



# **Data-Entry and Forms Reference Manual**

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**WisDOT**



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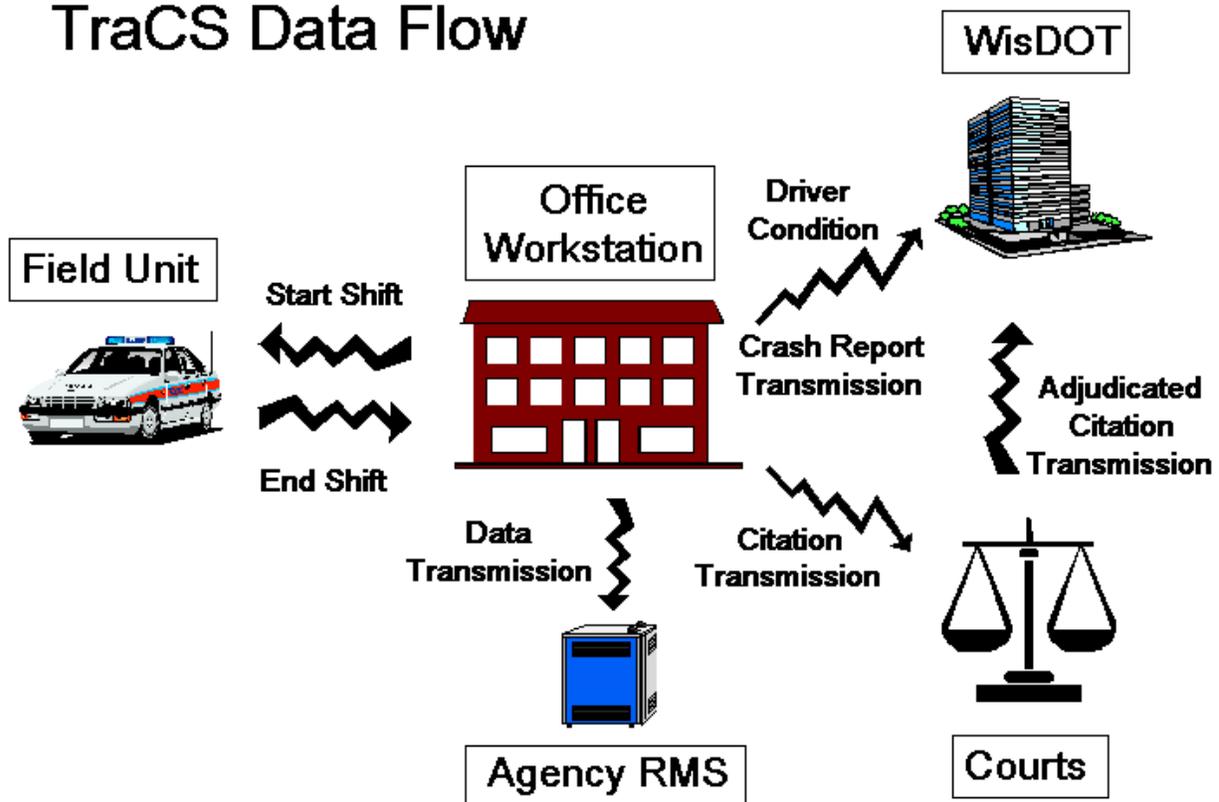
## Overview

### ***Electronic Accident Data Collection and Reporting with TraCS***

Electronic data collection generally begins in the field. Data is entered into the TraCS system on the mobile data computer. Alternatively, an office desktop computer may function as the field unit for agencies that don't have mobile data computers.

Completed reports are checked for errors (validated), printed at the squad (if desired), and transmitted to the local agency office copy of the TraCS database. At the office, reports can be reviewed and returned to the field unit if corrections are needed. If no corrections are needed, the TraCS data is then extracted and transmitted. Accident and driver condition reports are transmitted to the Wisconsin Department of Transportation (WisDOT) and citations are transmitted to the courts.

## TraCS Data Flow



## Key concepts in TraCS

The key elements of the TraCS software are as follows:

Contacts  
Forms  
Groups  
Collections

**Contacts** are the primary components of TraCS. Before you can create and enter data into a **Form**, you must create or open a Contact.

Within a Contact, officers open Forms. Forms are used to collect data pertaining to a particular incident. For example, if an officer were at the scene of an accident, he/she would open an accident report form in order to enter the appropriate data. A Contact can be assigned an unlimited number of Forms. If citations were issued in connection with the accident, citation forms would be opened as well within the same contact.

Forms contain sets of fields called **Groups**. All forms are composed of one or more Groups that organize related information. For example, all information concerning the driver of a vehicle in an accident is placed in a Group, while location information regarding the accident is placed in a different Group. Groups that occur one time in a form are known as Non-Recurring Groups, and Groups that can occur more than one time in a Form are known as Recurring Groups.

Some Groups contain **Collections** of Common Information. TraCS organizes Common Information into the following four categories, which are called Collections:

- Individuals (for example, name, address, phone number, etc.)
- Vehicles (for example, make, model, license plate number, VIN, etc.)
- Commercial Carriers (for example, carrier name, carrier address, DOT #, etc.)
- Location (for example, location description, latitude, longitude, etc.)

Once common information is entered into a TraCS Contact, it can be used in multiple forms.

## **Differences between paper and electronic forms**

### **Form layout**

The layouts of the TraCS forms are significantly different from the paper forms. They contain all the data fields on the paper forms plus, in some cases, a few additional data fields.

### **Document Number**

TraCS automatically generates document numbers for all forms. You cannot change the number. This is very important so that duplicate document numbers do not occur for different reports.

Unlike the document number on the paper MV4000 that consists of seven numbers, the TraCS accident document numbers contain numbers and letters.

### **Help Screens**

TraCS has built-in help screens that can be accessed for a data field by pressing the <F2> key. Help is available for each of the forms in the suite.

The Help button on the toolbar brings up information about the TraCS software, in general.

### **Validations**

The forms contain numerous validation rules that check data integrity and completeness as well as enable or disable data fields based on the value entered in another field.

### **Ability to import data from other sources**

TraCS allows the import of operator and vehicle information from external data sources such as a mobile data browser or by using a 2D barcode scanner. Your agency may or may not be set up to use these features.

### **Pre-filled data fields based on user default files**

Some data fields such as your agency name, address and phone number can be automatically populated into the report from your user file.

### **Data sharing among forms**

If multiple forms are opened within a contact (e.g. accident plus citations), once data is entered in one of the forms, it can be brought into other forms without re-keying.

# Using TraCS

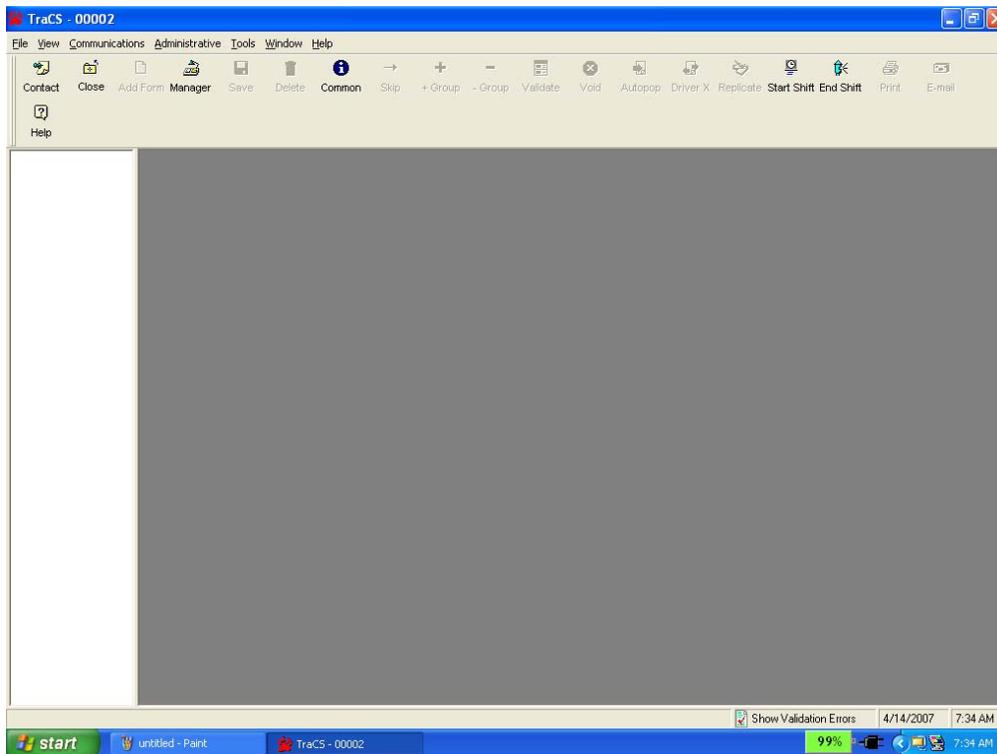
## Logon to TraCS



Start TraCS by double-clicking on the TraCS icon. The following screen should appear:

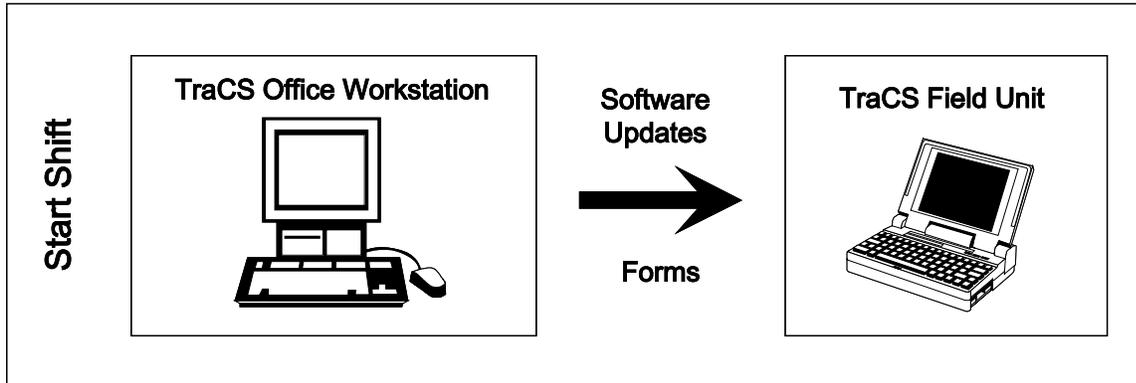


Select your user name from the drop-down list.  
Hit [Enter].  
Key your password.  
Hit [Enter] or click *OK*.  
Your screen should now look like this:

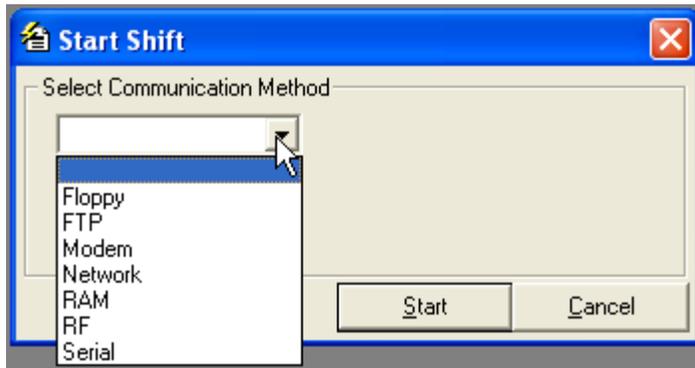


It contains a Menu Bar across the top and a Toolbar with only some of the buttons enabled.

## Start Shift

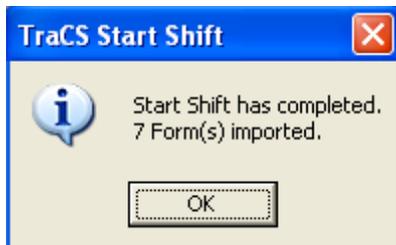


At the beginning of your shift, your agency may direct you to first do a Start Shift by clicking on the *Start Shift* button on the toolbar. The Start Shift function allows the office to return forms (reports) to you for further action or to send you software updates. Once you've clicked the *Start Shift* button on the toolbar, click on the arrow in the *Select Communication Method* window. The screen will look something like this; however your agency will probably be set up to use only some of the methods of communication so the list will be shorter:



Select the proper communication method and click *Start*. Your agency will provide directions on which communication method(s) to use.

Once the Start Shift has run, you will see a screen like this:



In this case, the office sent some reports back to the officer. Click *OK*.

## Opening a contact and form

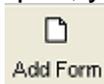


To start a report, open a contact by clicking on the *Contact* button on the toolbar, or by clicking *File* and then *New Contact* on the Menu Bar. The screen shown below will appear showing the available forms to choose from:



“Warning” is a warning citation. “ELCI” is the electronic uniform traffic citation. “NTC” is the non-traffic citation. “DNR” is the natural resources citation. “ALCHL” prepares the forms used in conjunction with an OWI arrest. “Influence” is the Alcohol/Drug influence report, eSP4005. “Deer Crash” is an abbreviated MV4000 that can be used to report single-unit, property damage only motor vehicle/deer or other non-domesticated animal crashes. “Crash” is the full MV4000 Police Report of Accident. “Amended Crash” is used to amend an MV4000 that has already been submitted to WisDOT. “Fatal Supplement” is the supplemental form (MV3480) that must be submitted to WisDOT for fatal accidents. “Driver Condition” is the Wisconsin Driver Condition or Behavior Report (MV3141). “Attachment” is a form that can be used to send non-TraCS form data files to the office (e.g. digital photos, Word files, etc.). “CNUM” is a form used by TraCS administrators for managing ELCI citation number allocations.

Open the appropriate form by either highlighting it and hitting [Enter] or double-clicking on the form. Once the first form is open, you can open additional forms one at a time by

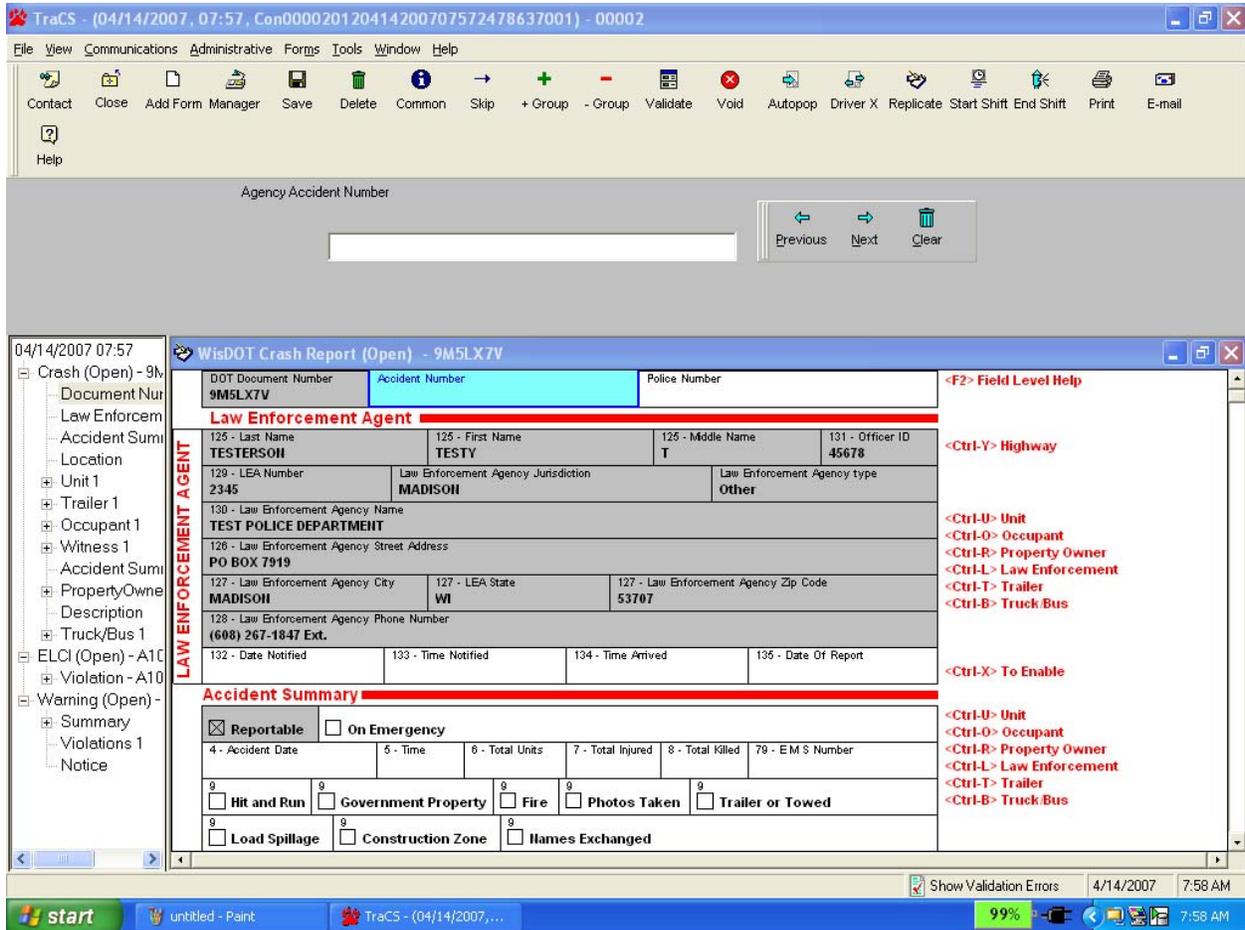


either clicking the *Add Form* button on the toolbar and selecting the appropriate form, or by clicking *File* on the Menu Bar and then *Add Form*. Only one Crash or Deer Crash form should be opened for a single Contact (but not both). You could have an Amended Crash form with either of these in the same Contact plus a Fatal Supplement. Multiple ELCI, NTC, DNR, Warning, ALCHL, Influence, Driver Condition or Attachment forms can be opened within the Contact.

It is recommended that all forms, which may be needed in this contact, be opened right away. Some data fields on one form require data from another form. I.e. Crash Document Number to the ELCI form. However, care should be taken on opening ELCI forms since they cannot be deleted. Once they are opened they must be either issued or voided.

# Basic Layout of a Form in Badger TraCS

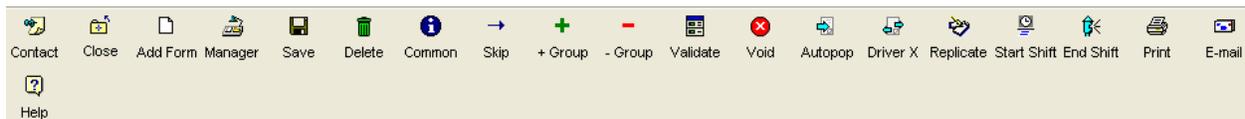
Once a form is opened (in this case a crash form, ELCI and Warning were all opened), the screen looks like this:



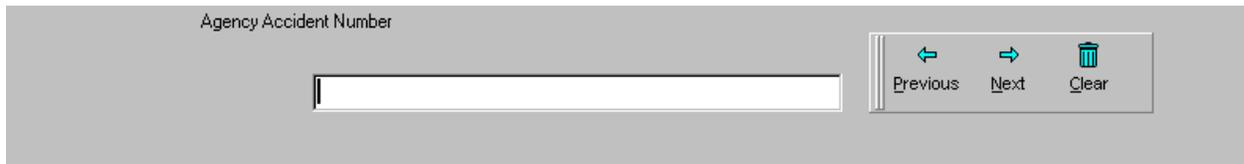
There is a **Menu Bar** across the top of the screen.



Below the Menu Bar is the **Toolbar**. You will see that all of the buttons on the toolbar are now enabled.

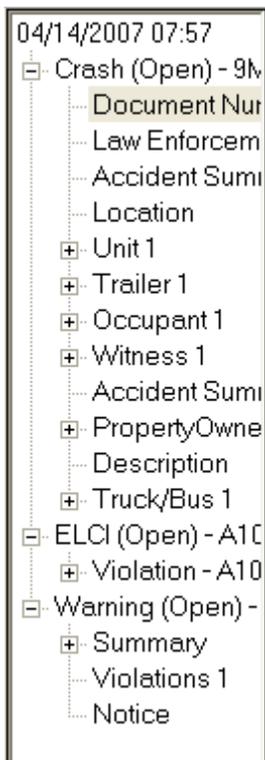


Below the toolbar is the **Databar**.



The screenshot shows a software interface element labeled "Agency Accident Number". It consists of a long, empty text input field. To the right of the input field is a toolbar containing three buttons: "Previous" (with a left-pointing arrow), "Next" (with a right-pointing arrow), and "Clear" (with a trash can icon).

This is where you will enter all the data on the form. There is a description of the field you're entering above the data entry window. To the right of the data entry window are buttons that can perform actions in that field. You can either click these buttons or use the key pad alternative which is [Alt + the underlined letter on the button] (e.g. Previous would be [Alt + P].) You may use the <ENTER> key to move to the next field.



There is a **Navigation Tree** on the lower left-hand side of the form.

It shows the Groups on the forms and all forms that are currently open in the Contact. The Group that you're currently entering data in is highlighted. You can use the Navigation Tree to move around the form by clicking on the Group that you want to go to.

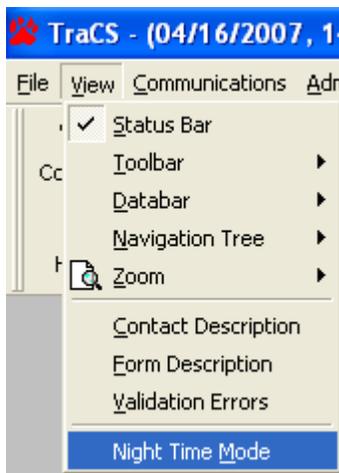
The middle of the lower part of the screen shows the portion of the form into which you're currently keying data. The data field that corresponds to the data bar where you're entering data is highlighted. Fields that are "grayed out" are disabled and not available for data entry unless further actions are taken.

“Hot Key” references are shown along the lower, right-hand portion of the screen. Hot keys are keystroke combinations that can be used to navigate around the form or to enable data fields that are currently disabled. For example, [Ctrl + R] takes you to the beginning of the Property Owner group on the Crash form.

- <Ctrl-U> Unit
- <Ctrl-O> Occupant
- <Ctrl-R> Property Owner
- <Ctrl-L> Law Enforcement
- <Ctrl-T> Trailer
- <Ctrl-B> Truck/Bus

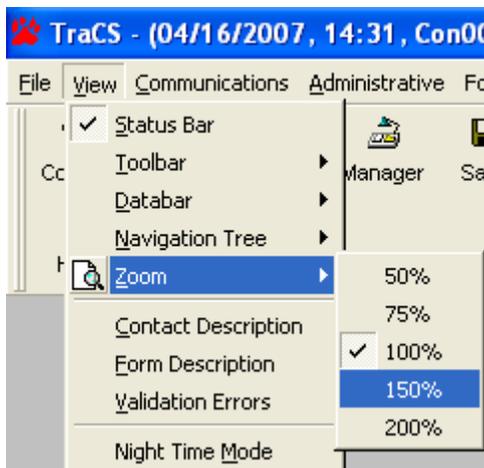
### **Night Time Mode**

TraCS has a night time mode that can be accessed by clicking *View-Night Time Mode* on the Menu Bar at the top of the form.



