type="checkbox"/> Start in traffic lane <input type="checkbox"/> Start from park <input type="checkbox"/> Operated MV in Rackless or Aggressive Manner <input type="checkbox"/> Over-correcting/Over-steering <input type="checkbox"/> Ran Red Light <input type="checkbox"/> Wrong Way	FIRST EVENT SECOND EVENT THIRD EVENT FOURTH EVENT MHE								
DRIVER		DRIVER/PED/PEDALCYCLIST SOBRIETY (Check 1 or more for each)		DRIVER/PED/PEDALCYCLIST PHYSICAL COND. (Mark 1 or more for each)		PEDESTRIAN/PEDALCYCLIST ACTION										
		D1 <input type="checkbox"/> D2 <input type="checkbox"/> <input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> Consumed a Controlled Substance <input type="checkbox"/> Had Not Consumed Alcohol <input type="checkbox"/> Sobriety Unknown <input type="checkbox"/> Consumed Medication <input type="checkbox"/> Tested by Instrument for: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both <input type="checkbox"/> Breath Test Administered _____ gms/210 L _____ gms/210L <input type="checkbox"/> Blood Test Administered <input type="checkbox"/> Standard Field Sobriety Test Administered <input type="checkbox"/> Refused Test <input type="checkbox"/> Test not Given <input type="checkbox"/> Suspected Drug Use	D1 <input type="checkbox"/> D2 <input type="checkbox"/> <input type="checkbox"/> Fatigue-Asleep <input type="checkbox"/> Eyesight Imp. <input type="checkbox"/> Hearing Imp. <input type="checkbox"/> Illness <input type="checkbox"/> Fainted <input type="checkbox"/> *Other *Specify in narrative	D1 <input type="checkbox"/> D2 <input type="checkbox"/> <input type="checkbox"/> Under the influence of Medication/Drugs/Alcohol <input type="checkbox"/> Amputee <input type="checkbox"/> No App. Defects <input type="checkbox"/> *Other Physical Impairment <input type="checkbox"/> Emotional (depressed, angry, disturbed, etc.) <input type="checkbox"/> Unknown	PEDESTRIAN/PEDALCYCLIST <input type="checkbox"/> At Intersection <input type="checkbox"/> Not at Intersection ACTIONS PRIOR TO CRASH Crossing Roadway Moving Against Traffic Moving With Traffic Walking to Cross Roadway Walking/Cycling on Sidewalk In Roadway - Other Adjacent to Roadway (shoulder, median) Working in Trafficway (Incident Response) ACTIONS AT TIME OF CRASH No Improper Action Daru/Dash Failure to yield right-of-way Failure to Obey Traffic Signs, Signals From behind obstruction In roadway improperly (standing, lying, working, playing) Pushing or working on vehicle Entering/Exiting Parked/Standing Vehicle Not Visible (dark clothing, no lighting, etc.) Improper Turn/Merge Improper Passing Wrong-way Riding or Walking											
ADDITIONAL OCCUPANTS		Occupant's Name (Last, First, Middle)		Occupant's Address (City, State, ZIP)		Seat Pos.	Age	Sex (M/F)	Race	Injury Code	OP Code	OP Used Properly	Airbag Deploy	Ejected	EMS #	Med Trans
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER PROPERTY INVOLVED		Property Type	Description of Property and Damage													
		Owner's Name	Owner's Address				Owner's ZIP Code		Owner's Telephone							
WITNESSES		NAME		AGE	ADDRESS		TELEPHONE									
ENFORCEMENT ACTION		VEH. NO.	NAME		VIOLATION (COMMON NAME)		ACTION (Check one)									
							<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending <input type="checkbox"/> Warning <input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending <input type="checkbox"/> Warning <input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending <input type="checkbox"/> Warning									
Time Notified		Time Arrived		Time Roadway Cleared		Time Incident Cleared		Notified By		Supervisor at Scene		Checked By				
Officer's Signature				Printed Officer's Name				Rank		ID No.		District		Date of Report		
Crash Report Number		XXXXXXXXXXXX		STATE OF NEW MEXICO UNIFORM CRASH REPORT										SHEET 2		
Case Number		#		NM Statute 66-7-209										OF 3 SHEETS		