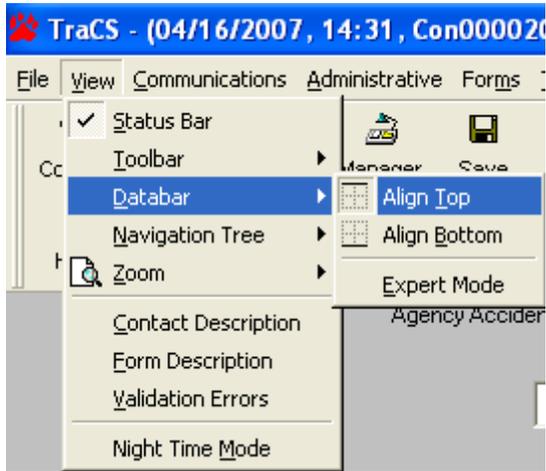
### **Changing the display size of the displayed form (Zoom)**

By default, the form is displayed at 100% of its size. The form can be displayed larger by zooming in up to 200% or smaller by shrinking it down to 50%. To increase the display of a form, select *View-Zoom* and then the percent on the Menu Bar at the top of the form.



## Customizing the databar

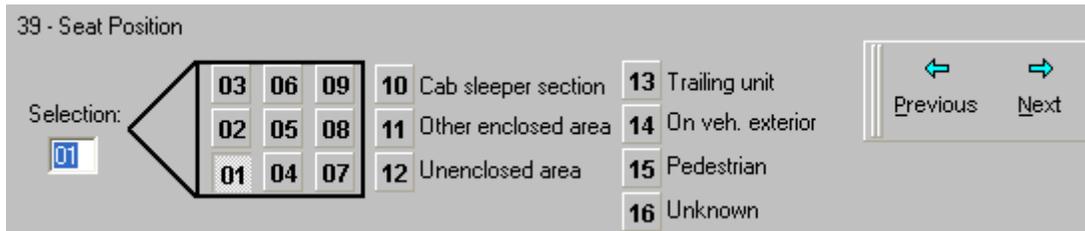
You can change the alignment of the databar and its display mode (standard or expert) by selecting View-Databar on the Menu bar at the top of the screen:



The databar normally displays at the top of the screen; however, it can be changed to align at the bottom of the screen by selecting *Align Bottom*.

When the Expert Mode line is not checked on the Menu tree, the databar displays in Standard mode. Expert mode decreases the size of the databar and converts information in graphical representations into list boxes when applicable. When the Expert Mode is turned **ON**, only one possible value will be displayed for each field. The down arrow button in the box can be selected to display the other possible values. To use Expert mode, select it from the menu tree. This puts a check mark in front of Expert mode on the menu tree. To change back to Standard mode, select it again which will remove the check mark.

Standard mode:



Expert mode:



## Moving around a TraCS form

There are a variety of ways to move around a TraCS form:

- **Enter** sequentially through the data fields.
- Use the **mouse** to scroll up or down the form and then click on the desired data field.
- Use the **Navigation Tree** to go to a different area of the form.
- **Page Up** or **Page Down** to go to the first data field of the previous Group (Page Up) or to the first field of the next Group (Page Down).
- Use **Hot Keys**

## Types of data fields

The data fields are set up for data entry in a variety of ways:

- **Text databar** – This type of data field is available for keystroke entry.



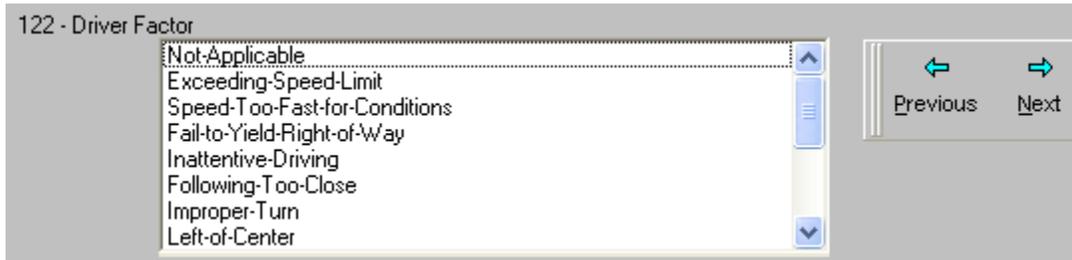
- **Single list databar** – A value is chosen from a list. Only one value may be chosen. You can choose the value by beginning to key the choice you want until it is highlighted and then hit **Enter** or scroll using the mouse or cursor, highlight the choice you want and hit **Enter**. If you start keying and accidentally go past the value you need, key the first letter of the value twice to go to that value on the list.



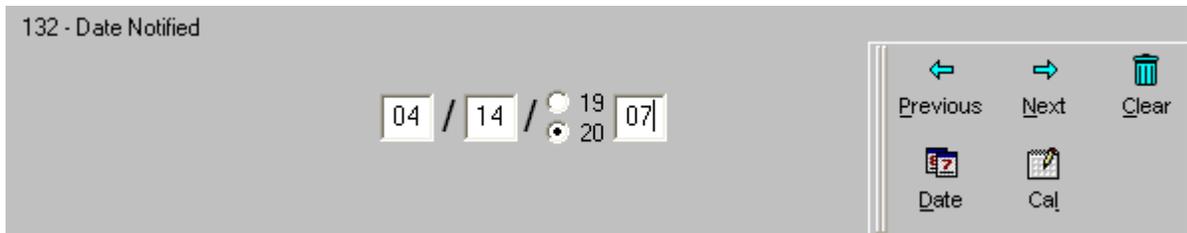
- **Single list other databar** – This is similar to the Single list databar except you can enter a value not shown on the list by keying Alt + O or clicking the Other button to the right of the databar and then key the value that you want.



- **Multi list databar** – This is similar to the single list databar except that multiple values may be chosen. Go to the value of your first choice by either keying or scrolling. Once it's highlighted, select it by hitting the **Spacebar**. Go to your next value by keying or scrolling, highlight it and hit the **Spacebar** to select it. Hit the **Spacebar** while over a highlighted choice to unselect that choice. Once all of the appropriate values have been selected, hit **Enter**.



- **Date databar** – Date databars are set up for a mm/dd/yyyy format. It is important to key two-digit months and days (e.g. 01 for January). A radio button is defaulted for the first two digits of the year but can be changed if it is not the correct value by clicking on the other button with the mouse or using the up or down cursor.



- **Linked text databar** – This type of databar displays data that is part of a Contact's Individual Common Information so that, if applicable, you can save time by selecting this existing information. However, this databar also enables you to enter new information.

If Individual Common Information has not yet been entered for the active Contact, the linked text databar displays in Edit/New Mode as shown below:



Type the desired data in the databar.

If Individual Common Information has already been entered for the active Contact, the linked text databar displays in List mode as seen below:

25 - Driver Last Name

*ZZZDOTIES ANTHONY L JR
*ZZZDOTIES ROBERT J

If the individual or vehicle that you want to enter is on the list, select them and hit [Enter]. If they are not on the list, key [Alt + E] or click on the *Edit/New* button and then key the data.

- **Button or key databar** – This type of databar has buttons that can be clicked to make the selection or the value can be keyed into the databar.

39 - Seat Position

Selection:

03	06	09
02	05	08
01	04	07

10	Cab sleeper section	13	Trailing unit
11	Other enclosed area	14	On veh. exterior
12	Unenclosed area	15	Pedestrian
16	Unknown		

- **Yes/No databars** – These databars accept a value of “Y” (Yes) or “N” (No) and generally appear as a box on the form that has an “X” in it if “Y” is keyed or the Yes button is clicked or is blank if “N” is keyed or the No button is clicked. If you don’t select Yes or No, a No value is automatically entered.

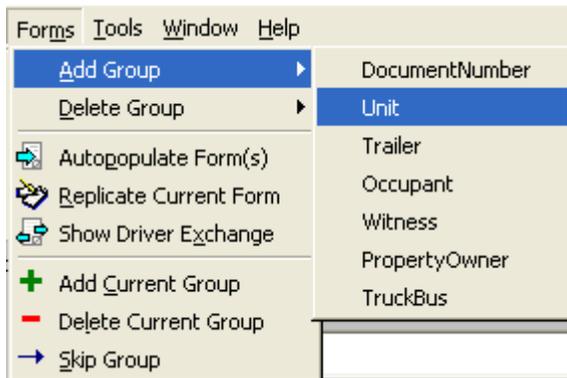
9 - Hit And Run

## Adding or Deleting Groups

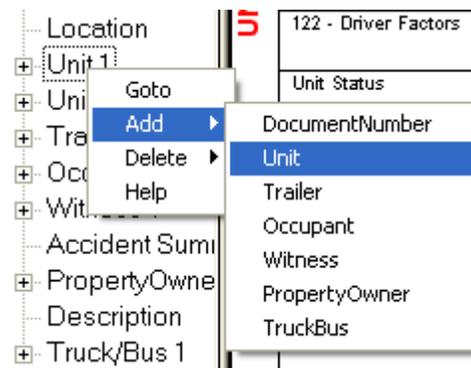
You can add or delete a group in a variety of ways. While you are in a data field in a group, you can add another group of the same type by keying [CTRL + "+"] or by clicking **Forms-Add Current Group** on the Menu Bar at the top of the screen. From anywhere on the form, you can click **Forms-Add Group** on the Menu Bar at the top of the screen and then select the type of group you want to add from the list. You can also right click on any of the groups on the Navigation Tree then select Add and then the group you want to add.

To delete a group, while you are in a data field of the group you want to delete, you can delete it by keying [CTRL + "-"] or clicking **Forms-Delete Current Group** on the Menu Bar at the top of the screen. (Note: It's very important to make sure that you're in the group you want to delete or else you will delete a group that you may not want to delete). From anywhere on the form, you can click **Forms-Delete Group** on the Menu Bar at the top of the screen and then select the group that you want to delete from the list. You can also right click on any of the groups on the Navigation Tree then select Delete and then the group you want to delete.

From the menu bar:



From the navigation tree:



## Pop Up Error Messages

There are some error messages that automatically pop up in some data fields if you enter an unacceptable value or do not enter anything in a data field. In some cases, you will need to correct the error before you can move on.



## Common Information Manager

The Common Information Manager contains the persons and vehicles involved in the Contact. This information can be used to populate fields on any of the forms contained in the Contact.

**Caution:** Great care must be taken with the use of Common Information! The forms themselves do not actually store the person and vehicle information, just a pointer to a common information entry. When you change, for example, a name or an address, the common information entry is updated and the change cascades across all forms in a contact saving you time. Usually this is a good thing, but there are certain situations where common information can work against you instead of for you.

Please be aware that when you change person or vehicle information in one form you could potentially change that information in all the forms in the contact including issued citations!

### **Replicate: Concerns and Cautions**

**\*\*EXTREMELY IMPORTANT\*\***

The replicate button may be used with the citation forms. It should only be used for issuing additional citations to the **same person** (or company) in the **same incident/contact**. The user should never replicate a citation and then change the defendant name to a different person (or company). If you do, the name field pointers on the original citation, and on any other forms, will be changed as well.

Unfortunately, the error will not be noticed until the citation is end-shifted into the Office Database. From the officer's perspective, the citation will VALIDATE, PRINT and switch to ISSUED status correctly. However, when the citation is end-shifted off the field unit and imported into the Office Database, the name field pointers will be broken, and the copy of the citation that gets TRANSMITTED to the court(s) will display defendant names that are incorrectly associated with specific citations numbers. As a result, the court (e.g. CCAP) receives the wrong defendant information.

To issue a citation to a separate defendant within the same Contact, you should add a form and use **autopopulate**, NOT replicate.

If you replicate a citation and then decide you don't need it, you should void the citation. You should never save it and then reuse it later for someone else.

Here are some ways to protect you from making unintended changes to issued forms:

- **Never choose a person or vehicle that's already in Common Information and edit it to be another person or vehicle.** For example, if a husband is driving a vehicle and his wife is the owner, do not choose the husband from the list in the Vehicle Owner section and then change the first name and middle initial. This will change the data for the husband on all the forms where they were entered, including issued citations.

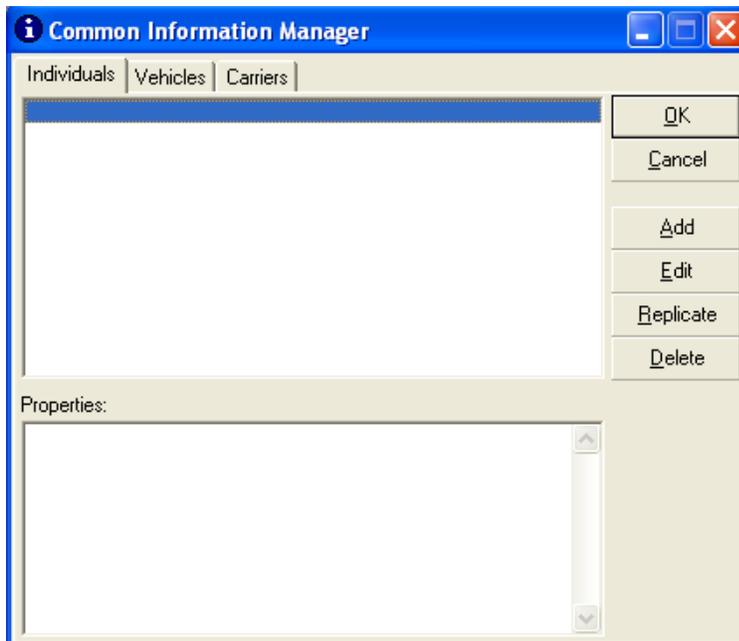
- **If you accidentally selected the wrong person or vehicle from the drop down list, simply go back and select the correct entry.** If the person or vehicle is not on the list, move up to the blank item at the top of list before pressing the edit button to add the new person or vehicle. **Remember, if you press edit, you are editing the person or vehicle you have selected on the list, not creating a new entry.**
- **Use replicate only to issue citations to the same individual.** If you are citing an additional person, use the add form button to add a new citation and then use the auto-populate button to bring in location information.
- **Open all forms associated with the contact when you are working on reports saved in the contact manager.** In other words, open up all the citations when you go back to finish up the crash report. This will allow TraCS to do a better job of protecting common information on issued citations.

### ***Populating the Common Information Manager***

The Common Information Manager can be populated in a variety of ways. Ways to populate include:

- Opening the Common Information Manager and keying the information in directly.
- Keying data into data fields on forms that are contained in the Common Information Manager.
- Using a Barcode reader to scan driver and registration information from 2D bar-coded licenses and registrations.
- Using the external search feature to query your Mobile Data Browser (MDB) and return the information. **This feature is only available if it has been implemented by your agency.**

When you click on the *Common Information* button  on the toolbar when you first open a Contact, you will see a screen like this:



You can add information to Common Information by first selecting the Individuals or Vehicles tab at the top of the window and then clicking the *Add* button or keying [ALT + A].

If you choose to **Add** an Individual, you will get a screen that looks like this where you can key in the data:

Once you have keyed the necessary information and click **OK**, the screen will look like this:

If you choose to **Add** a Vehicle, you will get a screen that looks like this where you can key in the data:

The screenshot shows a dialog box titled "Common Information Editor - Vehicle". It contains the following fields and values:

Vehicle - Year	Make	Other
1994	[dropdown]	[text]

Model	Style
TAUR	2 DR

Vehicle Type: [dropdown]

Plate/Registration #	State	Year
245ABC	WI - Wisconsin	2004

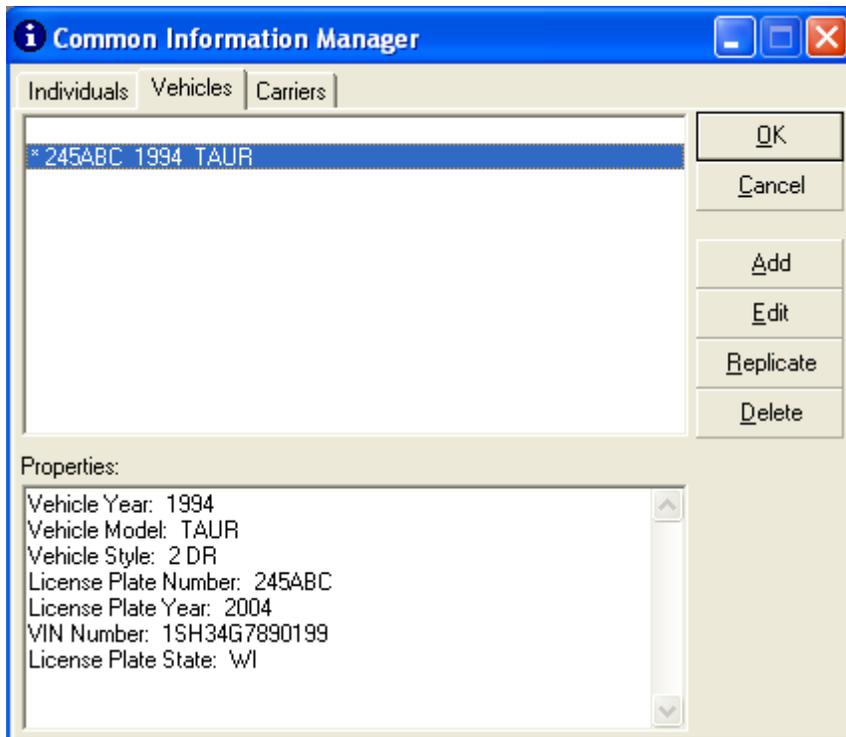
  

VIN Number: 15H34G7890199

Buttons: OK, Cancel

*Do not enter the Vehicle Type through Common Information because different forms use different vehicle types.*

Once you have keyed the necessary information and click **OK**, the screen will look like this:



Once the data is in Common Information, it can be brought into the appropriate data fields on the form by highlighting the appropriate Individual or Vehicle and then clicking OK. **Note** Carriers information is not used in Wisconsin's suite of forms.

### ***Autopopulating Forms***

Forms containing common data fields can be populated from one another. The



Autopop button when pressed will move data from fields containing data to the same fields on the other forms that do not contain data. Fields already containing data will not be overwritten. Some of the fields include County, Municipality, On Hwy, On Street, and others. Drivers, Owners, Witnesses, Passengers and Vehicles are stored in the Common Information Manager and are not filled in with the Autopop button.

## Validation

Once you have completed a form, you need to validate it by either pressing the <F5>

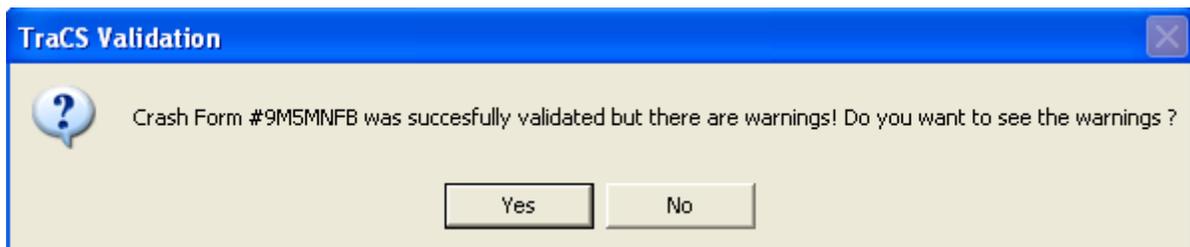
button on your keyboard or by clicking on the *Validate* button  on the toolbar. Validation checks your form against rules set up in the program. From the validation rules, you may see error messages that require you to correct them before the form can be successfully validated. Warning messages alert you to something that could be wrong but may also be correct. They give you an opportunity to review the data to be sure that it's correct.

If your form contains no errors or warnings, you will see a screen like this:

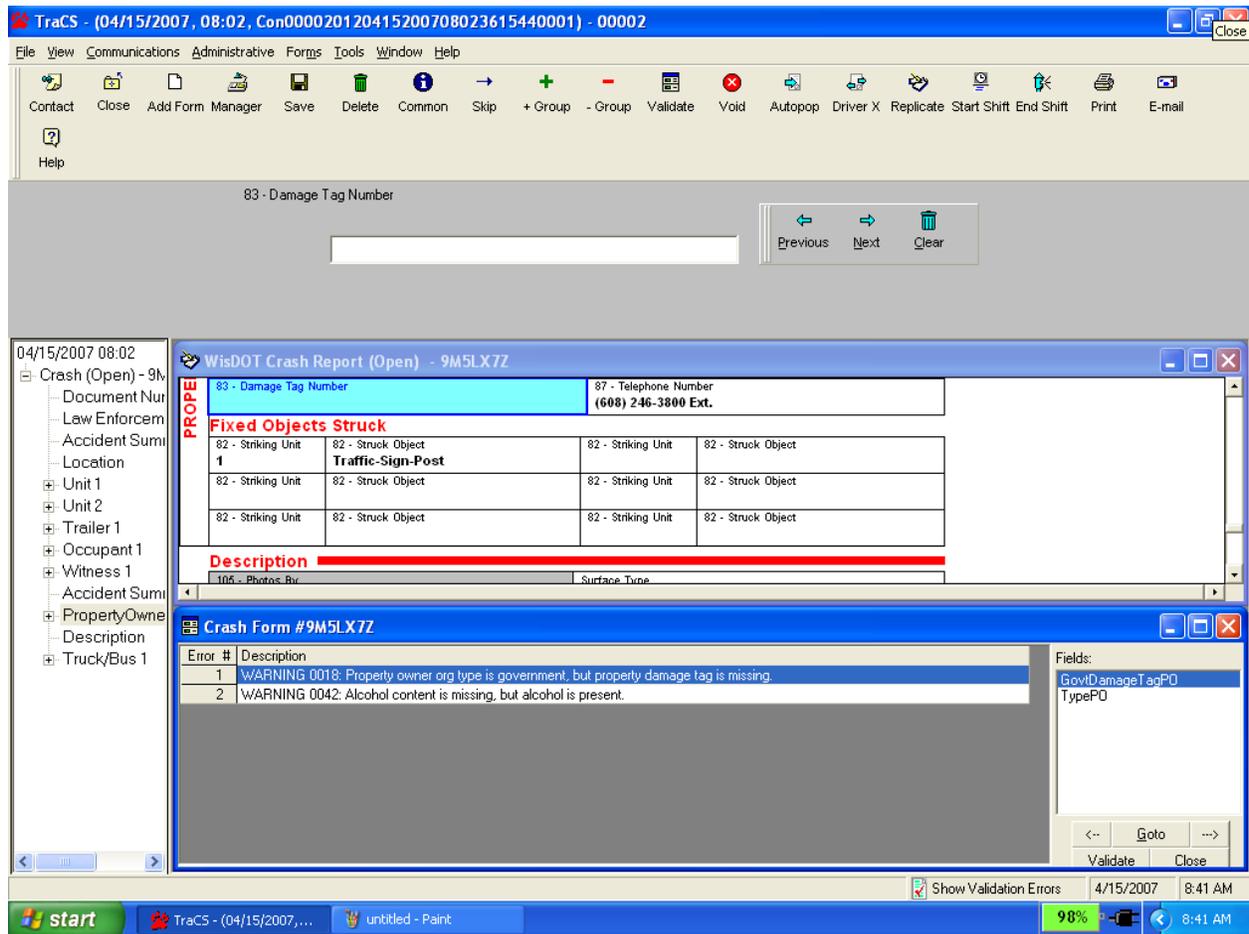


Just click *OK*. The form will now have a status of *Validated*.