# DIAGRAM/NARRATIVE

Use Additional Sheets As Necessary

		CRASH REPORT NUMBER: XXXXXXXXXXXX	CASE NUMBER: #	DIAGRAM DRAWING BY:	MEASUREMENTS TAKEN BY:
Crash Report Number	XXXXXXXXXXXX	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM Statute 66-7-209		SHEET 3	
Case Number	#			OF 3 SHEETS	



US STATE CODES				FOREIGN STATE CODES				DRIVER INFORMATION			
				MEXICO (MX)		CANADA (CD)		LICENSE TYPE		RESTRICTIONS	
AL	ALABAMA	MO	MISSOURI	AG	Aguascalientes	AB	Alberta	A	CDL (Commercial Drivers License)	B	Corrective Lenses
AK	ALASKA	MT	MONTANA	BC	Baja California	BC	British Columbia	B	CDL	C	Mechanical Aids
AZ	ARIZONA	NE	NEBRASKA	BN	Baja California Norte	MB	Manitoba	C	CDL	D	Prosthetic Aids
AR	ARKANSAS	NV	NEVADA	BS	Baja California Sur	NB	New Brunswick	D	Operators (old class 5)	E	Automatic Transmission - CMV
CA	CALIFORNIA	NH	NEW HAMPSHIRE	CM	Campeche	NL	Newfoundland and Labrador	E	CDL (Non-Commercial)	F	Outside Mirrors
CO	COLORADO	NJ	NEW JERSEY	CS	Chiapas	NT	Northwest Territories	I	ID Card	G	Limit to Daylight Only
CT	CONNECTICUT	NM	NEW MEXICO	CH	Chihuahua	NS	Nova Scotia	M	Motorcycle Only	H	Limit to Employment
DC	DISTRICT OF COLUMBIA	NY	NEW YORK	CO	Coahuila	NU	Nunavut	X	Not Licensed	I	Limit Local Area Only
DE	DELAWARE	NC	NORTH CAROLINA	CL	Colima	ON	Ontario			J	Automatic Trans Only - Non-CMV
FL	FLORIDA	ND	NORTH DAKOTA	DF	Ciudad de Mexico (Distrito Federal)	PE	Prince Edward Island			K	CDL - Intrastate Only
GA	GEORGIA	OH	OHIO	DG	Durango	QC	Quebec			L	Vehicles Without Air Brakes
HI	HAWAII	OK	OKLAHOMA	MX	Estado de Mexico	SK	Saskatchewan			M	Except Class A Bus
ID	IDAHO	OR	OREGON	GT	Guerrero	YT	Yukon			N	Except Tractor Trailer
IL	ILLINOIS	PA	PENNSYLVANIA	HG	Hidalgo					O	Ignition Interlock
IN	INDIANA	RI	RHODE ISLAND	JA	Jalisco					S	Gov't Vehicle Only & as a Gov't Emp
IA	IOWA	SC	SOUTH CAROLINA	MI	Michoacan					T	Bus Only (Class B or C)
KS	KANSAS	SD	SOUTH DAKOTA	MO	Morelos					W	Instructional / Learner Permit
KY	KENTUCKY	TN	TENNESSEE	NA	Nayarit					X	Medical (6 Month Permit)
LA	LOUISIANA	TX	TEXAS	NL	Nuevo Leon					Y	Yearly Renewal
ME	MAINE	UT	UTAH	OA	Oaxaca						
MD	MARYLAND	VT	VERMONT	PU	Puebla						
MA	MASSACHUSETTS	WA	WASHINGTON	QT	Queretaro						
MI	MICHIGAN	WV	WEST VIRGINIA	QR	Quintana Roo						
MN	MINNESOTA	WI	WISCONSIN	SL	San Luis Potosi						
MS	MISSISSIPPI	WY	WYOMING	SI	Sinaloa						
				SO	Sonora						
				TB	Tabasco						
				TM	Tamaulipas						
				TL	Tlaxcala						
				VE	Veracruz						
				YU	Yucatan						
				ZA	Zacatecas						