If the form contains no errors but there are warnings, you will get a screen that looks like this:

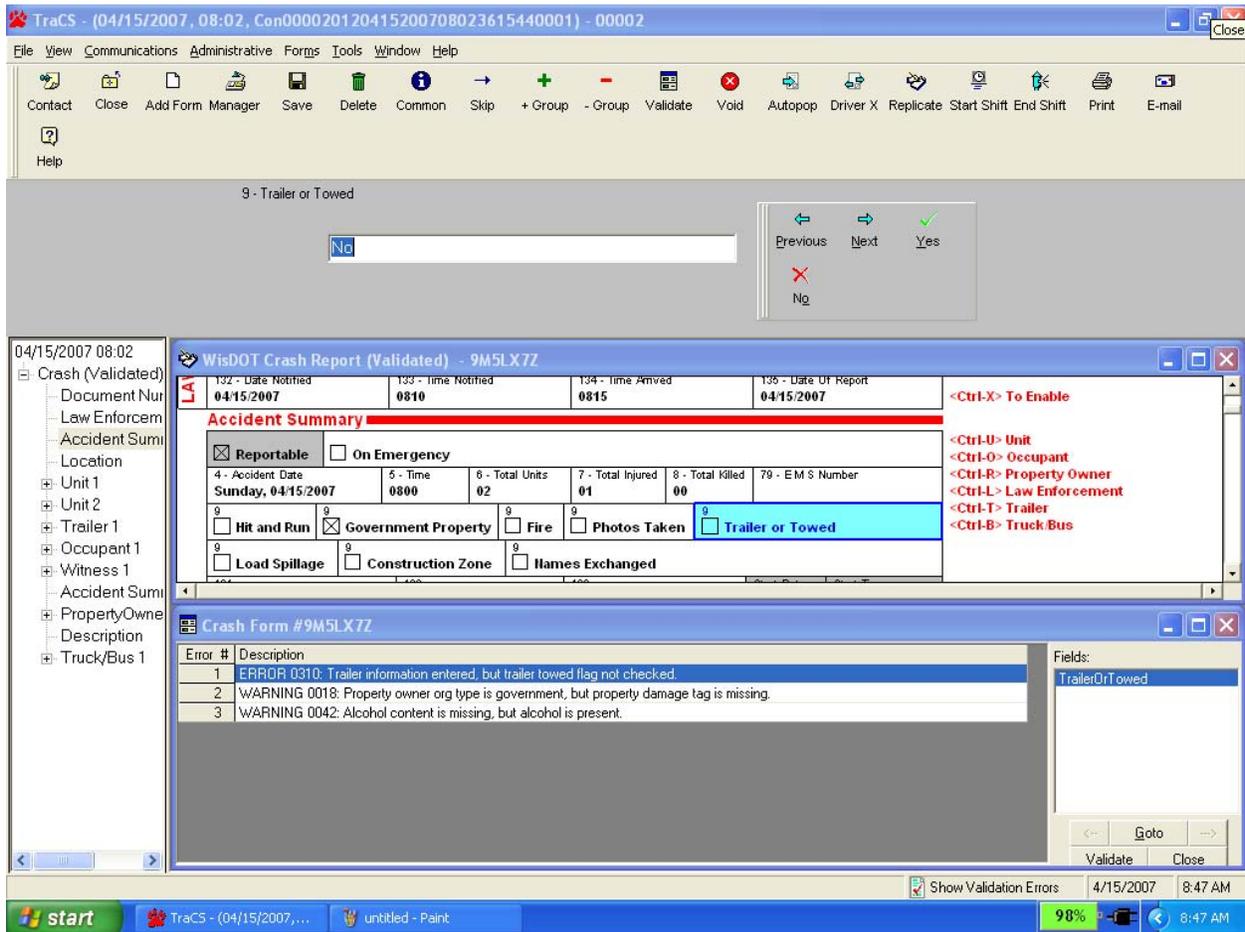


If you click Yes to view the warnings, you will get a screen that looks like this:



The bottom portion of the screen shows the warning(s) in a text description. The right-hand portion of this shows the data fields that may be causing the problem. TraCS automatically takes you to the first field associated with the first warning on the list. If this field is not causing the problem, click on the other field(s) shown on the list in the right-hand window and review the data there. In the case of a warning, if all fields associated with the warning appear to be correct, you can disregard the warning and move on. If you make a correction that addresses the warning, it will disappear from the list. If you have addressed all of the warnings and there are no errors, click on *Validate* again and this time when it asks you if you want to view the warnings click *No*. Your form will then have a status of Validated when you close it.

When you validate and have errors as well as warnings, you will get a screen that looks like this:

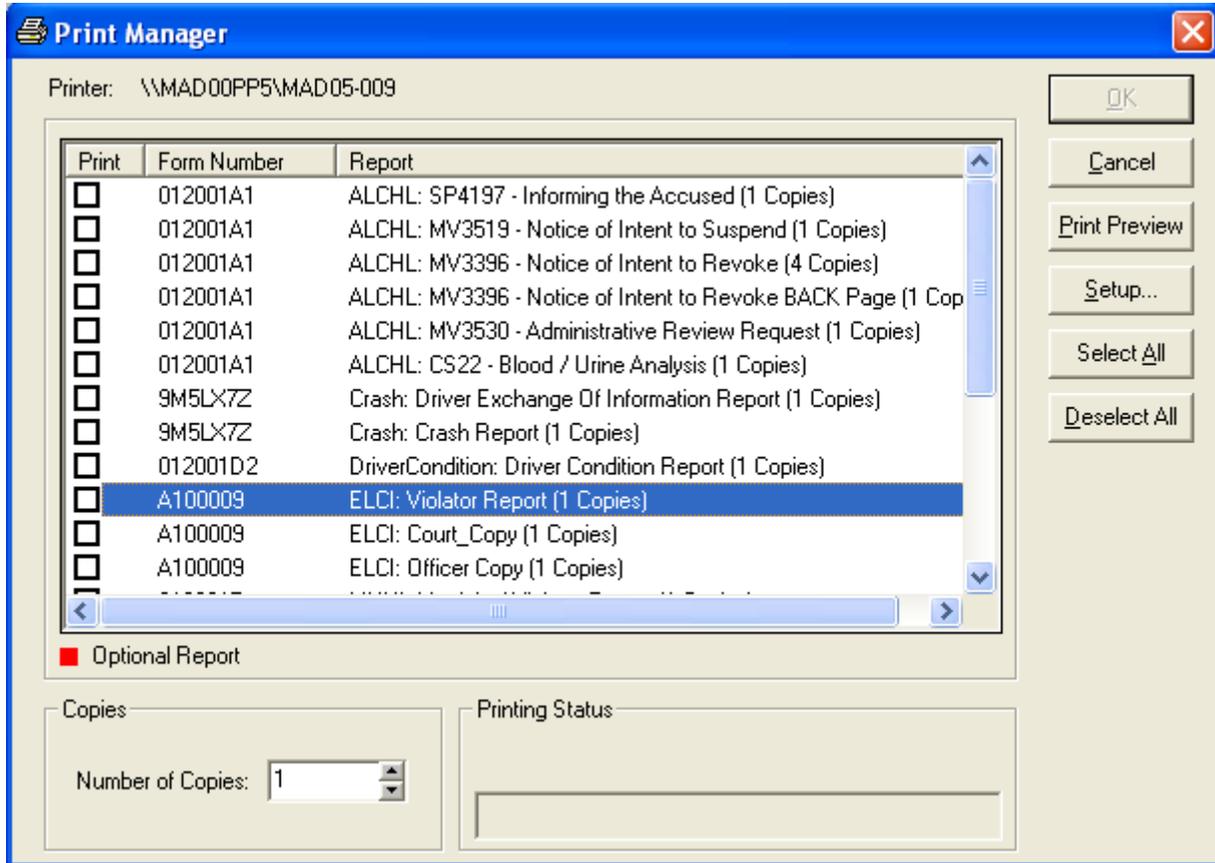


You address errors in the same manner that you address warnings as described above; however, you will not be able to validate the form until all of the errors are corrected.

## Printing



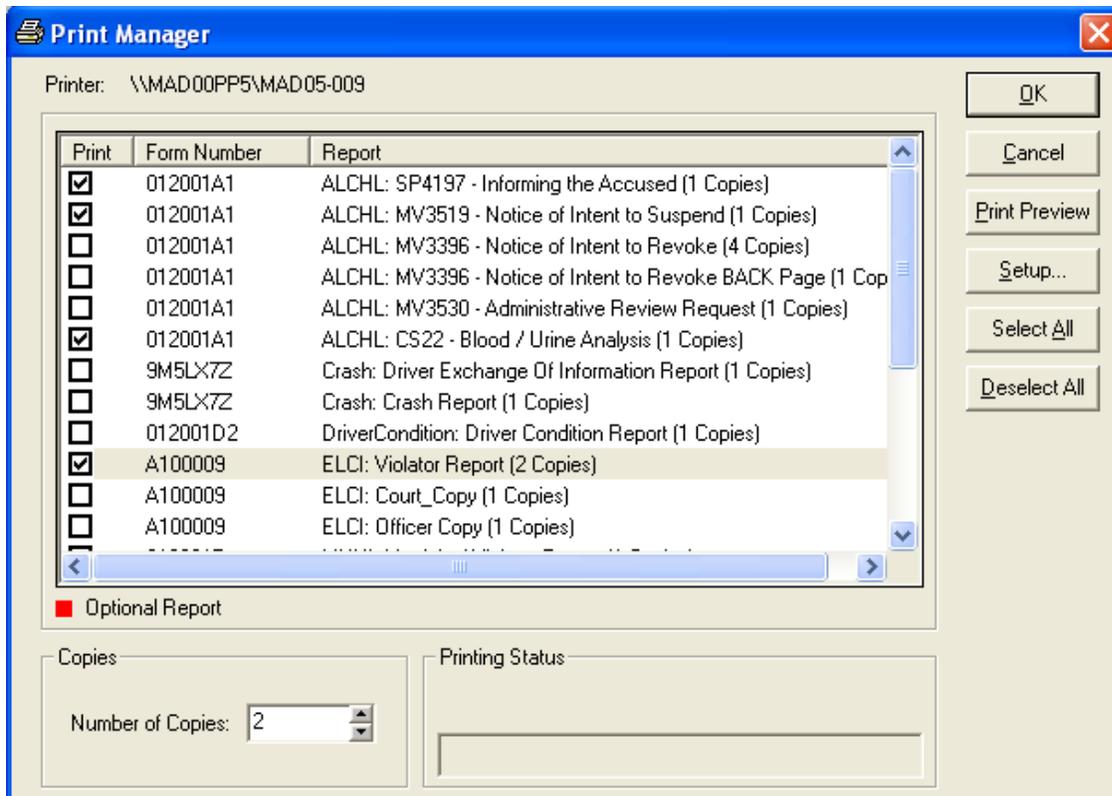
You can print a report while you have the form open by clicking on the *Print* button on the toolbar, which will bring up the Print Manager that looks like this:



The Print Manager displays all possible reports associated with the forms that are open in the Contact whether you intend to use them or not. In the screen above, all of the reports available with the ALCHL form are listed even though none of them were checked in the form itself.

You can print *preview* a report by highlighting it (as opposed to checking the box in front of it) in the Print Manager (e.g. ELCI A100009 is highlighted in the picture above) and clicking on the *Print Preview* button. It is strongly recommended that you Print Preview ELCIs before actually printing them. Printing an ELCI causes its status to go to Issued and only the officer's narrative can be edited once a citation is Issued.

To print reports, click on the box in front of the ones you want to print and then click *OK*, or click on the *Select All* button on the right to select all reports shown in the window and then click *OK*. You can choose to print multiple copies by changing the *Number of Copies* in the window in the bottom left-hand corner of the window.



Alternatively, you can print reports from the Contact Manager by clicking on the form(s) that you want to print and then clicking on the *Print* button on the toolbar at the bottom of the screen that will then bring up the Print Manager shown above.

## Closing a Form



You can close a form at any time by clicking on the *Close* button. It will be saved in your Contact Manager. You can go back and edit the form later by accessing it through the Contact Manager. Generally, when you have completed a form, you should validate it. Once you've validated it, you click the *Close* button to close the contact.

## Deleting Forms

All forms other than ELCIs may be deleted; ELCIs may never be deleted. ELCIs must be completed to point where they are in a "Validated" status and then must be Voided. See the ELCI section for more information.

You can delete forms (other than ELCIs) while they are open by clicking on the Delete button  on the toolbar. A message box will appear asking you to confirm that you want to delete the form:



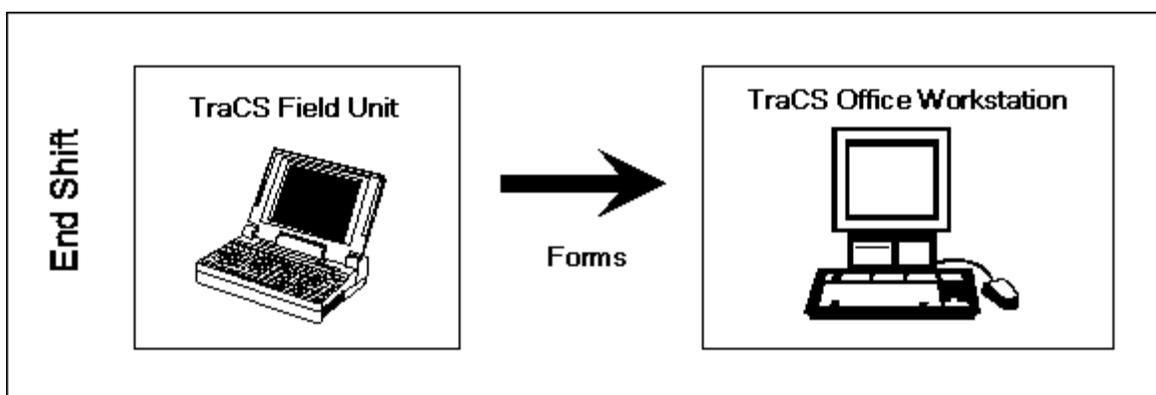
If you click Yes, most forms will be deleted. On the Warning form, you'll receive a second message box where you are asked to state the reason that the form is being deleted:



You can also delete all forms other than ELCIs from the Contact Manager. Highlight the form(s) you want to delete and click on the *Delete* button on the toolbar at the bottom of the screen.

## End Shift

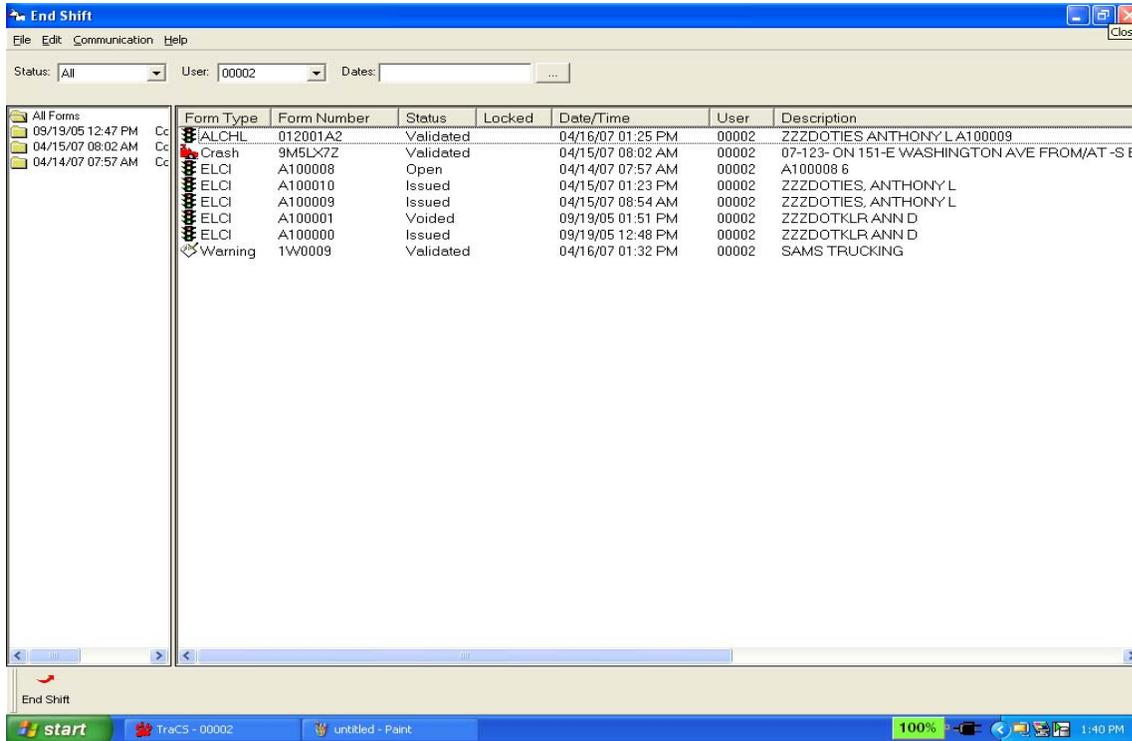
Once your work is completed for the day, End Shift any completed forms to your Central Office. This transfers the data to the office.





End Shift

To do the End Shift, click on the *End Shift* button on the toolbar. You will get a screen that looks like this:



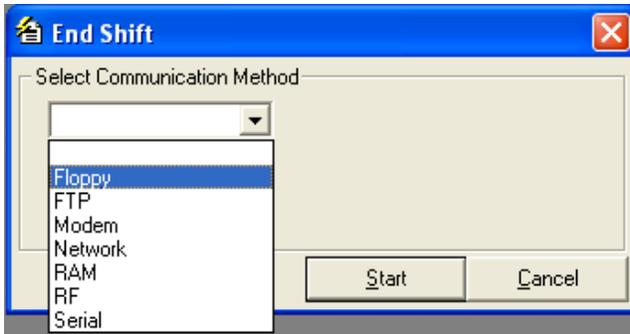
Select the forms that you want to send to the office by clicking on them to highlight them



End Shift

and then clicking the *End Shift* button at the bottom of the screen. You can limit the list of forms that appears in the window by choosing a specific status (e.g. validated) in the window in the upper left-hand corner of the screen. To select multiple non-consecutive forms, hold down the [CTRL] key as you highlight the forms. To select multiple consecutive forms, hold down the [SHIFT] key and then click on the first and last forms that you want to select.

Once you've clicked the *End Shift* button on the lower toolbar, click on the arrow in the *Select Communication Method* window. The screen will look something like this, however your agency will probably be set up to use only some of the methods of communication so the list may be shorter:



Select the proper communication method and click *Start*. Your agency will provide directions on which communication method to use.

During the End Shift, a screen will come up that looks like this:



Once the End Shift has run, you will see a screen like this:



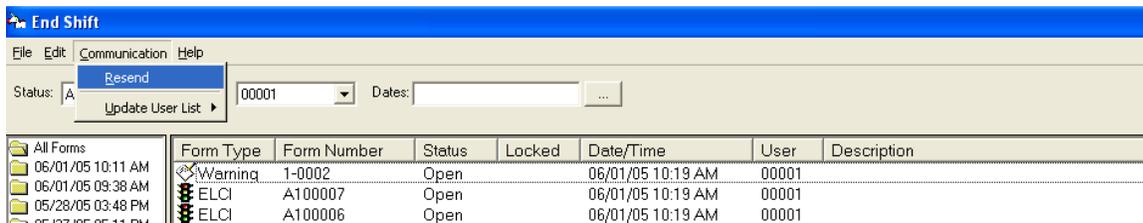
Click *OK*.

## Resending/Viewing/Printing/Emailing Forms After End Shift

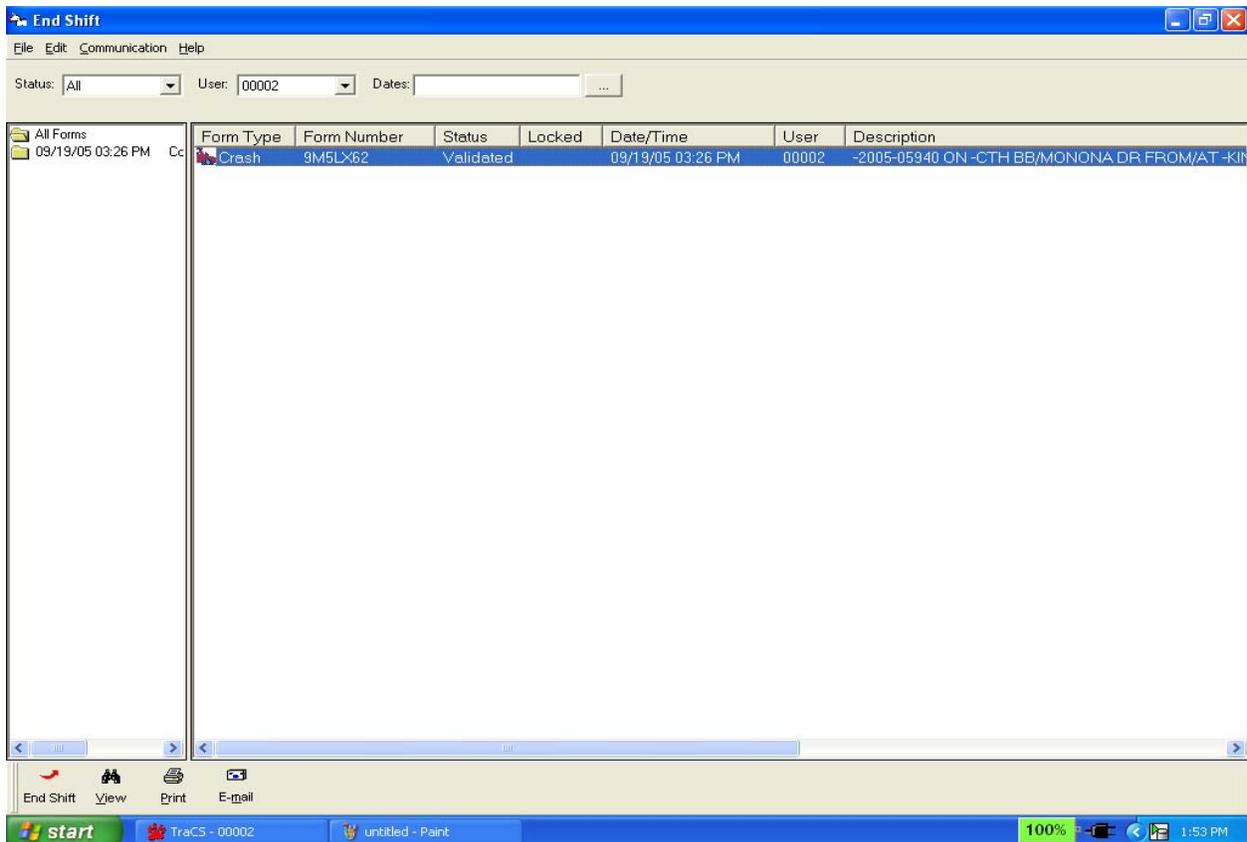
Once you have End Shifted a form, it will no longer appear in the Contact Manager; however, you can still resend, view, print or email (if you're set up with email capabilities) it from the field unit within 30 days of when it was End Shifted to the Central Office (or however long your agency has your unit set up for).

To do this, click the *End Shift* button on the toolbar at the top of the main TraCS screen, which will bring up the End Shift manager. It will bring up the list of the forms currently in your Contact Manager.

Click *Communication* on the menu bar at the very top of the screen or key [Alt + C] and select *Resend*, which will then bring up the forms that you've already End Shifted.



Highlight the form(s) that you want to resend, print, view or email and the click the appropriate button on the toolbar at the bottom of the screen.



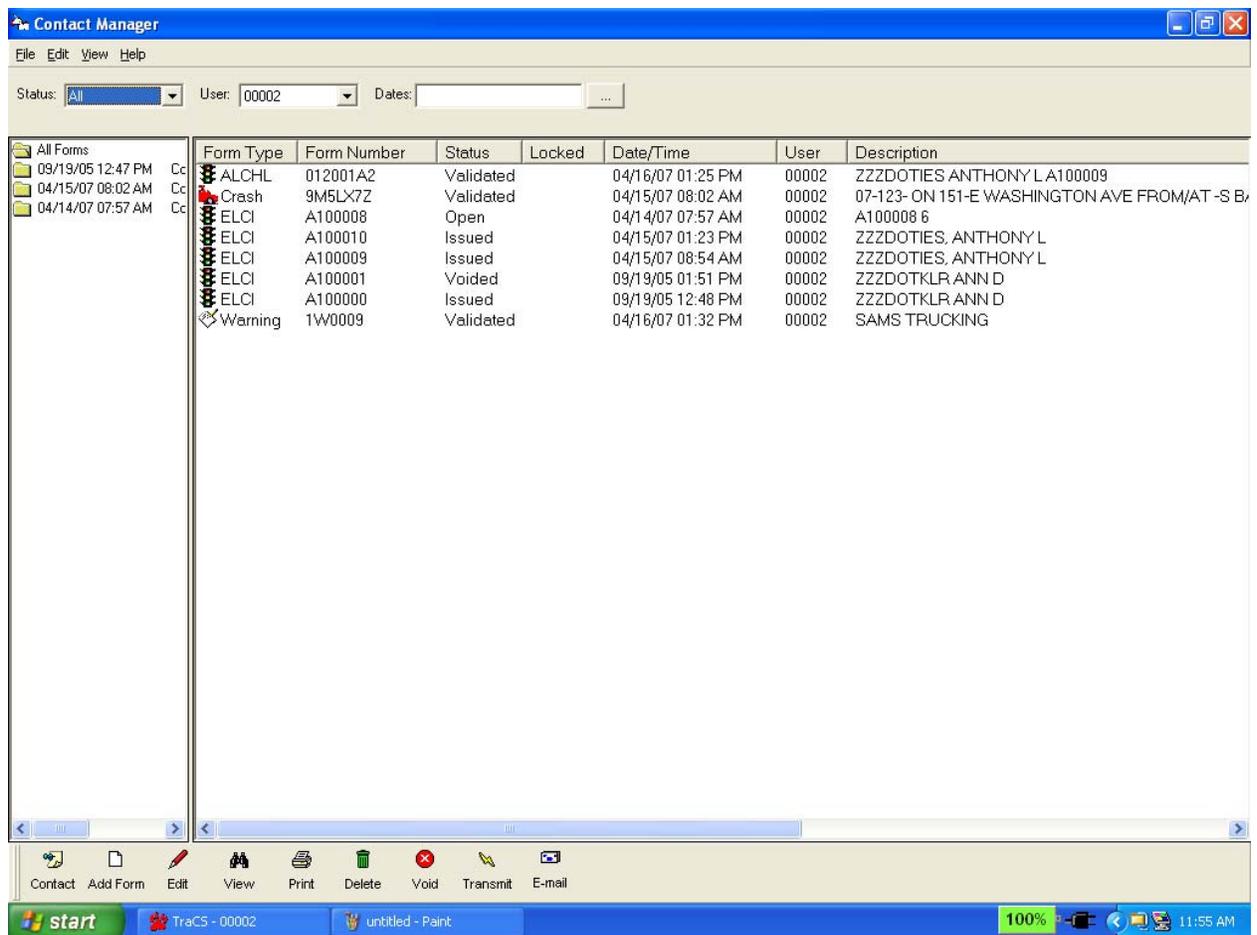
Once you have finished, go back to the End Shift manager by clicking the *End Shift* button on the toolbar at the top of the screen. Click *Communication* again on the menu bar at the top of the screen and click *Resend* again so that it will no longer be checked. The list of the forms in your current Contact Manager will then reappear. **This is important so that you do not accidentally End Shift the same forms more than once** since End Shift is an option on the bottom toolbar.

## Contact Manager

Once you close a form (whether you've validated it or not), it will be saved in your

Contact Manager that can be accessed by clicking the Manager button  on the toolbar. If you have not yet validated it, it will have a status of Open. If you have validated it but not End Shifted, it will have a status of Validated. Citations that have been issued will have a status of Issued. Crashes End Shifted to the office that have been sent back to you, it will have a status of Rejected. Forms that you have End Shifted will no longer be in your Contact Manager.

Your Contact Manager will look something like this:



You can limit the forms that show in the Contact Manager by choosing a specific Status in the window in the upper left-hand corner of the screen or by selecting specific dates in the window in the middle of the upper portion of the screen. The window on the left-hand portion of the body of the screen shows a list of all the contacts. The largest window shows the Form Type, Form Number (Document Number), Status, Locked (whether it's locked or not), Date/Time (the Date and Time that the form was initially created), User (person who created the form) and a Description related to the data in the form.

From the Contact Manager, you can edit a form by highlighting it and then clicking the



Edit button on the toolbar at the bottom of the screen. You can highlight it by clicking on it with the mouse or by using the cursor to move to it. If you edit a form that has already been validated, it will return the status of the form to Open so you will want to validate it again once you have finished editing it.

You can also View  View, Print  Print, Delete  Delete (other than ELCIs), Void  Void or

 E-mail a form in the same manner by highlighting it and clicking the appropriate button on the toolbar at the bottom of the screen. Viewing allows you to look at a form but not make any changes. It does not change the status of the form.

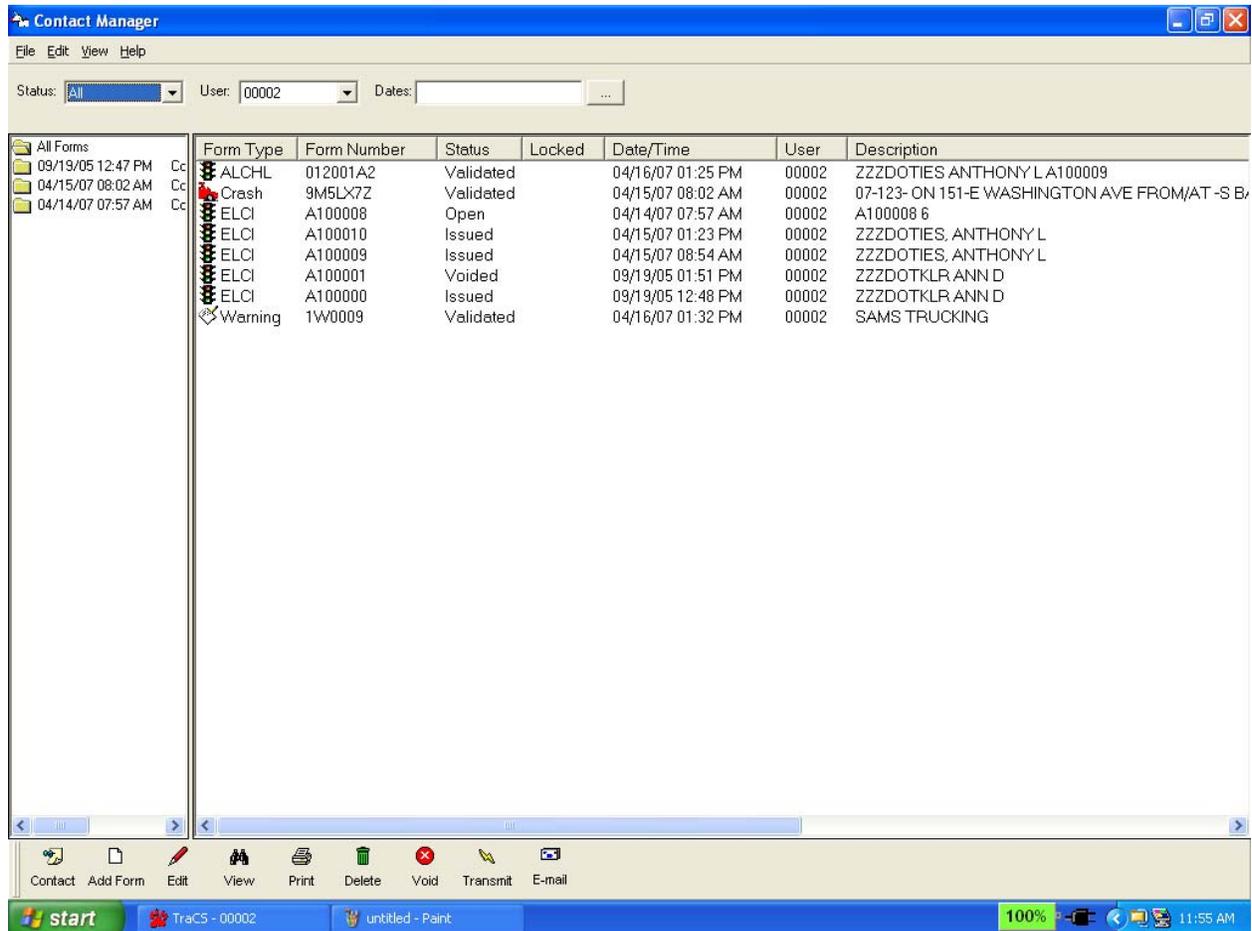
To close the Contact Manager, click on the red “X” button in the upper right-hand corner of the screen.

## Emailing TraCS Reports

You can email a TraCS report directly from the Contact Manager or from the form itself while it is open in View or Edit mode. This feature has been tested and is known to work with Outlook and Eudora email software.

Start your email software if it is not already running.

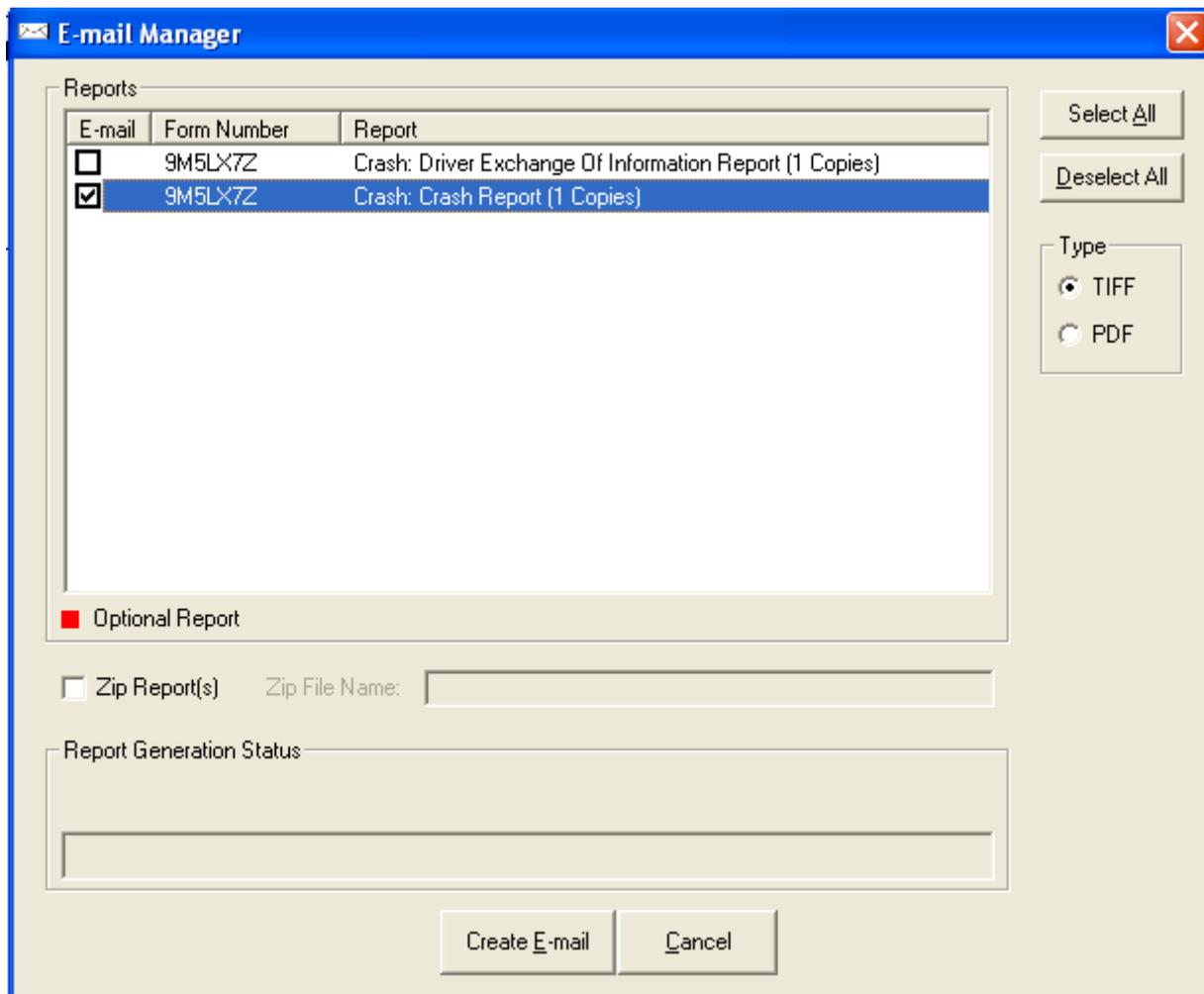
Open your Contact Manager by clicking the *Manager* button on the toolbar. A list of your current forms will be shown and will look similar to this:



Select (highlight) the form(s) that you want to send. To select multiple forms, hold down the CTRL key as you select all the forms.

When you have the forms selected, click the *E-mail*  button on the toolbar at the bottom of the screen.

An E-mail Manager will be displayed and look similar to this:

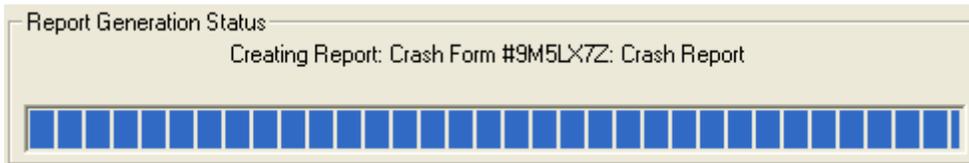


Some forms have multiple reports. For example, for the crash report, you will see the Driver Exchange of Information Report as well as the full Crash Report. Check the box in front of the report(s) that you want to send, or if you want to send all of the reports, click the *Select All* button in the upper right-hand corner of the manager, or key [Alt + A]. To Deselect All of the forms, click the *Deselect All* button in the same location or key [Alt + D].

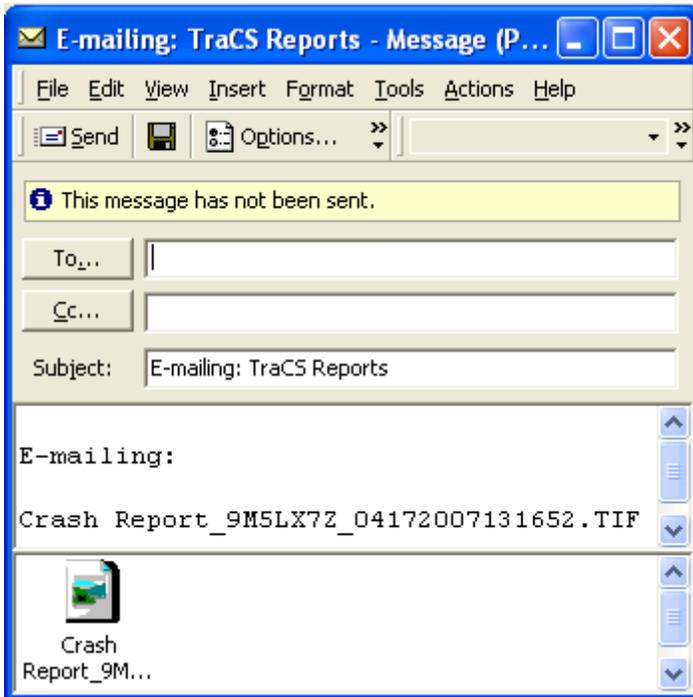
Choose whether you want the report(s) to be sent as TIFF or PDF files using the radio buttons in the upper right-hand corner of the Manager.

You can decrease the size of the report(s) being sent by zipping them. To do this, check the Zip Report(s) box toward the bottom of the Manager. A file name will be displayed. You can change the name of the zip file; however, you should leave .zip as the extension of the new file name.

Click the *Create E-mail* button on the bottom of the Manager or key [Alt + E]. A Report Generation Status area in the bottom of the E-mail Manager will display the progress.



A new email message will come up with the file(s) automatically attached.



Key the email address of the person(s) you want to send the report(s) to in the To: field. You can change the Subject and text of the message if you'd like. Send the message.

Close the Contact Manager.

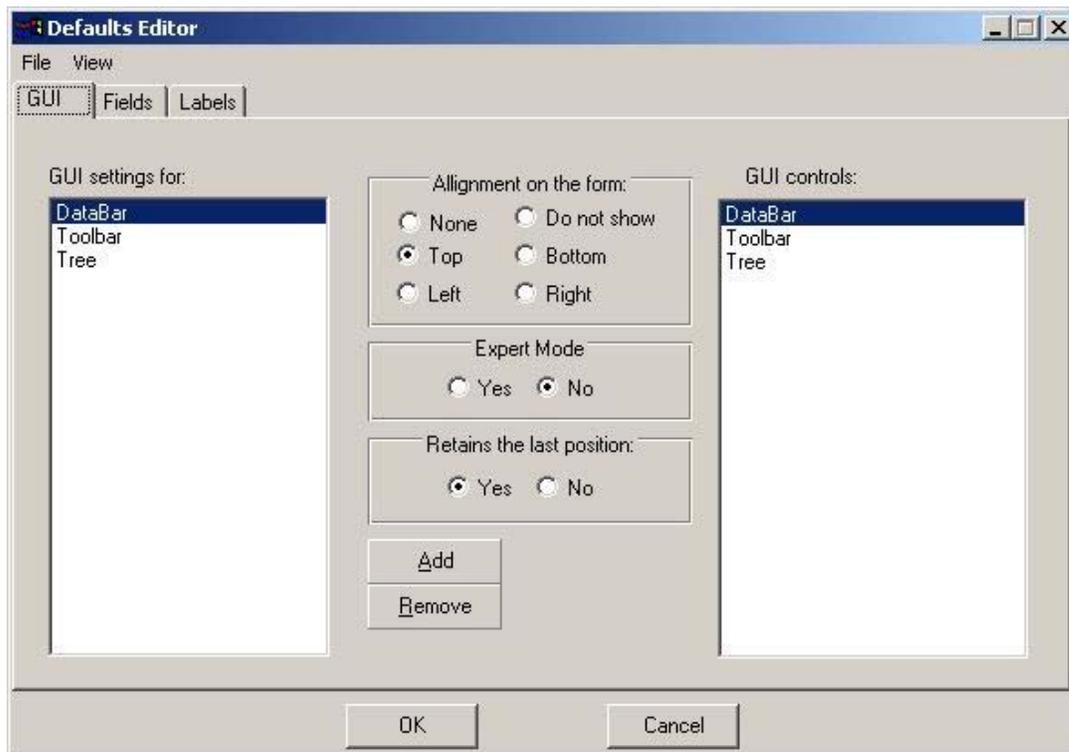
The procedure is the same if you're doing it while a form is open in View or Edit mode, however in this case, the *E-mail* button is on the toolbar at the top of the screen rather than the bottom.

## Defaults

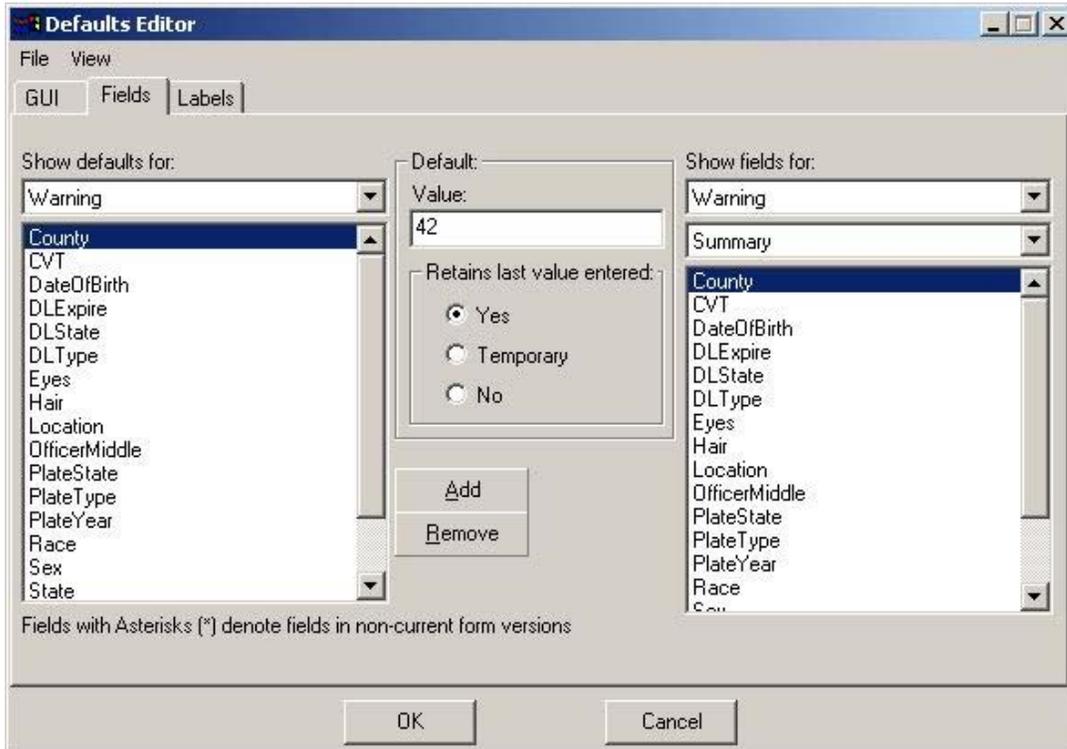
TraCS allows default values to be set for some of the fields. Setting up a default will not populate the field; rather it selects the default answer from the choices presented when you enter the field. The User file that your agency supplies you with will already have several defaults built into it. You can set up individual defaults by clicking **Tools-User Preferences-Edit Defaults** from the Menu Bar at the top of the form.



The Defaults Editor allows you to change the default **GUI (Graphical User Interface) Settings** for the **Databar, Toolbar** and **Navigational Tree**.



Click the **Fields** tab to set default for individual fields. For many fields, the default setting for a field needs to be a number rather than words because it needs to be the underlying code value for that field. For example, the default setting for a county needs to be the correct number, e.g. 13 rather than Dane for Dane County. Additional information on the Defaults Editor is available in Appendix F at the end of the User Manual.