VEHICLE INFORMATION											
VEHICLE MAKE											
ACUR	Acura	DODG	Dodge	IVEC	Iveco Trucks	MERZ	Mercedes-Benz	RENA	Renault		
ALFA	Alfa Romeo	EGIL	Eagle	JAGU	Jaguar	MG	MG	ROL	Rolls-Royce		
AMER	AMC	FERR	Ferrari	JEEP	Jeep	MIT	Mitsubishi	SAA	Saab		
AUDI	Audi	FIAT	Fiat	JONW	Jonway	MNI	Mini	SCAN	Scania		
BENT	Bentley	FORD	Ford	KAWK	Kawasaki	MOGU	Moto Guzzi (Italy)	SMRT	Smart		
BLUI	Bluebird	FRHT	Freightliner Corp.	KIA	Kia Motors Corp.	NAVI	Navistar	STLG	Sterling		
BMW	BMW	FWD	FWD Corp.	KTM	KTM	NEOP	Neoplan USA Corp	STRN	Saturn		
BSA	BSA	GMC	General Motors	KW	Kenworth Motor Truck Co.	NFLY	New Flyer	SUBA	Subaru		
BUIC	Buick	GRUM	Grumman Olson	LAMO	Lamborghini	NISS	Nissan	SUZI	Suzuki		
CADI	Cadillac	HD	Harley-Davidson	LEXS	Lexus	NORT	Norton (England)	THOM	Thomas & Co.		
CAT	Caterpillar	HINO	Hino	LINC	Lincoln	OLDS	Oldsmobile	TOYT	Toyota		
CHEC	Checker	HMDE	Home Made Trailer	LNCI	Lancia	OPEL	Opel	TRIU	Triumph		
CHEV	Chevrolet	HOND	Honda	LNDR	Land Rover	OSHK	Oshkosh Motor Truck Co.	UN	Other or Unknown		
CHRY	Chrysler	HUMM	Hummer	LOTU	Lotus	PEUG	Peugeot	VCTY	Victory Motorcycle		
CITR	Citroen	HYUN	Hyundai	MACK	Mack Trucks, Inc.	PLYM	Plymouth	VESP	Vespa		
CYCL	Unknown Motorcycle	INDI	Indian Motorcycle	MASE	Maserati	POLS	Polaris	VOLK	Volkswagen		
DAEW	Daewoo	INFI	Infiniti	MAZD	Mazda	PONT	Pontiac	VOLV	Volvo		
DATS	Datsun	INTL	International	MCIN	MCI	PORS	Porsche	WHGM	White GMC		
DEER	John Deere	ISU	Isuzu	MERC	Mercury	PTRB	Peterbilt Motors Co.	WSTR	Western Star		
DIAR	Diamond Reo	ITAS	Itasca Motor Homes	MERK	Merkur			YAMA	Yamaha		