# TraCS Crash Forms

## TraCS Crash Forms

### Crash Form – MV4000e

Open a **Crash** form by selecting the *Contact* button  on the toolbar or by

selecting the Add Form button  (if the Contact is already open) and then selecting “Crash” from the Available Forms list and hitting the *OK* button:



You can enter the **Common Information** (e.g. operators, vehicles, etc.) at any time. Some people choose to do so as soon as they open a Contact. This can be done by keying the information into the appropriate data fields, or by importing the data from another data source such as through a mobile data browser or by using a 2D barcode scanner. See the section on Common Information for more information.

You can choose to complete a **Driver Exchange of Crash Information** form before completing the full crash report form. This form gives basic information about the operators and vehicles involved in the crash, the time and location of the crash, and the officer completing the crash report. You can complete this form by clicking the *Driver X*

button  on the toolbar. When this button is clicked, all data fields other than those used for the Driver Exchange form are grayed out. If you have printing capabilities, you can print the report and give a copy to each operator/participant when the data fields are completed. To finish completing the full Crash form; click this button again so that it is no longer enabled. See the section on the Driver Exchange Report later in the book for more information about how to use it.

## Data Fields

On the Crash, Amended Crash and Deer Crash forms, the numbers at the beginning of the data field labels refer to the Field Number on the paper MV4000.

DOT Document Number 9M5LX6F	Accident Number	Police Number
--------------------------------	-----------------	---------------

- **DOT Document Number** - This number is automatically generated and cannot be changed. It is a combination of letters and numbers created from:
  - The TraCS agency selector (assigned by Badger TraCS)
  - The field or workstation unit number assigned by the local agency
  - A sequential numberIt is important that the number not be changed so that there are no duplicate document numbers for different accidents.
- **Accident Number** - This is a number that your agency can use to identify the crash. This data field is equivalent to the vertical data field on the left-hand side, middle of the paper MV4000. This field is optional.
- **Police Number** - This is also a number that your agency can use to identify the crash. This data field is equivalent to the vertical data field on the left-hand side, top of the paper MV4000. This field is optional.

## Law Enforcement Agent Group

Law Enforcement Agent					
<b>LAW ENFORCEMENT AGENT</b>	125 - Last Name <b>TESTERSON</b>	125 - First Name <b>TESTY</b>	125 - Middle Name <b>T</b>	131 - Officer ID <b>45678</b>	
	129 - LEA Number <b>2345</b>	Law Enforcement Agency Jurisdiction <b>MADISON</b>		Law Enforcement Agency type <b>Other</b>	
	130 - Law Enforcement Agency Name <b>TEST POLICE DEPARTMENT</b>				
	126 - Law Enforcement Agency Street Address <b>PO BOX 7919</b>				
	127 - Law Enforcement Agency City <b>MADISON</b>	127 - LEA State <b>WI</b>	127 - Law Enforcement Agency Zip Code <b>53707</b>		
	128 - Law Enforcement Agency Phone Number <b>(608) 267-1847 Ext.</b>				
	132 - Date Notified	133 - Time Notified	134 - Time Arrived	135 - Date Of Report	

Many of the data fields in this Group fill in automatically based on your user file. Complete the data fields that are not already filled in.

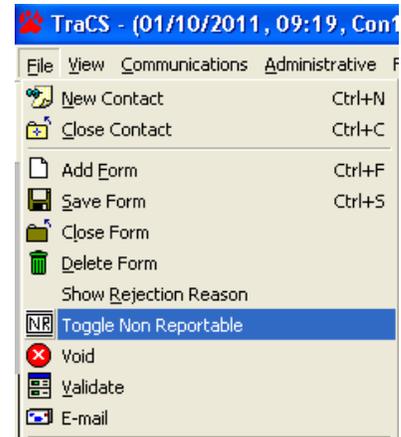
- **Date Notified** – Defaults to today's date. If this is not correct, key in the correct date. Be sure to key two-digit months and days (e.g. 01 for January).
- **Time Notified** – Key in the four-digit military time without any punctuation (e.g. 0330 for 3:30 am).
- **Time Arrived** - Key in the four-digit military time without any punctuation (e.g. 0330 for 3:30 am).
- **Date of Report** - Defaults to today's date. If this is not correct, key in the correct date. Be sure to key two-digit months and days (e.g. 01 for January).

## Accident Summary

This section contains general information about the accident. The first part is shown on the Navigation Tree as **Accident Summary**.

Accident Summary					
<input checked="" type="checkbox"/> Reportable		<input type="checkbox"/> On Emergency			
4 - Accident Date	5 - Time	6 - Total Units	7 - Total Injured	8 - Total Killed	79 - E M S Number
<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Government Property	<input type="checkbox"/> Fire	<input type="checkbox"/> Photos Taken	<input type="checkbox"/> Trailer or Towed	
<input type="checkbox"/> Load Spillage	<input type="checkbox"/> Construction Zone	<input type="checkbox"/> Names Exchanged			
101 <input type="checkbox"/> Supplemental Reports	102 <input type="checkbox"/> Witness Statement	103 <input type="checkbox"/> Measurements Taken	Start Date <b>11/02/2009</b>	Start Time <b>14:29</b>	
Processor <b>456</b>	Machine <b>001</b>	<input type="checkbox"/> Truck, Bus, or HazMat	136 Any truck or truck combination > 10,000 lbs GVWR/GCWR		
136 Any vehicle displaying a hazardous materials placard		136 Any vehicle designed to carry 9 or more people, including the driver			
136 <input type="checkbox"/> Fatal Injury	136 <input type="checkbox"/> Medical Transport	136 One or more vehicles towed from the scene due to disabling damage			

- **Reportable** - This field indicates whether or not this is a reportable crash. It always defaults to “Reportable” which is indicated by the “X” in the field. If your agency keeps data on non-reportable crashes, you can change this field to non-reportable by clicking *File* on the menu bar and then *Toggle Non Reportable*. A message box will come up asking if you really want to change it to Non-Reportable. If you click *Yes*, the “X” will be removed from the box. You can change it back to reportable by following the same steps.
- **On Emergency** – Key “Y” or click the *Yes* button if one of the units involved in the accident was operating as an emergency vehicle (lights and siren are activated). If not, key “N”, click the *No* button or leave blank.
- **Accident Date** – Defaults to today’s date. If this is not correct, key in the correct date. Be sure to key two-digit months and days (e.g. 01 for January).
- **Time** - Key in the four-digit military time without any punctuation (e.g. 0330 for 3:30 am).
- **Total Units** – Key in the number of total units involved in the accident. The value entered in this field automatically creates the appropriate number of Unit groups in the form.
- **Total Injured** – Key in the total number of persons injured in the accident.
- **Total Killed** - Key in the total number of persons killed in the accident.
- **EMS Number** – Key the EMS number if one is available.
- **Hit and Run** – Key “Y” or click the *Yes* button if a hit and run unit was involved in the accident. If not, key “N”, click the *No* button or leave blank.
- **Government Property** - Key “Y” or click the *Yes* button if government-owned, non-vehicle property was involved in the accident. If not, key “N”, click the *No* button or leave blank.
- **Fire** - Key “Y” or click the *Yes* button if the accident involved fire in a motor vehicle in transport. If not, key “N”, click the *No* button or leave blank. If *Yes* is selected, describe the sequence of accident events, the fire’s origin, and what burned in the narrative. Fire does not include those originating in a legally parked vehicle.
- **Photos Taken** - Key “Y” or click the *Yes* button if any mechanical method to capture the accident scene was used (e.g. photos, video tape, etc.). If not, key “N”, click the *No* button or leave blank. Enter the name of the person who took the photos or videotape in the 105 - Photos By field in the Description section at the bottom of the form.



- **Trailer or Towed** - Key “Y” or click the Yes button if one of the vehicles involved was pulling a trailer or towing another vehicle prior to the accident. If not, key “N”, click the *No* button or leave blank. This does not include vehicles towed from the accident scene as a result of the accident. Record the trailer or towed vehicle information in the Trailer Towed section of the form.
- **Load Spillage** - Key “Y” or click the Yes button if a load spilled from a cargo-carrying vehicle. If not, key “N”, click the *No* button or leave blank. Identify hazardous material spilled in the narrative.
- **Construction Zone** - Key “Y” or click the Yes button if the accident occurred in or was related to a construction zone. If not, key “N”, click the *No* button or leave blank.
- **Names Exchanged** - Key “Y” or click the Yes button if you have given instructions to every party involved in an accident to exchange their names, drivers license numbers, dates of birth, vehicle registration information and phone numbers or you have provided them with the Driver Exchange form. If not, key “N”, click the *No* button or leave blank.
- **Supplemental Reports** - Key “Y” or click the Yes button if there are supplemental reports associated with this accident that will not be sent to WisDOT (e.g. special diagrams, measurement records, field notes, etc.). If not, key “N”, click the *No* button or leave blank.
- **Witness Statements** - Key “Y” or click the Yes button if there are written witness statements associated with this accident that will not be sent to WisDOT. If not, key “N”, click the *No* button or leave blank.
- **Measurements Taken** - Key “Y” or click the Yes button if you have taken and recorded measurements for this accident. If not, key “N”, click the *No* button or leave blank.
- **Start Date** – The date you created the form. It is automatically filled in by the software.
- **Start Time** – The time you created the form. It is automatically filled in by the software.
- **Processor** – Your identification number. It is automatically filled in by the software.
- **Machine** – Your field unit number. It is automatically filled in by the software.
- **Truck, Bus or Hazmat** - Key “Y” or click the Yes button if the accident involved a vehicle registered as a truck (this includes pickup trucks), a vehicle displaying a hazardous materials placard, or a vehicle designed to carry 9 or more people including the driver. If not, key “N”, click the *No* button or leave blank.
- **Any truck or truck combination >10,000 lbs GVWR/GCWR** - Key “Y” or click the Yes button if the accident involved a truck or truck combination > 10,000 lbs GVWR/GCWR. If not, key “N”, click the *No* button or leave blank.

- **Any vehicle displaying a hazardous materials placard** - Key “Y” or click the Yes button if the accident involved a vehicle displaying a hazardous materials placard. If not, key “N”, click the *No* button or leave blank.
- **Any vehicle designed to carry 9 or more people, including the driver** - Key “Y” or click the Yes button if the accident involved a vehicle designed to carry 9 or more people, including the driver. If not, key “N”, click the *No* button or leave blank.
- **Fatal Injury** - Key “Y” or click the Yes button if a person was fatally injured as a result of the accident. If not, key “N”, click the *No* button or leave blank.
- **Medical Transport** - Key “Y” or click the Yes button if a person required transport for immediate medical treatment as a result of injuries received in the accident. If not, key “N”, click the *No* button or leave blank.
- **One or more vehicles towed from the scene due to disabling damage** - Key “Y” or click the Yes button if one or more vehicles involved had to be towed from the scene as a result of the accident. If not, key “N”, click the *No* button or leave blank.

The second part starting with County is shown on the Navigation Tree as **Location**.

2 - County		3 - Municipality			11 - Accident Location	
14 - On Hwy #	14 - On Street Name			14 - Business/Frontage/Ramp	15 - Est. Dist	15 - From Dir
16 - From/At Highway #		16 - From/At Street Name			16 - Business/Frontage/Ramp	
17 - Structure Type		17 - Structure Number		18 - Agency Space		
12 - Latitude				13 - Longitude -		

Location information is entered differently in TraCS than on the paper MV4000. It is very important to try to enter the data correctly. Appendix J of this manual shows examples of how location information should be entered.

- **County** – Select the county in which the accident occurred. You can default this value if you usually report accidents in one county.
- **Municipality** – Select the municipality in which the accident occurred. Be careful to make the correct selection in cases where there is a city/village with the same name as a township. You can default this value if you usually report accidents in one municipality.
- **Accident Location** – Select the appropriate accident location using the spot where control was lost.
- **On Hwy #** - If the accident occurred on a federal, state or county highway, select the highway from the list. If the highway also has a street name, key it in the next field (On Street Name). **Exception:** If the accident occurred on a county

highway within a city or village, key this in the next data field (On Street Name) as part of the street name (e.g. CTH M Century Ave). See the <F2> Help screen and/or Appendix J for more information about selecting highways.

- **On Street Name** – If a list of roads is provided, select the street name of the road the accident occurred on from the list or hit [Alt + O] to key in the street name if it's not on the list. If no list is provided, key in the street name. See the <F2> Help screen or the examples in Appendix J for instructions on how to enter parking lot and private property accidents.
- **Business/Frontage/Ramp** – If the accident occurred on business highway, frontage road or ramp, select the appropriate designation from the list. If not, leave blank. If the accident occurred on a ramp, see the <F2> Help screen or Appendix J for instructions on how to enter an accident on a ramp. **Note:** This field only refers to data in the *On Hwy #* field; it does not refer to the fact that a parking lot was at a business.
- **Est. Dist** – The following databar first appears when you are in this field:



If your measurement is in feet, key the number here. If your measurement is in miles, change the databar to miles by either clicking the radio button next to Miles, hit the letter "M", or cursor down to Miles. The databar will now look like this:



Key the distance in miles using the decimal point.

- **From Dir** – Select the direction that the accident occurred **from** the nearest intersecting street or highway.
- **From/At Highway #** - If the nearest intersecting road is a federal, state or county highway, key the highway number or letter (county highways may be entered in this field regardless of whether the location is in a town, city or village). See the <F2> Help screen or Appendix J for more information about selecting which highway to use. If the highway also has a street name, key it in the next field (From/At Street Name). **Note:** This field is only meant for a highway number or letter; it does not refer to whether or not the "At" roadway was "From" or "At" the "On" roadway. FR, FRM, AT etc. should not be entered in this field unless they are the name of a county highway.
- **From/At Street Name** – If appropriate, enter the name of the nearest intersecting roadway. If a list of roads is provided, select the street name from the list or hit [Alt + O] to key in the street name if it's not on the list. If no list is provided, key in the street name. See the <F2> Help screen or the examples in Appendix J for instructions on how to enter parking lot and private property accidents.

- **Business/Frontage/Ramp** – If the From/At Highway was a business highway, frontage road or ramp, select the appropriate value. If not, leave blank. **Note:** This field only refers to data in the *From/At Highway #* field; it does not refer to the fact that a parking lot was at a business.
- **Structure Type** – If you would like to record a specific location such as a house number, block number, light pole number, etc., choose which type of structure you're referencing in this field. If not, leave blank. Use this field to identify parking lot and private property locations.
- **Structure Number** - If you would like to record a specific location such as a house number, block number, light pole number, etc., record the number of the structure in this field. If not, leave blank. Use this field to identify parking lot and private property addresses.
- **Agency Space** – This field is available for your agency's use. They will instruct you how to use it.
- **Latitude and Longitude** – If available, key in the latitude and longitude in units of decimal degrees. Or, import the data directly from a GPS unit if you have that capability.

## Unit Group

This section contains information about the drivers and vehicles involved in the crash. There should be a Unit group for each unit in the crash. When you key the number of Total Units involved in the crash earlier in the form (field 6), TraCS automatically creates that number of Unit groups. If you want to add or subtract a Unit group, see **Adding or Deleting Groups**. If you close the form before entering any data in a group, that group will be deleted. You will have to manually add a group when you re-open the form.

## Driver

### Driver

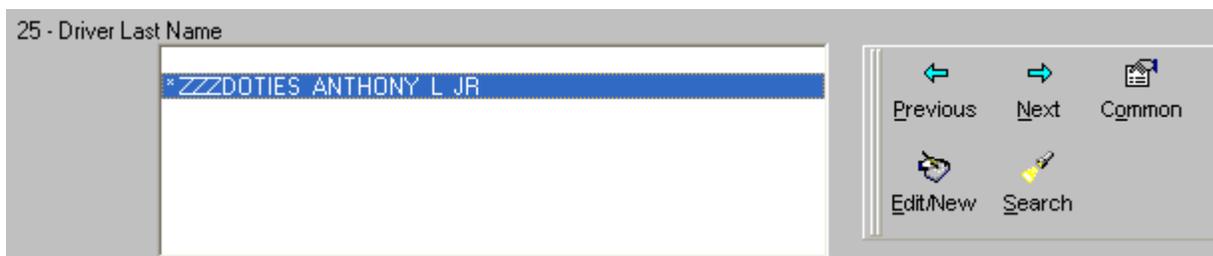
Unit Status						
22 - Total Occs	23 - Dir Of Travel	24 - Speed Limit	34 - On Duty Accident	81 - Most Harmful Event: Collision With		
119 - What Driver Was Doing		120 - Traffic Control		100 - Skidmarks to Impact		
122 - Driver Factors			124 - Highway Factors			
21 - Unit Type			92 - Pedestrian Location	92 - Pedestrian Action		
25 - Last Name	25 - First Name	25 - Middle Initial	25 - Suffix	32 - DOB	33 - Sex	
26 - Street Address	26 - PO Box	27 - City	27 - St	27 - Zip Code	28 - Telephone Num	
29 - Driver's License Number	30 - St	31 - Expiration Year				
36 - Operating As Classification			37 - Operating As Endorsements			

- **Unit Status** – If any of the unit statuses listed apply to this unit, select the appropriate item. If not, leave blank. See Appendix K for instructions on how to fill out a hit and run crash.
- **Total Occupants** – Key the number of occupants (including the driver) for this unit. TraCS will automatically create additional Occupant groups based on the number entered here. **Exception:** No Occupant groups are added for buses or trains since data is not usually captured for non-injured occupants of these vehicles. You will have to manually add Occupant groups for injured occupants of buses or trains. If you close the form before putting any data in a group, that group will be deleted. You will have to manually add the group when you re-open the form. Key zero if there are no occupants (e.g. in a legally parked vehicle). **Note:** The form can allow a maximum of 20 Occupant groups. If you have more than 20 occupants in the accident, key the correct number in this field. Add an Amended Crash form to the contact and provide the additional occupant information.
- **Dir of Travel** – Select the actual or compass direction the unit was traveling before the crash.

- **Speed Limit** – Select the speed limit for the roadway at the time of the crash. Select N/A from the bottom of the list if a speed limit does not apply (e.g. pedestrian).
- **On Duty Accident** – If the operator of the unit was On Duty at the time of the crash as an EMT/First Responder, Fire Fighter, Police or Winter Hwy Maintenance, select the appropriate designation. If not, leave this field blank.
- **Most Harmful Event: Collision With** – Select the event which caused the greatest injury or damage to this unit. Only one selection may be made for each unit. See the <F2> Help screen for this data field for more information on choosing the event.
- **What Driver Was Doing** – Select the value that best describes what the pedestrian or operator of this unit was doing prior to the crash.
- **Traffic Control** – Select the value that best describes the type of traffic control present for this unit.
- **Skidmarks to Impact** – Key in feet the measurements of any skidmarks up to impact for the unit. Key zero if there are no skidmarks for the unit.
- **Driver Factors** – Select all driver factors for this unit that may have contributed to the crash. Choose as many as apply. To select multiple factors using a **mouse**, scroll to the first applicable factor, click the item to highlight it; scroll to the second applicable factor, click the item to highlight it; etc. When you have selected all applicable factors, hit [Enter]. To select multiple factors using a **cursor**, scroll to the first applicable factor until you reach it, hit the [Space Bar] to highlight it; scroll to the second applicable factor until you reach it, hit the [Space Bar] to highlight it; etc. When you have selected all applicable factors, hit [Enter]. To select multiple factors using **key strokes**, start keying the first applicable factor until you reach it, hit the [Space Bar] to highlight it; start keying the second applicable factor until you reach it, hit the [Space Bar] to highlight it; etc. When you have selected all applicable factors, hit [Enter]. If you select several factors, they may not all show on the screen but all will be shown on the printed report and all will be entered into the database.
- **Highway Factors** - Select all highway factors for this unit that may have contributed to the crash. Choose as many as apply. To select multiple factors using a **mouse**, scroll to the first applicable factor, click the item to highlight it; scroll to the second applicable factor, click the item to highlight it; etc. When you have selected all applicable factors, hit [Enter]. To select multiple factors using a **cursor**, scroll to the first applicable factor until you reach it, hit the [Space Bar] to highlight it; scroll to the second applicable factor until you reach it, hit the [Space Bar] to highlight it; etc. When you have selected all applicable factors, hit [Enter]. To select multiple factors using **key strokes**, start keying the first applicable factor until you reach it, hit the [Space Bar] to highlight it; start keying the second applicable factor until you reach it, hit the [Space Bar] to highlight it; etc. When you have selected all applicable factors, hit [Enter]. If you select several factors,

they may not all show on the screen but all will be shown on the printed report and all will be entered into the database.

- **Unit Type** – Select the type of unit. If the unit is a vehicle, base this on the license plate.
- **Pedestrian Location** – Select the item that best describes the location of the pedestrian at the time of the first harmful event in the crash.
- **Pedestrian Action** – Select the item that best describes the pedestrian “action” that may have been a factor in the crash. Only one item may be selected. If no “action” is applicable, select Blank.
- **Last Name** – If any person data has been entered in Common Information, a list of the individuals will come up when you enter this data field.



If the person is already on the list, select them from the list and hit [Enter]. If a List appears and the person is not on the List, key [Alt + E] or click on the

 *Edit/New* button on the databar and then key the operator or pedestrian's last name.

**Never choose a person that's already in Common Information and edit it to be another person.** For example, if a husband is driving a vehicle and his wife is the owner, do not choose the husband from the list in the Vehicle Owner section and then change the first name and middle initial to that of the wife. This will change the data for the husband on all the forms where they were entered, including issued citations.

**If you accidentally select the wrong person from the drop down list, simply go back and select the correct entry. If the person is not on the list, move up to the blank item at the top of list before pressing the Edit/New button to add the new person. Remember, if you press edit, you are editing the person or vehicle you have selected on the list, not creating a new entry.**

If a List does not come up when you enter the field, key the last name of the operator or pedestrian.

If your agency is set up to retrieve data from an external data source such as

through a Mobile Data Browser, key [Alt + S] or hit the *Search*  button on

the databar to retrieve the operator information. Note: Depending on how your agency's mobile data interface is set up, you may need to key in the operator's last name before you do the search. Check with your agency on which method to use.

Enter the operator or pedestrian's last name as it appears on their Driver's License. If the operator is unlicensed or a pedestrian, the legal name should be recorded. When the operator's true name is different from what appears on the license, the reason should be listed in the narrative.

**Important:** For **H&R (unknown driver) and Legally Parked** units, leave name fields blank.

- **First Name** - Key the operator or pedestrian's first name.
- **Middle Initial** - Key the operator or pedestrian's middle initial or middle name, whichever is shown on their driver license.
- **Suffix** – If applicable, select the name suffix, (e.g. Jr)
- **DOB** – Key the operator or pedestrian's date of birth using two digits per month and day and four digits per year.
- **Sex** – Key the sex of the operator or pedestrian or click on the appropriate button on the databar.
- **Street Address** – Key the current address of the operator or pedestrian. If the street address was brought in from data scanned using a barcode reader or from an external data source, verify that it represents the current address. If not, key in the current address.
- **PO Box** – Key the operator or pedestrian's PO Box, if applicable.
- **City** – Key the operator or pedestrian's current city of residence.