COLOR				BODY STYLE				VEHICLE USE 1				TRAILER/TOWED VEHICLE TYPE			
AME	Amethyst (purple)			Passenger Vehicles:				AM	Ambulance			AC	Auto Carrier		
BGE	Beige			AV	All Terrain Vehicle			CB	Church Bus			BT	Boat		
BLK	Black			LT	Light Truck w/Trailer (GCWR > 10,000 Lbs.)			CM	Construction/ Maintenance			CL	Cable Reel		
BLU	Blue			MC	Motorcycle			CT	Charter/Tour bus			CT	Camping		
BRO	Brown			MP	Moped/Scooter			FR	Fire			DC	Dolly Converter		
BRZ	Bronze			OT	Other Passenger Vehicle			IR	Incident Response			FR	Fire truck		
CAM	Camouflage			PC	Passenger Vehicle			IB	Intercity Bus			FT	Flat-bed or platform		
COM	Chrome			PK	Pickup			FV	Farm vehicle/equipment			GA	Gondola		
COM	Stainless Steel			SV	Sport Utility Vehicle			MI	Military			GN	Grain		
CPR	Copper			VN	Van or mini-van			NS	No Special Function			HE	Horse		
CRM	Cream			Trucks and Buses:				NT	Non-Transport Emergency Services Vehicle			HO	Hopper		
CRM	Ivory			BU	Bus			OB	Other Bus			HS	House trailer (mobile home)		
DBL	Blue, Dark			HE	Heavy Equipment			OS	Other Special Use			IW	Single wheel		
DGR	Green, Dark			T2	Single Unit Truck (2-axle and GVWR more than 10,000 lbs)			PO	Postal Vehicle			LB	Lowbed or lowboy		
GLD	Gold			T3	Single Unit Truck (3 or more axles)			PV	Police			LP	Logging, pipe or pole		
GRN	Green			TU	Truck/trailer			SB	School Bus			LS	Livestock		
GRY	Gray			TB	Truck tractor (bobtail)			SH	Shuttle Bus			RF	Refrigerated van		
LAV	Lavender (purple)			TH	Other heavy truck			TX	Taxi			SE	Semi		
LBL	Blue, Light			TD	Tractor/semi-trailer			LM	Limo			SR	Service		
LGR	Green, Light			TO	Other Light Truck (10,000 lbs GVWR or less)			TB	Transit/Commuter Bus			ST	Stack or rack		
MAR	Burgundy (purple)			TX	Tractor/triple			VA	Van Not for Personal Use			TE	Tent trailer		
MAR	Maroon			MH	Motor Home							TM	Truck mount camper		
MUL/	Multicolored			MO	Motorcoach							TN	Tanker		
COL				MT	Medium/Heavy Truck (more than 10,000 lbs GVWR)							TV	Towed vehicle		
MVE	Mauve (purple)			UH	Unknown heavy truck > 10,000 lbs. Cannot classify							UT	Utility		
ONG	Orange			VC	Cargo Van (10,000 lbs GVWR or less)							VN	Van		
PLE	Purple			Non-Motorist:								OTHR	Other		
				RR	Train										
				SM	Snowmobile										

CARGO BODY TYPE				VEHICLE USE 2				VEHICLE USE 3				SEQUENCE OF EVENTS/MHE			
AT	Auto Transporter			C	Commercial or Business Use			EE	Emergency Operations						
B1	Bus/Van (9-15 seats, incl. driver)			G	Government Use				Emergency Warning Equipment in Use						
B2	Bus/Van (16+ seats, incl. driver)			P	Personal Use			EX	Emergency Operations						
CT	Cargo tank			R	Rental Truck > 10,000 lbs. Personal use only				Emergency Warning Equipment Not in Use						
CM	Concrete Mixer			U	Unknown			NN	Non-Emergency, Non-Transport						
DT	Dump							NT	Non-Emergency Transport						
FB	Flat bed														
GG	Garbage/refuse														
HT	Hopper (grain, gravel, chips)														
IC	Intermodal Chassis														
LT	Log Truck														
NA	No Cargo Body/Not Applicable														
OT	Other														
PL	Pole														
VN	Van/enclosed box														
VT	Vehicle towing other vehicle														

EVENTS INVOLVING COLLISION WITH				NON-COLLISION EVENTS			
ANIM	Animal			CLS	Cargo Loss or Shift		
BIKE	Pedalcycle			CMC	Cross Median/Centerline		
FO	Fixed Object (Define in narrative)			DR	Downhill Runaway		
MVT	Motor Vehicle in Transport			EF	Equipment Failure		
OM	Other Moveable Object			EX	Explosion or Fire		
ONM	Other non-motorist			FJ	Fell/Jumped from MV		
OTC	Other (describe in narrative)			IM	Immersion, full/partial		
PED	Pedestrian			JK	Jackknife		
PMV	Parked Motor Vehicle			OCNC	Other (describe in narrative)		
RR	Train			OR	Overturn/Rollover		
UN	Unknown Movable Object			ROR	Ran Off Road		
WZ	Work Zone Const. or Maintenance Equipment			SU	Separation of Units		
				TFO	Thrown or Falling Object		