**Note:** For Canadian addresses, the province abbreviation should be listed in the *City* field after the city name followed by the zip code if there's room (e.g. Toronto ON 2R34BR). If the zip code doesn't fit here, enter it in the *Street Address* field after the street address (e.g. 1245 Main St 2R34BR).

- **St** – Select the operator or pedestrian's current state of residence.

**Note:** If the address is Canadian, enter "CN" in this field rather than the province abbreviation. See note under "City" regarding the province.

- **Zip code** – Key the operator or pedestrian's current zip code of residence.

**Note:** Canadian zip codes should be entered in the *City* field after the city name and province abbreviation (e.g. Toronto ON 2R34BR). If it does not fit in that field, put it in the *Street address* field following the street address (e.g. 1245 Main St 2R34BR).

- **Telephone Num** – Key the operator or pedestrian's current telephone number. If they do not have a telephone number or their number is an unpublished/unlisted number which is not public record, key in 000 000-0000.

- **Driver’s License Number** – If not already filled in, key the operator’s Driver License number without any spaces or punctuation such as hyphens.

If your agency is set up to retrieve data from an external data source such as through a Mobile Data Browser, you can also do a search from this field to retrieve the operator information by keying [Alt + S] or hitting the *Search* button on the databar.

**Note:** Depending on how your agency’s mobile data interface is set up, you may need to key in the driver’s license number before you do the search. Check with your agency on which method to use.

**Note:** If the driver has no license, leave this field plus the next two fields (*State* and *Expiration Year*) blank.

- **State** – Select the state that issued the Driver’s License.

**Note:** For Canadian driver licenses, put the abbreviation for the province that issued the license in this field.

- **Expiration Year** – Key the Driver’s License expiration year.
- **Operating As Classification** – Select the appropriate class of vehicle operation the person was engaged in at the time of the crash, whether or not the person was licensed for this type of operation. **Note:** This field must be completed even for Legally Parked, Unknown or Hit and Run vehicles where no operator information is entered/required.
- **Operating As Endorsements** – Based on the type of operation engaged in at the time of the crash, select any endorsements required for legal operation of the unit. Choose all that apply. See the directions for *Driver Factors* for information on selecting multiple items. **Note:** This field must be completed even for Legally Parked, Unknown or Hit and Run vehicles where no operator information is entered/required.

35 <input type="checkbox"/> <b>Operating Commercial Motor Vehicle</b>		38 - Injury Severity		41 - Airbag	
42 - Ejected		43 - Trapped/Extricated		44 <input type="checkbox"/> <b>Medical Transport</b>	
64 - 1st Statute No.		64 - 2nd Statute No.		64 - 3rd Statute No.	
				64 - 4th Statute No.	
				64 - 5th Statute No.	
88 - Driver or Pedestrian Cond		89 - Substance Presence		90 - Alcohol Test	
91 - Drug Test		91 - Drug Presence		39 - Seat Position	
				40 - Safety Equipment	

- **Operating a Commercial Motor Vehicle** – If the unit requires a Class A, B, or C license for operation, key “Y” or click the Yes button on the databar. If the Class is D, M or O, key “N”, click the *No* button on the databar, or leave blank.
- **Injury Severity** – Based on your observations at the scene, select the degree of injury severity to the operator or pedestrian.

- **Airbag** – Select the level of airbag deployment for the operator in the crash. Select “Not Applicable” if no airbag is furnished for the seat position. Select “Non-Deployed” only if the seat position is equipped with an airbag and the airbag did not deploy.
- **Ejected** – Select the level of the operator’s ejection in the crash. “Ejected” can apply to motorcyclists, bicyclists, etc. “Not Applicable” applies to pedestrians.
- **Trapped/Extricated** – Select the level of the operator’s entrapment or extrication. “Trapped/Not Extricated” means the operator died in the vehicle.
- **Medical Transport** – If the operator was injured in the crash and transported to a medical facility by a qualified medical professional, key “Y” or click the Yes button on the databar. If not, key “N”, click the No button on the databar, or leave blank.
- **# Citations Issued** – Key the number of citations issued to the unit. The form contains spaces to list up to five statute numbers in the next few fields. Based on the number entered in this field, an appropriate number of fields will open up for data entry. Additional statute numbers may be listed in the narrative. List the violations that most contributed to the crash in the 1<sup>st</sup> and 2<sup>nd</sup> Statute Number fields.
- **1<sup>st</sup> Statute Number** – Key the statute number, including subsection and paragraph, of the violation that contributed most to the crash. Alternatively, use the Violation Search engine to select the statute number by keying [Alt + S] or clicking the *Search* button on the databar. See page 247 of the TraCS Baseline User Manual for information on how to use the Violation Search engine. You may also type in a Statute Number shortcut. Shortcuts are found by pressing <F2> for help. *Be sure to enter a statute number rather than the citation number.*
- **2<sup>nd</sup> Statute Number** – Key or select the statute number of the violation the second most contributed to the crash.
- **3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> Statute Number** – Key or select any additional violations.
- **Driver or Pedestrian Cond** – Select the value that best depicts the operator or pedestrian’s condition at the time of the crash.
- **Substance Presence** – Select the value that best depicts the presence of alcohol or other drugs in the operator or pedestrian at the time of the crash. “Yes” may be selected even though a test is not given if evidence exists that indicates the presence of alcohol or other drugs.
- **Alcohol Test** – Select the value that best depicts whether or not a chemical alcohol test was given to the operator or pedestrian. PBTs are not considered to be tests for this data field.
- **Alcohol Content** – If an intoxilyzer, blood or urine alcohol test was given, select the alcohol concentration (AC value). Do not enter PBT value.
- **Drug Test** - Select the value that best depicts whether or not a drug test was given to the operator or pedestrian.

- **Drug Presence** – If a drug test was given and drugs were present, select the drugs found. Select all that apply. When you select “Other Drug Medications”, record the type of medication in the narrative.
- **Seat Position** –

39 - Seat Position

Selection:

03	06	09	10	Cab sleeper section	13	Trailing unit
02	05	08	11	Other enclosed area	14	On veh. exterior
01	04	07	12	Unenclosed area	15	Pedestrian
					16	Unknown

Select the seat position of the operator or pedestrian. Selection may be made by keying the number in the box or clicking on the appropriate button. Select “Pedestrian (Nonoccupant)” for DRIVERLESS MOTOR VEHICLES.

- **Safety Equipment** – Select the safety equipment used by the operator or pedestrian. Select “Not Applicable-Nonmotorist” for PEDESTRIANS and DRIVERLESS MOTOR VEHICLES.

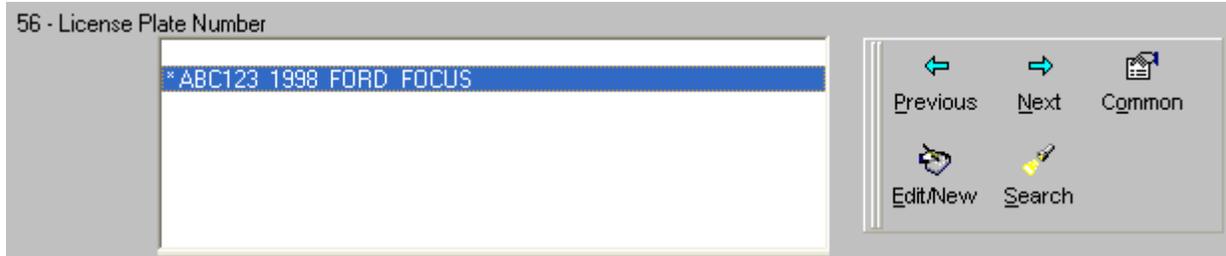
## Vehicle

<b>Vehicle</b>					
Vehicle Type					
56 - License Plate Number		57 - Plate Type	58 - St	59 - Exp Year	55 - Vehicle Identification Number
50 - Yr	51 - Make	52 - Model	53 - Body Style		54 - Color
94 - Vehicle Damage				95 - Extent Of Damage	
96 <input type="checkbox"/> Towed Due To Damage		97 - Vehicle Removed By		123 - Vehicle Factors	

- **Vehicle Type** – Select the value that best describes the vehicle type. The list of values is limited by values entered for DL Classification, Endorsements and Unit Type. If you don’t see the value you expect here, go back and reconsider your entries for these fields. The <F2> Help screen for this data field shows valid Unit Type, Plate Type and Vehicle Type combinations. The following is a complete list of the vehicle types:
  - **Passenger Car**
  - **Police on Emergency** – This type is only for police cars that are operating “on emergency” (lights and sirens activated). Other police cars would be passenger cars.
  - **Utility Truck** – These are single unit trucks with a gross vehicle weight rating of under 10,000 pounds such as pickup trucks.
  - **Straight Truck (Insert Truck)** – These are single unit trucks with a gross vehicle weight rating of 10,000 pounds or more.

- **Truck Tractor (Not Attached)** – These are truck tractors not attached to any trailer.
- **Truck Tractor (Semi Attached)**
- **Truck Tractor (Double Bottom)**
- **Motor Home**
- **Ambulance on Emergency** – This type is only for ambulances that are operating “on emergency” (lights and siren activated). Non-emergency ambulances should have a vehicle type based on what the vehicle would be if it were not an ambulance (usually utility truck).
- **Fire Truck on Emergency** - This type is only for fire trucks that are operating “on emergency” (lights and siren activated). Non-emergency fire trucks should have a vehicle type based on what the vehicle would be if it were not a fire truck (usually straight truck (insert truck)).
- **Motorcycle**
- **Moped**
- **School Bus** – This type of school bus is for cases where only the driver was present on the bus at the time of the crash or it was an empty school bus (parked).
- **Pupil Transportation School Bus** – This type of school bus is for cases where pupils are on the bus as well as the driver.
- **Passenger Bus** – Buses other than school buses designed to carry 16 or more passengers
- **Farm Tractor/Self Propelled** – This includes all self-propelled farm equipment (tractors, combines, corn pickers, etc.)
- **Other Working Machines** – Other large pieces of equipment such as road graders, front end loaders, backhoes, fork lifts, street sweepers, large mowers, etc.
- **Railway Train**
- **Snow plow** – Any vehicle with an attached blade used for plowing snow
- **Snowmobile/ATV**
- **Miscellaneous** – Other smaller pieces of equipment such as lawn tractors, go-carts, motorized bicycles, Segways, golf carts, motorized scooters, riding lawn mowers, horse and buggies, Neighborhood Electric Vehicles (NEVs), etc.
- **Bicycle**
- **Pedestrian** – Includes a horse and rider, a person in a wheelchair, a person on a child’s tricycle, persons on any mechanically propelled vehicles especially designed for disabled persons.

- **Fire Fighter on Emergency** – A fire fighter responding to an emergency with lights activated.
- **License Plate Number** – If any vehicle data has been entered in Common Information, a list of vehicles will come up when you enter this data field.



If the vehicle is already on the list, select it from the list and hit [Enter]. If a List appears and the vehicle is not on the List, key [Alt + E] or click on the Edit/New



button on the databar and then key the license plate number displayed on the unit without any spaces or punctuation such as hyphens.

**If you accidentally select the wrong vehicle from the drop down list, simply go back and select the correct entry. If the vehicle is not on the list, move up to the blank item at the top of list before pressing the edit button to add the new vehicle. Remember, if you press edit, you are editing the person or vehicle you have selected on the list, not creating a new entry.**

If a List does not come up when you enter the field, key the license plate number displayed on the unit without any spaces or punctuation such as hyphens.

If your agency is set up to retrieve data from an external data source such as



through a Mobile Data Browser, key [Alt + S] or hit the *Search* button on the databar to retrieve the vehicle information. **Note:** Depending on how your agency's mobile data interface is set up, you may need to key in the license plate number before you do the search. Check with your agency on which method to use.

**Note:** If the vehicle had no plates, leave this field blank.

In the case of a combination vehicle, enter the power unit information. Trailer plates must only be entered in the Trailer section. See the <F2> Help screen for information on entering parked trailers.

If this information was brought in from data scanned using a barcode reader or by a search from an external data source, verify that it is the correct value by double-checking the number on the unit.

- **Plate Type** – Select the plate type for the unit. For out-of-state license plates, select the WI value that best describes the unit. **Note:** A value must be entered in this field even if the vehicle had no plates. Select a plate type that is common for this vehicle type (e.g. AUT for a passenger car).
- **St** – Select the state that issued the license plate. Leave this field blank if the vehicle had no plates.  
**Note:** For Canadian license plates, put the abbreviation for the province that issued the plate in this field.
- **Exp Year** – Key the year that the license plate will expire. For non-expiring plates, leave blank. **Note:** Leave blank if the vehicle had no plates.
- **Vehicle Identification Number** – Key the Vehicle Identification Number. If this information was brought in from data scanned using a barcode reader or by a search from an external data source, verify that it is the correct value by double-checking the number on the unit.
- **Yr** – Key the model year of the vehicle.
- **Make** – Select the make of the vehicle (e.g. Ford).
- **Model** – Key the model of the vehicle (e.g. Taurus).
- **Body Style** – Select the body style of the vehicle (e.g. 2dr).
- **Color** – Select the color that best describes the predominant color of the vehicle.
- **Vehicle Damage** –

94 - Damage Area Selection:

	06	07	08	
05		09	→	01
	04	03	02	

00	None
10	Undercarriage
11	Total (Damage to all areas)
12	Other
13	Unknown

Key the area(s) where the vehicle was damaged in the crash using the two-digit value (05) or select them by clicking on the value(s) on the databar. If “11 Total (Damage to all areas)” is selected, do not select any other values. Trailer or towed unit damage is shown in this data field; see the <F2> Help screen for information on how to show it.

- **Extent of Damage** – Select the value that best describes the extent of damage to the vehicle.
- **Towed Due to Damage** – Key “Y” or click the Yes button if the vehicle was towed from the scene due to damage in the crash. If it was not towed, key “N”, click the No button, or leave blank.

- **Vehicle Removed By** – Select the name of the towing company that removed the vehicle. If it is not on the list, Key [ALT + O] or click the *Other* button on the databar and key the information. DO NOT HIGHLIGHT OTHER on the list and hit [Enter] because due to a bug in the current form of TraCS, it brings in weird data.
- **Vehicle Factors** - Select all vehicle factors for this unit that may have contributed to the crash. Choose as many as apply. To select multiple factors using a **mouse**, scroll to the first applicable factor, click the item to highlight it; scroll to the second applicable factor, click the item to highlight it; etc. When you have selected all applicable factors, hit [Enter]. To select multiple factors using a **cursor**, scroll to the first applicable factor until you reach it, hit the Space Bar to highlight it; scroll to the second applicable factor until you reach it, hit the Space Bar to highlight it; etc. When you have selected all applicable factors, hit [Enter]. To select multiple factors using **key strokes**, start keying the first applicable factor until you reach it, hit the Space Bar to highlight it; start keying the second applicable factor until you reach it, hit the Space Bar to highlight it; etc. Hitting the Space Bar while on a highlighted selection will unselect it. When you have selected all applicable factors, hit [Enter]. If you select several factors, they may not all show on the screen but all will be shown on the printed report and all will be entered into the database.

## Vehicle Owner

<b>Vehicle Owner</b>		45 <input type="checkbox"/> <b>Vehicle Owner Same As Operator</b>		<input type="checkbox"/> <b>Use Operator Address</b>	
46 - Last Name		46 - First Name		46 - Middle Initial	46 - Suffix
46 - Company Name		Org Type			
47 - Street Address		47 - PO Box			
48 - City		48 - St	48 - Zip Code		
49 - Telephone Number					

- **Vehicle Owner Same as Operator** – Key “Y” or click the Yes button if the vehicle owner is the same person as the operator. Key “N”, click the *No* button, or leave blank if they are not the same. Selecting Yes will copy the information about the operator into this section.
- **Use Operator Address** - Key “Y” or click the Yes button if the address of the vehicle owner is the same as the operator’s. Key “N”, click the *No* button, or leave blank if they are not the same. Selecting Yes will copy the operator’s address information into these data fields.
- **Last Name** – If any person data has been entered in Common Information, a list of the individuals will come up when you enter this data field.

46 - Vehicle Owner Last Name

\* Smith Sue P

← Previous    → Next    Common

Edit/New

If the person is already on the list, select them from the list and hit [Enter]. If a List appears and the person is not on the List, key [Alt + E] or click on the


 Edit/new button  on the databar and then key the vehicle owner's last name as it appears on the registration record.

**Never choose a person that's already in Common Information and edit it to be another person.** For example, if a husband is driving a vehicle and his wife is the owner, do not choose the husband from the list in the Vehicle Owner section and then change the first name and middle initial to that of the wife. This will change the data for the husband on all the forms where they were entered, including issued citations.

**If you accidentally select the wrong person from the drop down list, simply go back and select the correct entry. If the person is not on the list, move up to the blank item at the top of list before pressing the Edit/New button to add the new person or vehicle. Remember, if you press edit, you are editing the person or vehicle you have selected on the list, not creating a new entry.**

If a List does not come up when you enter the field, key the vehicle owner's last name as it appears on the registration record.

- **First Name** - Key the vehicle owner's first name.
- **Middle Initial** - Key the vehicle owner's middle initial or name as shown on identification. If they have no middle initial, leave field blank; do not enter "NMI."
- **Suffix** - If applicable, key the suffix of the vehicle owner's name.
- **Date Of Birth**—Key the vehicle owner's date of birth, if required by your agency.
- **Company Name** – If the vehicle owner is a business or government organization, key the name of the business or government.
- **Org Type** – Select the type of person/company that owns the vehicle.
- **Street Address** – Key the current address of the vehicle owner. If the street address was brought in from data scanned using a barcode reader or from an external data source, verify that it represents the current address. If not, key in the current address.
- **PO Box** – If applicable, key the PO Box of the vehicle owner.
- **City** – Key the city of the vehicle owner's current residence.

**Note:** For Canadian addresses, the province abbreviation should be listed in the City field after the city name followed by the zip code if there's room (e.g. Toronto ON 2R34BR). If the zip code doesn't fit here, enter it in the Street Address field after the street address (e.g. 1245 Main St 2R34BR).

- **State** - Select the state of the vehicle owner's current residence.

**Note:** If the address is Canadian, enter "CN" in this field rather than the province abbreviation. See note under "City" regarding the province.

- **Zip code** - Key the zip code of the vehicle owner's current residence.

**Note:** Canadian zip codes should be entered in the *City* field after the city name and province abbreviation (e.g. Toronto ON 2R34BR). If it does not fit in that field, put it in the Street address field following the street address (e.g. 1245 Main St 2R34BR).

- **Telephone Number** - Key the vehicle owner's current telephone number. If they do not have a telephone number or their number is an unpublished/unlisted number which is not public record, key in 000 000-000.

## Insurance

<b>Insurance</b>		
63 - Insurance Company		60 <input type="checkbox"/> <b>Policy Holder Same As Owner</b>
61 - Policy Holder Last Name	61 - Policy Holder First Name	61 - Policy Holder Company

- **Insurance Company** – It is VERY important to select the correct insurance company. Sometimes, there are several companies with similar names. Ask to see the operator's insurance card if they have it with them and get the correct name. See the <F2> Help screen for this data field for the "real" name of some common insurance companies such as AAA.

If the insurance company is not on the list, key [ALT + O] or click the "Other" button on the databar and key the name of the insurance company. Do not enter the name of the insurance agent, agency or motor club. If the vehicle is not insured, select "None". If the insurance company is unknown, select Unknown from the list.

Aliases have been set up for common insurance companies. To use an alias, key [Alt + O] or hit the "Other" button on the databar and then key the alias (e.g. SF for State Farm) in the Insurance Company field and hit [Enter]. A message box will pop up asking you to verify that the correct company was selected. A list of the aliases that come loaded in TraCS can be found by clicking on the red Alias List link in the <F2> help screen.

- **Policy Holder Same As Owner** - Key "Y" or click the Yes button if the insurance policy holder is the same as the vehicle owner. Key "N", click the No button, or leave blank if they are not the same.

- **Policy Holder Last Name** – If the insurance policy holder is not the same as the vehicle owner and is an individual, key their last name.
- **Policy Holder First Name** – Key the first name of the insurance policy holder.
- **Policy Holder Company** – If the insurance policy holder is a business or government unit and not the same as the vehicle owner, key the name of the business/government.

## School Bus

Complete this section for school buses involved in crashes.

School Bus			
Bus Traveling To/From <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
School District Contracted With			

- **Bus Traveling To/From** – Select whether the bus was traveling “to” or “from” school.
- **School Name** – Key the name of the school the bus was traveling to or from.
- **Body Make** – Key the body make of the bus.
- **Seating Capacity** – Key the seating capacity of the bus.
- **School District** - Key the name of the school district the bus is contracted with.

## Trailer Towed Group

Complete this section for any trailer involved in a crash.

Trailer Towed						
106 - Trailer Unit Number						
Plate Number	Plate Type	State	Plate Expiration Year	Make	Unit Type	Vehicle Identification Number

- **Trailer Unit Number** – Key the number of the unit on this report that the trailer or towed unit is associated with. If a value comes up automatically in this field, verify that it’s correct. **IMPORTANT:** If a power unit was towing more than one trailer or towed unit, enter the information for only one of the trailers or towed units in this group. Put the information about any additional trailers or towed units for this power unit in the narrative. If more than one power unit was pulling a trailer or towed unit in the crash, additional Trailer Towed unit groups can be added (see **Adding or Deleting Groups**).
- **Plate Number** – Key the license plate number displayed on the trailer or towed unit. Do not use spaces or punctuation such as hyphens. Alternatively, if you have already entered the trailer information into the Common Information, key [Alt + L] or click on the *List* button on the databar, select the trailer from the list

and hit [Enter]. See the <F2> Help Screen for information on recording trailer information for parked trailers.

If your agency is set up to retrieve data from an external data source such as through a Mobile Data Browser, key [Alt + S] or hit the *Search* button on the databar to retrieve the vehicle information. **Note:** Depending on how your agency's mobile data interface is set up, you may need to key in the license plate number before you do the search. Check with your agency on which method to use. Always verify all data returned from the Mobile Data Browser. **Note:** *If the trailer had no plates, leave this field blank.*

- **Plate Type** – Select the type of license plate displayed on the trailer or towed unit. For out-of-state plates, select the WI plate type that most closely represents the plate type.
- **State** – Select the state that issued the license plate.  
**Note:** For Canadian license plates, put the abbreviation for the province that issued the plate in this field.
- **Plate Expiration Year** – Key the year that the license plate will expire.
- **Make** – Key the make of the trailer.
- **Unit Type** – Select the value that best describes the trailer or towed unit type. See the <F2> Help screen for more information on these unit types.
- **Vehicle Identification Number** - Key the Vehicle Identification Number. If this information was brought in from data scanned using a barcode reader or by a search from an external data source, verify that it is the correct value by double-checking the number on the trailer.

## ***Occupant Group***

This section contains information about the passengers in vehicles involved in the crash. There should be an Occupant group for each passenger in the crash. When you key the number of Total Occupants involved for each unit in the crash earlier in the form, TraCS automatically creates that number of Occupant groups. **Exception:** No Occupant groups are added for buses or trains since data is not required for non-injured occupants of these vehicles. You will have to manually add Occupant groups for injured occupants of buses or trains. If you close the form before putting any data in a group, that group will be deleted. You will have to manually add the group when you re-open the form. If you want to add or subtract an Occupant group, see **Adding or Deleting Groups**.