**STATE OF NEW MEXICO UNIFORM CRASH REPORT  
CODE SHEET**



FIRST HARMFUL EVENT AND ANALYSIS			
COLLISION W/ANIMAL		COLLISION W/FIXED OBJECT	
8210 Antelope 8215 Bear 8220 Bird - Buzzard (turkey, vulture, etc.) 8225 Bird - Eagle, Hawk, Owl 8230 Bird - Other 8235 Cattle/Cow 8240 Cougar 8245 Deer 8250 Elk 8255 Horse 8260 Sheep/Goat 8265 Small Domestic Animal (cat, dog, etc.) 8270 Small Game Animal (badger, bobcat, coyote, fox, raccoon, skunk, etc.) 8290 Other Large Domestic Animal (pig, etc.) 8295 Other Large Game Animal (Barbary sheep, ibex, javelina, oryx, etc.) 8297 Other Animal (type unknown)		8604 Bridge Overhead Structure 8608 Bridge Pier or Support 8612 Bridge Rail 8616 Cattle Guard 8620 Culvert 8624 Curb 8628 Ditch 8632 Embankment 8636 Fence 8640 Fire Hydrant 8644 Guardrail End 8648 Guardrail Face 8652 Impact Attenuator/Crash Cushion 8656 Mailbox 8660 Median 8664 Traffic Barrier, Cable 8668 Traffic Barrier, Concrete 8672 Traffic Barrier, Other 8676 Traffic Sign Support 8680 Traffic Signal Support 8682 Tree (standing) 8684 Utility Box 8686 Utility Pole/Light Support 8688 Wall or Building 8690 Other Post, Pole or Support 8693 Other Vegetation 8695 Other Fixed Object 8699 Unknown	
COLLISION W/OTHER NON-FIXED OBJECT		NON-COLLISION	
8410 Railway Vehicle (train, engine) 8415 Struck by Falling, Shifting Cargo or Anything Set in Motion by MV 8420 Work Zone / Maintenance Equipment 8425 Other Non-fixed Object (rock, tire, trash, fallen tree, branch, etc.)		8510 Cargo/Equipment Loss or Shift 8515 Fell/Jumped from MV 8520 Fire/Explosion 8525 Immersion, Full or Partial 8530 Jackknife 8535 Overturn/Rollover 8540 Thrown or Falling Object 8590 Other Non-Collision	
COLLISION W/PERSON		COLLISION W/MOTOR VEHICLE	
8110 Pedalcycle 8115 Pedestrian 8190 Other Non-motorist (wheelchair, skateboard, scooter, Segway, etc.)		8310 Parked MV 8315 MV in Transport	
MANNER OF IMPACT			
10 Front-to-Side (ex. T-bone, Angle) 15 Front-to-Front (ex. Head-on) 20 Front-to-Rear 25 Rear-to-Rear 30 Rear-to-Side 35 Sideswipe 40 Other 90 Unknown			
MANNER OF CRASH			
50 From Same Direction 60 From Opposite Direction 70 Intersecting Path (T-bone)			
LOCATION OF FHE			
1 On Roadway 2 On Shoulder 3 On Median 4 On Roadside-Right 5 On Roadside-Left 6 Outside Trafficway 7 Off Roadway-Location Unknown 8 In Parking Lane/Zone 9 Gore 10 Separator 11 Continuous Left-Turn Lane			
OCCUPANT INFORMATION			
OCCUPANT SEAT POSITION		RACE	OCCUPANT PROTECTION
LF Left Front CF Center Front RF Right Front LR Left Rear CR Center Rear RR Right Rear LT Left Third Seat CT Center Third Seat RT Right Third Seat FL Left Fourth Seat FC Center Fourth Seat FR Right Fourth Seat MP Motorcycle Passenger PP Pedalcyclist Passenger BA Baby in Arms BP Bus Passengers	CM Camper or Truck EX Riding on Motor Vehicle Exterior FV Fell from Vehicle JP Jumped from Vehicle LS Lap Sitter MH Motor Home SS Semi Sleeper TB Truck Bed TD On Towed Device TO Trailer Occupants VR Rear of Van OT All Others UN Unknown Seat Position NA Not Applicable	A Asian B Black C Caucasian - Non-Hispanic H Hispanic I American Indian O Other	0 Not Stated 1 Restraints - Not Installed 2 Restraints Installed but Not Used 3 Lap Belt - Used 5 Shoulder Harness - Used 6 Belt and Harness Used 10 Restraint Used, Type Unknown 8A Rear-facing Seat Used 8B Forward Facing Seat Used w/Harness 8C Booster Seat Used 8D Child Restraint Not Used 8E Child Restraint Used, Type Unknown 9 Helmet Used 9A Helmet Not Used NA Not Applicable <b>Non-motorist Safety Equipment</b> NP No Protection PR Protective/Reflective Gear (Specify in narrative) OT Other (Specify in narrative)
DRIVER SEAT POSITION		INJURY	AIRBAG DEPLOYMENT
LF Left Front RF Right Front CF Center Front MD Motorcycle Driver	PD Pedestrian PC Pedalcyclist PO Pedestrian Other UN Unknown Seat Position NA Not Applicable	K Killed A Suspected Serious Injury - Severe laceration resulting in exposure of underlying tissues/muscle/organs or resulting in significant loss of blood - Broken or distorted extremity (arm or leg) - Crush injuries - Suspected skull, chest or abdominal injury other than bruises or minor lacerations - Significant burns (second and third degree burns over 10% or more of the body) - Unconsciousness when taken from the crash scene - Paralysis B Minor Injury C Complaint of Injury - but not visible O No Apparent Injury	F Deployed - front of person S Deployed - side of person B Deployed - front and side or other combination C Deployed Curtain O Other Deployment N Not Deployed NA Not Applicable
OTHER CODES			
CARRIER TYPE	MEDICAL TRANSPORT	STATE OF NEW MEXICO UNIFORM CRASH REPORT	
0 Intrastate 1 Interstate 2 Not in Commerce - Other 3 Not in Commerce - Government	NT Not Transported EA EMS Air EG EMS Ground LE Law Enforcement OT Other UK Unknown	CODE SHEET	