## Occupant

65 - Unit No	66 - Last Name	66 - First Name	66 - Middle Initial	66 - Suffix
74 <input type="checkbox"/> Address Same As Operator		<input type="checkbox"/> Address Same As Owner		
68 - Street Address		68 - PO Box		
68 - City		68 - St	68 - Zip Code	
69 - Sex	67 - Date of Birth	70 - Injury Severity		
71 - Seat Position		72 - Safety Equipment	73 - Airbag	
75 - Ejected	76 - Trapped/Extricated	77 <input type="checkbox"/> Medical Transport		
78 - Agency Space				

- **Unit No** – Key the unit number that the OCCUPANT (i.e. passenger) was in.
- **Last Name** – Key the last name of the occupant. If the person refused to give their name, key “R”. If the name is unknown, key “U”.  
If you have already entered the occupant information into the Common Information (e.g. person is vehicle owner but not driver), key [Alt + L] or click on



the *List* button on the databar, select the occupant from the list and hit [Enter].

**Never choose a person that’s already in Common Information and edit it to be another person.** For example, if a husband is driving a vehicle and his wife is an occupant, do not choose the husband from the list and then change the first name and middle initial to that of the wife. This will change the data for the husband on all the forms where they were entered, including issued citations.

**If you accidentally select the wrong person from the drop down list, simply go back and select the correct entry. If the person is not on the list, move up to the blank item at the top of list before pressing the Edit/New button to add the new person. Remember, if you press edit, you are editing the person or vehicle you have selected on the list, not creating a new entry.**

- **First Name** – Key the first name of the occupant.
- **Middle Initial** – Key the middle initial or middle name of the occupant as shown on identification. If they have no middle initial, leave field blank; do not use “NMI.”
- **Suffix** – If applicable, key the suffix to the name of the occupant.
- **Address Same as Operator** - Key “Y” or click the Yes button on the databar if the occupant has the same address as the operator. Key “N”, click the No button, or leave blank if they are not the same. Selecting Yes will copy the address information so you don’t need to re-key it.
- **Address Same as Owner** - Key “Y” or click the Yes button on the databar if the occupant has the same address as the vehicle owner. Key “N”, click the No

button, or leave blank if they are not the same. Selecting Yes will copy the address information so you don't need to re-key it.

- **Street Address** – Key the current street address of the occupant.
- **PO Box** – If applicable, key the PO Box of the occupant.
- **City** – Key the city of current residence of the occupant.  
**Note:** For Canadian addresses, the province abbreviation should be listed in the *City* field after the city name followed by the zip code if there's room (e.g. Toronto ON 2R34BR). If the zip code doesn't fit here, enter it in the *Street Address* field after the street address (e.g. 1245 Main St 2R34BR).
- **St** – Select the state where the occupant resides.  
**Note:** If the address is Canadian, enter "CN" in this field rather than the province abbreviation. See note under "City" regarding the province.
- **Zip code** – Key the zip code of the current residence of the occupant.  
**Note:** Canadian zip codes should be entered in the *City* field after the city name and province abbreviation (e.g. Toronto ON 2R34BR). If it does not fit in that field, put it in the Street address field following the street address (e.g. 1245 Main St 2R34BR).
- **Sex** – Key F or M for female or male or click the appropriate button on the databar for the occupant.
- **Date of Birth** – Key the date of birth of the occupant using two-digit months and days and a four-digit year.
- **Injury Severity** - Based on your observations at the scene, select the degree of injury severity to the occupant.
- **Seat Position** – Select the seat position of the occupant. List an occupant sitting on a person's lap as the same seat position as that person.
- **Safety Equipment** – Select the safety equipment used by the occupant.
- **Airbag** – Select the level of airbag deployment for the occupant in the crash. Select "Not Applicable" if no airbag is furnished for the seat position. Select "Non-Deployed" only if the seat position is equipped with an airbag and the airbag did not deploy.
- **Ejected** – Select the level of the occupant's ejection in the crash. "Ejected" can apply to motorcyclists, bicyclists, etc.
- **Trapped/Extricated** – Select the level of the occupant's entrapment or extrication. "Trapped/Not Extricated" means the occupant died in the vehicle.
- **Medical Transport** – If the occupant was injured in the crash and transported to a medical facility by a qualified medical professional, key "Y" or click the Yes button on the databar. If not, key "N", click the No button on the databar, or leave blank.
- **Agency Space** – This space is provided for your agency's use.

## Witness Group

This section contains information about witnesses to the crash. There should be a Witness group for each witness to the crash. If you want to add or subtract a Witness group, see **Adding or Deleting Groups**.

### WITNESS

107 - Last Name	107 - First Name	107 - Middle Initial
108 - Street Address	108 - PO Box	
110 - City	State	110 - Zip Code
109 - Date of Birth	111 - Phone Number	

- **Last Name** – Key the last name of the witness.
- **First Name** – Key the first name of the witness.
- **Middle Initial** – Key the middle initial of the witness or middle name as shown on identification. If they have no middle initial, leave field blank; do not use “NMI.”
- **Street Address** – Key the current street address of the witness.
- **PO Box** – If applicable, key the PO Box of the witness.
- **City** – Key the city of current residence of the witness.
- **State**– Select the state where the witness resides.
- **Zip code** – Key the zip code of the current residence of the witness. **Note:** Canadian zip codes should be entered in the *City* field along with the name of the city (e.g. Edmonton 2R34B).
- **Date of Birth** – Key the date of birth of the witness using two-digit months and days and a four-digit year.
- **Phone Number** – Key the telephone number of the witness. If they do not have a telephone number or their number is an unpublished/unlisted number which is not public record, key in 000 000-0000.

## Accident Summary Continued Group

This section contains additional basic information about the crash.

### Accident Summary Continued

80 - First Harmful Event		
19 - Special Study	93 - Manner of Collision	112 - Access Control <b>No Control</b>
113 - Road Curvature	113 - Road Terrain	114 - Light Condition
115 - Traffic Way	116 - Road Surface Condition	117 - Relation To Roadway
118 - Weather		

- **First Harmful Event** – Select the value that best describes the FIRST OCCURRENCE of injury or damage in the crash.
- **Special Study** – If the crash is involved in a special study, key the appropriate value. The WI Dept of Transportation must approve the use of Special Study values in advance. More than one value may be selected. See the instructions for the *Driver Factors* field for information on how to select values for this field.
- **Manner of Collision** – Key the value that best describes the manner of collision at the point of the first harmful event or select it by clicking on the appropriate value on the databar. Only one selection may be made.
- **Access Control** – Select the value that best describes the type of roadway access control for the ON Street/Hwy vehicle.
- **Road Curvature** – Select the value that best describes the horizontal road terrain at the first harmful event.
- **Road Terrain** – Select the value that best describes the vertical road terrain at the first harmful event.
- **Light Condition** – Select the value that best describes the light condition at the time of the crash.
- **Traffic Way** – Select the value that best describes the ON Street/Hwy traffic way.
- **Road Surface Condition** – Select the value that best describes the road surface condition at the time of the crash.
- **Relation to Roadway** – Select the value that best describes the location of the crash.
- **Weather Condition** – Select the value that best describes the weather condition at the time of the crash.

## Property Owner Group

This section contains information about owners of fixed objects struck in the crash. There should be a Property Owner group for each property owner in the crash. If you want to add or subtract a Property Owner group, see **Adding or Deleting Groups**.

**Note:** You will need a property owner group for every crash where some sort of fixed object is struck, including ditches, etc. If the property owner is unknown, just key "Unknown" in the last name field.

Several property owner aliases are included with TraCS for common companies and WisDOT. These are executed from the Company Name field. See the <F2> Help screen for a list of supplied aliases.

84 - Last Name		84 - First Name		84 - Middle Initial	84 - Suffix	Date of Birth	
Government Property Type	84 - Company Name					Organization Type	
85 - Street Address				85 - PO Box			
86 - City				86 - St	86 - Zip Code		
83 - Damage Tag Number				87 - Telephone Number			

### Fixed Objects Struck

82 - Striking Unit	82 - Struck Object	82 - Striking Unit	82 - Struck Object
82 - Striking Unit	82 - Struck Object	82 - Striking Unit	82 - Struck Object
82 - Striking Unit	82 - Struck Object	82 - Striking Unit	82 - Struck Object

## Property Owner

- **Last Name** – If the property owner is an individual, key their last name. Alternatively, if you have already entered the property owner information into the Common Information, key [Alt + L] or click on the *List* button on the databar, select the owner from the list and hit [Enter].
- **First Name** - Key the property owner's first name.
- **Middle Initial** - Key the property owner's middle initial or middle name as shown on identification. If they have no middle initial, leave field blank; do not enter "NMI."
- **Suffix** - If applicable, key the suffix of the property owner's name.
- **Date of Birth** – If applicable and available, key the property owner's date of birth.
- **Government Property Type** – If the property owner is a unit of government, select the government type.
- **Company Name** – If the property owner is a business or government organization, key the name of the business or government. Aliases are available

for this field. To use an alias, key in the alias in this field. After you hit [Enter], the full name of the company or governmental group will be filled in along with their address. To see a list of aliases that come with TraCS, look at the <F2> help screen for this field and click on the red "Alias Name" link. Agencies can add additional aliases to TraCS.

- **Organization Type** – Select the property owner type.
- **Street Address** – Key the address of the property owner.
- **PO Box** – If applicable, key the PO Box of the property owner.
- **City** – Key the city of the property owner's residence.

**Note:** For Canadian addresses, the province abbreviation should be listed in the *City* field after the city name followed by the zip code if there's room (e.g. Toronto ON 2R34BR). If the zip code doesn't fit here, enter it in the *Street Address* field after the street address (e.g. 1245 Main St 2R34BR).

- **St** - Select the state of the property owner's residence.

**Note:** If the address is Canadian, enter "CN" in this field rather than the province abbreviation. See note under "City" regarding the province.

- **Zip code** - Key the zip code of the property owner's residence.

**Note:** Canadian zip codes should be entered in the *City* field after the city name and province abbreviation (e.g. Toronto ON 2R34BR). If it does not fit in that field, put it in the Street address field following the street address (e.g. 1245 Main St 2R34BR).

- **Damage Tag Number** – For agencies following the Damage Claim Program and Tagging System, key the yellow Govt. Damage Tag number in this field.
- **Telephone Number** - Key the property owner's telephone number. If they do not have a telephone number or their number is an unpublished/unlisted number which is not public record, key in 000 000-0000.

### ***Fixed Objects Struck***

There are spaces in this section for several fixed objects that were struck for each property owner. If additional spaces are needed, key the information in the narrative.

- **Striking Unit** – Key the unit number of the unit that struck the fixed object.
- **Struck Object** – Select the value that best describes the type of fixed object.

## Description Group

This section contains additional description of the crash.

Description	
105 - Photos By	Surface Type
99 - Diagram	104 - Narrative

- **Photos By** – Key the name of the person(s) who took photos or video recordings of the scene.
- **Surface Type** – Select the value that best describes the type of road surface for the ON Street/Hwy.
- **Diagram** – Click on the appropriate button on the databar to bring up the type of diagram tool you want to use. Provide a diagram that corresponds with the narrative description of the crash. See Appendix G on the TraCS Diagram Tool and Image Capture & Import (Appendix E) for more information on how to use these options.

**Note:** A diagram within the TraCS report is required for all crashes. You may create an additional diagram if desired.

- **Narrative** – Click on the *Narrative* button on the databar to write a narrative description of the crash. It should describe the sequence of events for all units involved in the crash. Once you have keyed the narrative, click *Continue* to place it in the form.

**Note:** Narratives within the TraCS report are required for all crashes. You may prepare additional narrative reports, if desired.

## Truck and Bus Group

This section contains information about trucks and buses that are in crashes that meet certain criteria. **A Truck and Bus Accident group should be completed for each vehicle that meets the following criteria:**

A): it was a truck or truck combination > 10,000 lbs GVWR or GCWR, OR it was any vehicle displaying a hazardous materials placard, OR it was any vehicle designed to carry 9 or more persons including the driver;

**AND**

B): a person was fatally injured in the crash, OR a person injured in the crash needed to be transported for immediate medical treatment, OR one or more vehicles had to be towed from the scene due to damage in the crash.

If you need to add or subtract a Truck or Bus group, see **Adding or Deleting Groups**.

### Truck and Bus Accident Information

Unit Number		<input type="checkbox"/> Use Vehicle Owner Information			
137 - HazMat Class	137 - HazMat "UN" Nos.	HazMat Placard Displayed <input type="checkbox"/>		Hazardous Cargo Released <input type="checkbox"/>	
137 - Hazardous Materials in this Load			137 - Hazardous Materials Released		
138 Interstate Carrier <input type="checkbox"/>	140 - US DOT #	140 - ICC MC #			
139 - Carrier Name				141 - Source	
142 - Carrier Address		City		State	Zip Code
LC #		IC #			
143 - GVWR	144 - Tot Axles	145 - Vehicle Configuration		147 - Cargo Body Type	
146 - First Event		146 - Second Event		146 - Third Event	
				146 - Fourth Event	

- **Unit Number** – Key the number of the unit on this form that the information refers to.
- **Use Vehicle Owner Information** – If appropriate, key “Y” or click the Yes button on the databar to copy the vehicle owner information to the Carrier name and address fields. If not, key “N”, click the No button or leave blank.
- **HazMat Class** – If hazardous materials are being transported, select the type of material. The number corresponds to the number shown on the shipping papers or in the bottom point of the hazardous materials placard. If not, leave blank.
- **HazMat “UN” Nos.** – If the carrier is transporting hazardous materials, key the four-digit UN number from the shipping papers or placard. On cargo tanks, the UN number may also be found on an orange panel adjacent to the placard.
- **HazMat Placard Displayed** - If a hazardous material placard is displayed on the vehicle, key “Y” or click the Yes button on the databar. If not, key “N”, click the No button on the databar, or leave blank.

- **Hazardous Cargo Released** – If hazardous material was released as a result of the crash, key “Y” or click the Yes button on the databar. If not, key “N”, click the No button on the databar, or leave blank.
- **Hazardous Materials in this Load** – Key the name(s) of the hazardous material(s) present in the load. If additional space is needed, list them in the narrative.
- **Hazardous Materials Released** – Key the name(s) of hazardous material(s) released as a result of the crash. If additional space is needed, list them in the narrative. Do not include fuel that powers the vehicle.
- **Interstate Carrier** - Key “Y” or click the Yes button on the databar for any of the following situations: an out-of-state driver, or an out-of-state vehicle, or it has an US DOT or ICC MC#, or it is a carrier with an out-of-state address, or any other indication that the driver crosses state lines. Otherwise, key “N”, click the No button on the databar, or leave blank.
- **US DOT #** - Key the US DOT number if available. The number can usually be found on the outside door panel of the power unit.
- **ICC MC #** - Key the ICC MC # if available. The number can usually be found on the outside door panel of the power unit.
- **Carrier Name** – Key the name of the motor carrier company from the first available source. The name of the carrier may be found printed on the vehicle’s side, on the shipping papers, or by asking the driver.
- **Source** – Select the source of the carrier number information.
- **Carrier Address** – Key the carrier’s current street address.
- **City** – Key the carrier’s current address city.  
**Note:** For Canadian addresses, the province abbreviation should be listed in the City field after the city name followed by the zip code if there’s room (e.g. Toronto ON 2R34BR). If the zip code doesn’t fit here, enter it in the Street Address field after the street address (e.g. 1245 Main St 2R34BR).
- **State** – Key the carrier’s current address state.  
**Note:** If the address is Canadian, enter “CN” in this field rather than the province abbreviation. See note under “City” regarding the province.
- **Zip code** – Key the carrier’s current address zip code.  
**Note:** Canadian zip codes should be entered in the City field after the city name and province abbreviation (e.g. Toronto ON 2R34BR). If it does not fit in that field, put it in the Street address field following the street address (e.g. 1245 Main St 2R34BR).
- **LC #** - Key the LC # if available. The number can usually be found on the outside door panel of the power unit.
- **IC #** - Key the IC # if available. The number can usually be found on the outside door panel of the power unit.
- **GVWR** – Key the vehicle’s gross vehicle weight rating (GVWR) in pounds. This information can be found on the manufacturer’s specification plate in the driver’s door area, on the side of the vehicle or by asking the driver.
- **Tot Axles** – Key the total number of axles on the truck or bus, including the axles on the truck, bus, semi-trailers and trailers.

- **Vehicle Configuration** – Select the value that best describes the configuration of the vehicle.
- **Cargo Body Type** – If applicable, select the value that best describes the cargo body type.
- **First Event** – Select the value that best describes the first event that occurred to the vehicle in the crash.
- **Second Event** – Select the value that best describes the second event that occurred to the vehicle in the crash.
- **Third Event** – Select the value that best describes the third event that occurred to the vehicle in the crash.
- **Fourth Event** - Select the value that best describes the fourth event that occurred to the vehicle in the crash.

### Attachment Group

Depending on the policies of your agency, you may attach files to your report. Not all agencies use attachments.

#### Attachment

<b>Attachment 01</b>	Attached File		File Name			
			Unit Number			
	Driver License Number		Last Name		First Name	
	Middle Name		Suffix name	Sex	Date of Birth	
	License Plate Number	Plate Type	Plate State	Exp Year	Vehicle Identification Number	
	Agency Space					



- **Attached File** – Click the  attach file button. You will be prompted to enter the file name and path of the file you wish to attach to the form.
- **File Name** – Enter the name of the file.
- **Unit Number** – Enter the unit number associated with the attachment. (Optional)
- **Driver License** – Enter the driver license number of the individual associated with the attachment. (Optional)
- **Last Name** – Enter the last name of the individual associated with the attachment. (Optional)
- **First Name** – Enter the first name of the individual associated with the attachment. (Optional)
- **Middle Name** – Enter the middle name of the individual associated with the attachment. (Optional)
- **Suffix Name** – Enter the suffix name of the individual associated with the attachment. (Optional)
- **Sex** – Enter the sex of the individual associated with the attachment. (Optional)

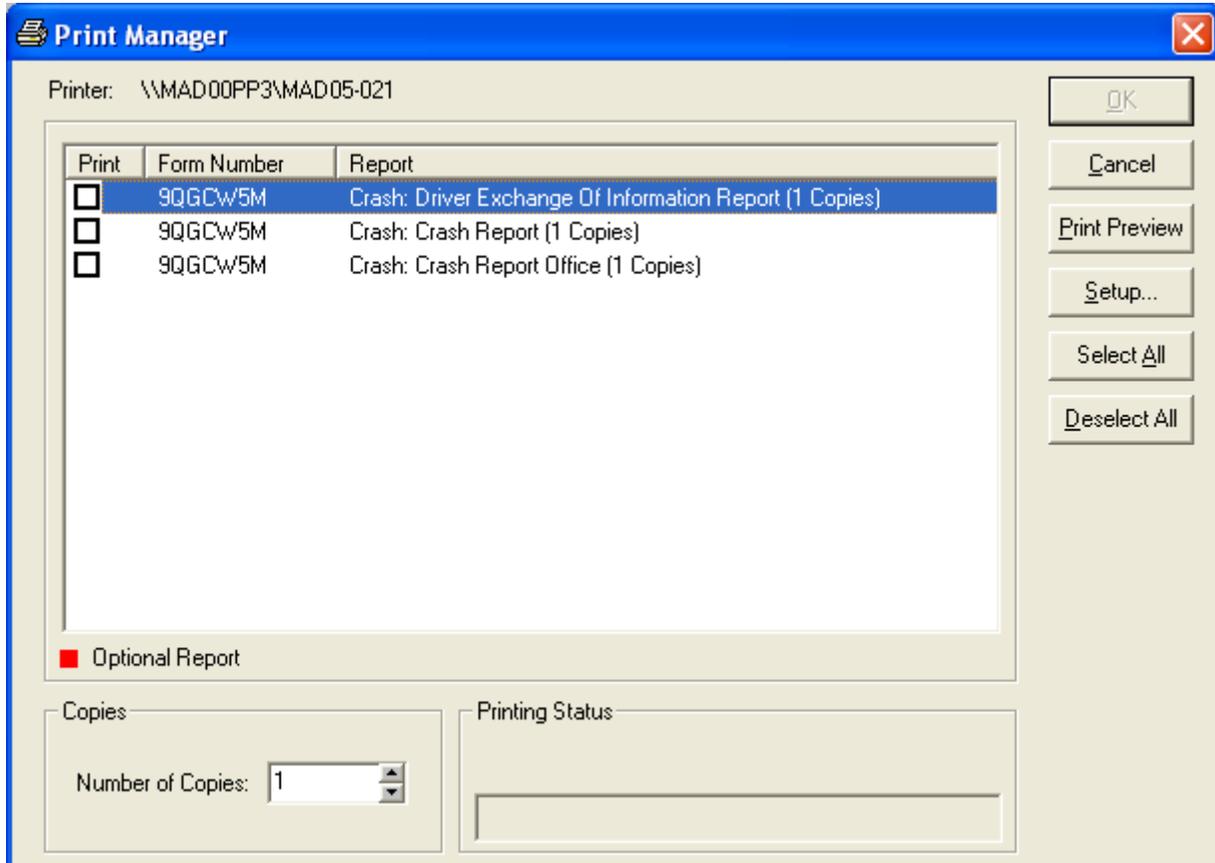
- **Date of Birth** – Enter the date of birth of the individual associated with the attachment. (Optional)
- **License Plate Number** – Enter the license plate number of the vehicle associated with the attachment. (Optional)
- **Plate Type** – Enter the plate type of the vehicle associated with the attachment. (Optional)
- **Plate State** – Enter the plate registration state of the vehicle associated with the attachment. (Optional)
- **Exp Year** – Enter the expiration year of the vehicle associated with the attachment. (Optional)
- **Vehicle Identification Number** – Enter the vehicle identification number of the vehicle associated with the attachment. (Optional)
- **Agency Space** – Enter any agency specific information required by your agency.

## Validation

Once you have completed a crash form, validate it. See the section on Validation earlier in the book.

## Printing

Three reports are available for printing the crash report: the Driver Exchange of Information Report, the full Crash Report, and an office copy of the full crash report which shows the code values rather than the descriptive values for some fields.



## Deer Crash Form

The Deer Crash Form can be used to report single unit, property damage only, deer or other non-domesticated animal crashes. It contains only the necessary fields from the Crash form.

To start a Deer Crash form, choose it from the Available Forms menu:



### Data Fields

The numbers at the beginning of the data field labels refer to the Field Number on the paper MV4000.

DOT Document Number 9M5LX6R	<input checked="" type="checkbox"/> Reportable	Accident Number	Police Number
--------------------------------	--	-----------------	---------------

- **DOT Document Number** - This number is automatically generated and cannot be changed. It is a combination of letters and numbers created from:
  - The TraCS agency selector (assigned by Badger TraCS)
  - The field or workstation unit number assigned by the local agency
  - A sequential number

**It is important that the number not be changed so that there are no duplicate document numbers for different accidents.**

- **Reportable** - This field indicates whether or not this is a reportable crash. It always defaults to “Reportable” which is indicated by the “X” in the field. If your agency keeps data on non-reportable crashes, you can change this field to non-reportable by clicking *File* on the menu bar and then *Toggle Non Reportable*. A message box will come up asking if you really want to change it to non-reportable. If you click Yes, the “X” will be removed from the box. You can change it back to reportable by following the same steps.
- **Accident Number** - This is a number that your agency can use to identify the crash. This data field is equivalent to the vertical data field on the left-hand side, middle of the paper MV4000. This field is optional.
- **Police Number** - This is also a number that your agency can use to identify the crash. This data field is equivalent to the vertical data field on the left-hand side, top of the paper MV4000. This field is optional.