## **Appendix J**

### **Life Circle New Mexico Van Passenger Code of Conduct**

**These rules are in place for the safety and awareness of all passengers that use Life Circles' transportation service.**

1. Drinking of non-alcoholic beverages or eating is prohibited, except drinking from a container with a lid attached designed to prevent spillage.
2. Drinking alcoholic beverages, or possessing an open container of the same, is strictly prohibited.
3. Extending anything out windows or doors of the moving van is strictly prohibited.
4. Passengers must remain seated with seat belts fastened at all times when the van is in motion.
5. Smoking is strictly prohibited while in the vehicle and within fifteen feet of the vehicle while it is stopped to receive or unload passengers.
6. Littering is prohibited at stops and aboard the vehicle.
7. Use of sound producing equipment without headphones, such as; iPods, radios, beepers and mobile phones, is prohibited.
8. Interfering with the provision of safe transportation services is prohibited.
9. Loud, unruly behavior and unwelcome physical or verbal contact with other passengers are prohibited.

10. Defacing, destroying, or vandalizing transit property is prohibited.

11. Failure to follow directions from the bus driver may lead to disqualification of privilege(s) to ride for the day.

12. Bringing onto transit property odors which unreasonably disturb others or interfere with their use of the transit system -- whether odors arise from one's person, clothes, articles, accompanying service animal or any other source -- is prohibited and you will be asked to vacate the bus or transit facility.

13. Passengers are expected to be ready for boarding the van within five minutes of their expected boarding time.

**Thank you for your cooperation!**