## Law Enforcement Agent Group

### Law Enforcement Agent

<b>LAW ENFORCEMENT AGENT</b>	125 - Last Name TESTERSON	125 - First Name TESTY	125 - Middle Name T	131 - Officer ID 45678
	129 - LEA Number 2345	Law Enforcement Agency Jurisdiction MADISON		Law Enforcement Agency type Other
	130 - Law Enforcement Agency Name TEST POLICE DEPARTMENT			
	126 - Law Enforcement Agency Street Address PO BOX 7919			
	127 - Law Enforcement Agency City MADISON	127 - LEA State WI	127 - Law Enforcement Agency Zip Code 53707	
	128 - Law Enforcement Agency Phone Number (608) 267-1847 Ext.			
	132 - Date Notified	135 - Date Of Report		

Many of the data fields in this Group fill in automatically based on your user file. Complete the data fields that are not already filled in.

- **Date Notified** – Defaults to today’s date. If this is not correct, key in the correct date. Be sure to key two-digit months and days (e.g. 01 for January).
- **Date of Report** - Defaults to today’s date. If this is not correct, key in the correct date. Be sure to key two-digit months and days (e.g. 01 for January).

## Accident Summary

This section contains general information about the accident.

4 - Accident Date		5 - Time		6 - Total Units 01		
2 - County		3 - Municipality		11 - Accident Location		
14 - On Hwy #	14 - On Street Name			14 - Business/Frontage/Ramp	15 - Est. Dist	15 - From Dir
16 - From/At Highway #		16 - From/At Street Name		16 - Business/Frontage/Ramp		
17 - Structure Type		17 - Structure Number		18 - Agency Space		
12 - Latitude			13 - Longitude			
<input type="radio"/> Deer <input type="radio"/> Non-domesticated Animal		Animal Hit		80 - First Harmful Event		

Location information is entered differently in TraCS than on the paper MV4000. It is very important to try to enter the data correctly. Appendix J of this manual shows examples of how location information should be entered.

- **Accident Date** – Defaults to today’s date. If this is not correct, key in the correct date. Be sure to key two-digit months and days (e.g. 01 for January).
- **Time** - Key in the four-digit military time without any punctuation (e.g. 0330 for 3:30 am).
- **Total Units** – This is pre-filled with one unit since the form may only be used for single unit, property damage only deer or other non-domesticated animal crashes.
- **County** – Select the county in which the accident occurred. You can default this value if you usually report accidents in one county.
- **Municipality** – Select the municipality in which the accident occurred. Be careful to make the correct selection in cases where there is a city/village with the same name as a township. You can default this value if you usually report accidents in one municipality.
- **Accident Location** – Select the appropriate accident location using the spot where control was lost.
- **On Hwy #** - If the accident occurred on a federal, state or county highway, select the highway from the list. If the highway also has a street name, key it in the next field (On Street Name). **Exception:** If the accident occurred on a county highway within a city or village, key this in the next data field (On Street Name) as part of the street name (e.g. CTH M Century Ave). See the Help screen <F2> and/or Appendix J for more information about selecting highways.
- **On Street Name** – If a list of roads is provided, select the street name of the road the accident occurred on from the list or hit [Alt + O] to key in the street name if it’s not on the list. If no list is provided, key in the street name. See the Help

screen <F2> for instructions on how to enter parking lot and private property accidents.

- **Business/Frontage/Ramp** – If the accident occurred on a business highway, frontage road or ramp, select the appropriate designation from the list. If not, leave blank. If the accident occurred on a ramp, see the <F2> Help screen for instructions on how to enter an accident on a ramp. **Note:** This field only refers to data in the **On Hwy #** field; it does not refer to the fact that a parking lot was at a business.
- **Est. Dist** – The following databar first appears when you are in this field:



If your measurement is in feet, key the number here. If your measurement is in miles, change the databar to miles by either clicking the radio button next to Miles, hit the letter “M”, or cursor down to Miles. The databar will now look like this:



Key the distance in miles using the decimal point.

- **From Dir** – Select the direction that the accident occurred **from** the nearest intersecting street or highway.
- **From/At Hwy** - If the nearest intersecting road is a federal, state or county highway, key the highway number or letter (county highways may be entered in this field regardless of whether the location is in a town, city or village). See the Help screen for more information about selecting which highway to use. If the highway also has a street name, key it in the next field (From/At Street Name). **Note:** This field is only meant for a highway number or letter; it does not refer to whether or not the “At” roadway was “From” or “At” the “On” roadway. FR, FRM, AT etc. should not be entered in this field unless they are the name of a county highway.
- **From/At Street Name** – If appropriate, enter the name of the nearest intersecting roadway. If a list of roads is provided, select the street name from the list or hit [Alt + O] to key in the street name if it’s not on the list. If no list is provided, key in the street name. See the <F2> Help screen or the examples in Appendix J for instructions on how to enter parking lot and private property accidents.
- **Business/Frontage/Ramp** – If the From/At Highway was a business highway, frontage road or ramp, select the appropriate value. If not, leave blank. **Note:** This field only refers to data in the *From/At Highway #* field; it does not refer to the fact that a parking lot was at a business.
- **Structure Type** – If you would like to record a specific location such as a house number, choose which type of structure you’re referencing in this field. If not,

leave blank. Use this field to identify the type of Parking Lot or Private Property address.

- **Structure Number** - If you would like to record a specific location such as a house number, record the number of the structure in this field. If not, leave blank. Use this field to identify the Parking Lot or Private Property address.
- **Agency Space** – This field is available for your agency’s use. They will instruct you how to use it.
- **Latitude and Longitude** – If available, key in the latitude and longitude in units of decimal degrees. Or, import the data directly from a GPS unit if you have that capability.
- **Deer / Non-Domesticated Animal** – Click the appropriate bubble for the type of accident. Non-Domesticated Animals do **NOT** include dogs and cats running wild or farm animals.
- **Animal Hit** – Type in what kind of animal was hit. Non-Domesticated Animals do **NOT** include dogs and cats running wild or farm animals.
- **First Harmful Event** – This field will pre-fill with “Deer” or “Other Animal” based on the button selected in the Deer / Non-Domesticated Animal field.

## Unit Group

This section contains information about the driver and vehicle (optional) involved in the crash.

### Driver

Unit Status							
22 - Total Occs	23 - Dir Of Travel	24 - Speed Limit	34 - On Duty Accident		81 - Most Harmful Event: Collision With		
21 - Unit Type							
25 - Last Name		25 - First Name		25 - Middle Initial	25 - Suffix	32 - DOB	33 - Sex
26 - Street Address		26 - PO Box	27 - City		27 - St	27 - Zip Code	28 - Telephone Num
29 - Driver's License Number		30 - St	31 - Expiration Year				
36 - Operating As Classification				37 - Operating As Endorsements			
35 <input type="checkbox"/> Operating Commercial Motor Vehicle		<input type="checkbox"/> Vehicle Data					
56 - License Plate No.		57 - Plate Type	58 - St	59 - Exp Year	55 - Vehicle Identification Number		
50 - Yr	51 - Make	52 - Model		53 - Body Style		54 - Color	
94 - Vehicle Damage					95 - Extent Of Damage		

- **Unit Status** – If any of the unit statuses listed apply to this unit, select the appropriate item. If not, leave blank.

- **Total Occupants** – Key the number of occupants (including the driver) for the unit. There are no data fields on the Deer Crash form to record occupants other than the driver since that data is not required.
- **Dir of Travel** – Select the actual or compass direction the unit was traveling before the crash.
- **Speed Limit** – Select the speed limit for the roadway at the time of the crash. Select N/A from the bottom of the list if a speed limit does not apply.
- **On Duty Accident** – If the operator of the unit was On Duty at the time of the crash as an EMT/First Responder, Fire Fighter, Police or Winter Hwy Maintenance, select the appropriate designation. If not, leave this field blank.
- **Most Harmful Event: Collision With** – Select the event that caused the greatest injury or damage to this unit. Only one selection may be made for each unit. See the Help screen for this data field for more information on choosing the event.
- **Unit Type** – Select the type of unit based on the license plate.
- **Last Name** – If any person data has been entered in Common Information, a list of the individuals will come up when you enter this data field.



If the person is already on the list, select them from the list and hit [Enter]. If a List appears and the person is not on the List, key [Alt + E] or click on the

*Edit/New*  button on the databar and then key the operator last name.

**Never choose a person that's already in Common Information and edit it to be another person.** For example, if a husband is driving a vehicle and his wife is the owner, do not choose the husband from the list in the Vehicle Owner section and then change the first name and middle initial to that of the wife. This will change the data for the husband on all the forms where they were entered, including issued citations.

**If you accidentally select the wrong person from the drop down list, simply go back and select the correct entry. If the person is not on the list, move up to the blank item at the top of list before pressing the Edit/New button to add the new person. Remember, if you press edit, you are editing the person or vehicle you have selected on the list, not creating a new entry.**

If a List does not come up when you enter the field, key the last name of the operator.

If your agency is set up to retrieve data from an external data source such as

through a Mobile Data Browser, key [Alt + S] or hit the *Search*  button on the databar to retrieve the operator information. Note: Depending on how your agency's mobile data interface is set up, you may need to key in the operator's last name before you do the search. Check with your agency on which method to use.

Enter the operator's last name as it appears on their Driver's License. If the operator is unlicensed, the legal name should be recorded. When the operator's true name is different from what appears on the license, the reason should be listed in the narrative.

**Important:** For *H&R (unknown driver) and Legally Parked* units, leave name fields blank.

- **First Name** - Key the operator's first name.
- **Middle Initial** - Key the operator's middle initial or middle name as shown on their driver license. If they have no middle initial, leave blank; do not enter "NMI."  
**Suffix** – Select the name suffix, if applicable (e.g. Jr)
- **DOB** – Key the operator's date of birth using two digits per month and day and four digits per year.
- **Sex** – Key the sex of the operator or click on the appropriate button on the databar.
- **Street Address** – Key the current address of the operator. If the street address was brought in from data scanned using a barcode reader or from an external data source, verify that it represents the current address. If not, key in the current address.
- **PO Box** – Key the operator's PO Box, if applicable.
- **City** – Key the operator's current city of residence.

**Note:** For Canadian addresses, the province abbreviation should be listed in the City field after the city name followed by the zip code if there's room (e.g. Toronto ON 2R34BR). If the zip code doesn't fit here, enter it in the Street Address field after the street address (e.g. 1245 Main St 2R34BR).

- **St** – Select the operator's current state of residence.

**Note:** If the address is Canadian, enter "CN" in this field rather than the province abbreviation. See note under "City" regarding the province.

- **Zip code** – Key the operator's current zip code of residence.

**Note:** Canadian zip codes should be entered in the City field after the city name and province abbreviation (e.g. Toronto ON 2R34BR). If it does not fit in that field, put it in the Street address field following the street address (e.g. 1245 Main St 2R34BR).

- **Telephone Num** – Key the operator’s current telephone number. If they do not have a telephone number or their number is an unpublished/unlisted number which is not public record, key in 000 000-0000.
- **Driver’s License Number** – If not filled in, key the operator’s Driver License number without any spaces or punctuation such as hyphens. If your agency is set up to retrieve data from an external data source such as through a Mobile Data Browser, key the Driver’s License Number and then key [Alt + S] or hit the Search button on the databar to retrieve the rest of the operator information. **Note:** If the driver has no license, leave this field plus the next two fields (*State* and *Expiration Year*) blank.
- **State** – Select the state that issued the Driver’s License.  
**Note:** For Canadian drivers licenses put the abbreviation for the province that issued the license in this field.
- **Expiration Year** – Key the Driver’s License expiration year.
- **Operating As Classification** – Select the appropriate class of vehicle operation the person was engaged in at the time of the crash, whether or not the person was licensed for this type of operation. **Note:** This field must be completed even for Legally Parked, Unknown or Hit and Run vehicles where no operator information is entered/required.
- **Operating As Endorsements** – Based on the type of operation engaged in at the time of the crash, select any endorsements required for legal operation of the unit. Choose all that apply. **Note:** This field must be completed even for Legally Parked, Unknown or Hit and Run vehicles where no operator information is entered/required.
- **Operating a Commercial Motor Vehicle** – If the unit requires a Class A, B, or C license for operation, key “Y” or click the Yes button on the databar. If the Class is D, M or O, key “N”, click the No button on the databar, or leave blank.
- **Vehicle Data** -Vehicle data is not required for this form but your agency may require it. If you want to enter the Vehicle information, key “Y” or select the Yes button on the databar which will then open up the vehicle fields for data entry.
- **License Plate Number** – If any vehicle data has been entered in Common Information, a list of vehicles will come up when you enter this data field.



If the vehicle is already on the list, select it from the list and hit [Enter]. If a List appears and the vehicle is not on the List, key [Alt + E] or click on the Edit/New



button  on the databar and then key the license plate number displayed on the unit without any spaces or punctuation such as hyphens.

If your agency is set up to retrieve data from an external data source such as through a Mobile Data Browser, key the license plate number and then the plate



type in the next data field and then key [Alt + S] or hit the *Search*  button on the databar to retrieve the rest of the vehicle information. **Note:** If the vehicle had no plates, leave this field blank.

- **Plate Type** – Select the plate type for the unit. For out-of-state license plates, select the WI value that best describes the unit. **Note:** A value must be entered in this field even if the vehicle had no plates. Select a plate type that is common for this vehicle type (e.g. AUT for a passenger car).

- **State** – Select the state that issued the license plate.

**Note:** For Canadian license plates, put the abbreviation for the province that issued the plate in this field.

- **Expiration Year** – Key the year the license plate will expire. For non-expiring plates, leave blank.

- **Vehicle Identification Number** – Key the Vehicle Identification Number. If this information was brought in from data scanned using a barcode reader or by a search from an external data source, verify that it is the correct value by double-checking the number on the unit. A search to an external data source can be executed from this field as well.

- **Yr** – Key the model year of the vehicle.

- **Make** – Select the make of the vehicle (e.g. Ford).

- **Model** – Key the model of the vehicle (e.g. Taurus).

- **Body Style** – Select the body style of the vehicle (e.g. 2dr).

- **Color** – Select the color that best describes the predominant color of the vehicle.

- **Vehicle Damage** –

94 - Damage Area

Selection:


05 [06] [07] [08] [09] → [01]

[04] [03] [02]

00	None
10	Undercarriage
11	Total (Damage to all areas)
12	Other
13	Unknown

Key the area(s) where the vehicle was damaged in the crash using the two-digit value (05) or select them by clicking on the value(s) on the databar. If “11 Total (Damage to all areas)” is selected, do not select any other values. Trailer or

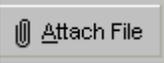
towed unit damage is shown in this data field; see the <F2> Help screen for information on how to show it.

- **Extent of Damage** – Select the value that best describes the extent of damage to the vehicle.

### ***Attachment Group***

Depending on the policies of your agency, you may attach files to your report. Not all agencies use attachments.

10	Attached File	File Name
		Agency Space

- **Attached File** – Click the  attach file button. You will be prompted to enter the file name and path of the file you wish to attach to the form.
- **File Name** – Enter the name of the file.
- **Agency Space** – Enter any agency specific information required by your agency.

## Amended Crash Form

This form can be used to amend either a paper MV4000 or a TraCS Crash or Deer Crash report. This form looks very much like the Crash form except that it includes a data field at the top called Document Number Override.

To start an Amended Crash form, choose it from the Available Forms menu:



Other than the top row of the form, it is exactly like the Crash Form. The top row of the Amended Crash form looks like this:

DOT Document Number 9M5LX6T	Document Number Override	Accident Number	Police Number
--------------------------------	--------------------------	-----------------	---------------

Key the Document number of the report that you're amending in the Document Number Override field. **The Document Number Override should always be the Document Number of the original crash report, not a prior amended crash report or a case number.** Then, fill in the fields that are required (now highlighted in yellow) for all amended reports:

- **Date of Report**– Use the date that the report was amended.
- **Accident Date** – Key in the Date of Accident using MMDDYY format
- **Total Units** – Key in the number of units involved in the original accident. This will create the appropriate number of Unit groups.
- **County** – Select the County in which the accident occurred. You can default this value if you usually report accidents in one county.
- **Municipality** – Select the municipality in which the accident occurred. Be careful to make the correct selection in cases where there is a city/village with the same name as a township. You can default this value if you usually report accidents in one municipality.
- **Driver or Owner Names** - Key in the name of the Operators or Owners for **each unit** identified on the original report. TraCS will delete empty unit groups and

renumber the remaining groups. If you were amending a 2-unit accident and made changes to Unit 2 without adding the Driver or Owner Name for Unit 1, TraCS would delete Unit 1 and renumber Unit 2 to Unit 1. This makes it very difficult for Accident Records staff to know which Unit information was being amended.

- **Narrative** – List the Unit Number(s), if appropriate, and fields that are being amended.

Beyond those fields, enter only the information that you are amending. **List the Unit Number(s), if appropriate, and fields that were amended in the Narrative.**

You will need to validate the Amended Crash form, just as you do the other Crash forms.

## Driver Information Exchange

The Driver Information Exchange form is a subset of the MV4000e. This form contains Driver, Owner, Insurance, Property Owner and Law Enforcement information. It can be used to quickly gather this information and print it at the crash site to give to each driver/participant in the crash as your agency policy dictates. Use of this form is optional.

To use the Driver Information Exchange form, when you have a Crash form open, click



the Driver X button on the toolbar. This will grey out those fields not needed at this time.

DOT Document Number 9M5LX7P	Accident Number	Police Number
--------------------------------	-----------------	---------------

- Enter your Agency **Accident Number** and/or Agency **Police Number** if your agency uses either number.

## Accident Summary

### Accident Summary

<input checked="" type="checkbox"/> Reportable		<input type="checkbox"/> On Emergency				
4 - Accident Date		5 - Time	6 - Total Units	7 - Total Injured	8 - Total Killed	79 - EMS Number
9 <input type="checkbox"/> Hit and Run	9 <input type="checkbox"/> Government Property	9 <input type="checkbox"/> Fire	9 <input type="checkbox"/> Photos Taken	9 <input type="checkbox"/> Trailer or Towed		
9 <input type="checkbox"/> Load Spillage	9 <input type="checkbox"/> Construction Zone	9 <input type="checkbox"/> Names Exchanged				
101 <input type="checkbox"/> Supplemental Reports	102 <input type="checkbox"/> Witness Statement	103 <input type="checkbox"/> Measurements Taken		Start Date 12/21/2009	Start Time 12:57	
Processor SysAdmin	Machine 001	9 <input type="checkbox"/> Truck, Bus, or HazMat		136 <input type="checkbox"/> Any truck or truck combination > 10,000 lbs GVWR/GCWR		
136 <input type="checkbox"/> Any vehicle displaying a hazardous materials placard			136 <input type="checkbox"/> Any vehicle designed to carry 9 or more people, including the driver			
136 <input type="checkbox"/> Fatal Injury	136 <input type="checkbox"/> Medical Transport	136 <input type="checkbox"/> One or more vehicles towed from the scene due to disabling damage				
2 - County		3 - Municipality		11 - Accident Location		
14 - On Hwy #	14 - On Street Name		14 - Business/Frontage/Ramp	15 - Est. Dist	15 - From Dir	
16 - From/At Highway #		16 - From/At Street Name		16 - Business/Frontage/Ramp		
17 - Structure Type		17 - Structure Number		18 - Agency Space		
12 - Latitude			13 - Longitude			
-						

Location information is entered differently in TraCS than on the paper MV4000. It is very important to try to enter the data correctly. Appendix J of this manual shows examples of how location information should be entered.

- **Accident Date** – Enter the date of the accident. Be sure to key two-digit months and days (e.g. 01 for January).
- **Total Units** – Key in the number of total units involved in the accident. The value entered in this field automatically creates the appropriate number of Unit groups in the form.
- **County** – Select the county in which the accident occurred. You can default this value if you usually report accidents in one county.
- **Municipality** – Select the municipality in which the accident occurred. Be careful to make the correct selection in cases where there is a city/village with the same name as a township. You can default this value if you usually report accidents in one municipality.
- **On Hwy #** - If the accident occurred on a federal, state or county highway, select the highway from the list. If the highway also has a street name, key it in the next field (On Street Name). **Exception:** If the accident occurred on a county highway within a city or village, key this in the next data field (On Street Name) as part of the street name (e.g. CTH M Century Ave). See the Help screen and/or Appendix J for more information about selecting highways.
- **On Street Name** – If a list of roads is provided, select the street name of the road the accident occurred on from the list or hit [Alt + O] to key in the street name if it's not on the list. If no list is provided, key in the street name. See the <F2> Help screen for instructions on how to enter parking lot and private property accidents.
- **Est. Dist** – The following databar first appears when you are in this field:



If your measurement is in feet, key the number here. If your measurement is in miles, change the databar to miles by either clicking the radio button next to Miles, hit the letter "M", or cursor down to Miles. The databar will now look like this:



Key the distance in miles using the decimal point.

- **From Dir** – Select the direction that the accident occurred **from** the nearest intersecting street or highway.
- **From/At Hwy** - If the nearest intersecting road is a federal, state or county highway, key the highway number or letter (county highways may be entered in this field regardless of whether the location is in a town, city or village). See the

<F2> Help screen for more information about selecting which highway to use. If the highway also has a street name, key it in the next field (From/At Street Name). **Note:** This field is only meant for a highway number or letter; it does not refer to whether or not the “At” roadway was “From” or “At” the “On” roadway. FR, FRM, AT, STH, CTH, HWY, etc. should not be entered in this field unless they are the name of a county highway.

- **From/At Street Name** – If appropriate, enter the name of the nearest intersecting roadway. If a list of roads is provided, select the street name from the list or hit [Alt + O] to key in the street name if it’s not on the list. If no list is provided, key in the street name. See the <F2> Help screen or the examples in Appendix J for instructions on how to enter parking lot and private property accidents.
- **Structure Type** – If you would like to record a specific location such as a house number, choose which type of structure you’re referencing in this field. If not, leave blank. Use this field to identify the type of Parking Lot or Private Property address.
- **Structure Number** - If you would like to record a specific location such as a house number, record the number of the structure in this field. If not, leave blank. Use this field to identify the Parking Lot or Private Property address.

## Driver

### Driver

Unit Status					
22 - Total Occs	23 - Dir Of Travel	24 - Speed Limit	34 - On Duty Accident	81 - Most Harmful Event: Collision With	
119 - What Driver Was Doing		120 - Traffic Control		100 - Skidmarks to Impact	
122 - Driver Factors			124 - Highway Factors		
21 - Unit Type		92 - Pedestrian Location	92 - Pedestrian Action		
25 - Last Name	25 - First Name	25 - Middle Initial	25 - Suffix	32 - DOB	33 - Sex
26 - Street Address	26 - PO Box	27 - City	27 - St	27 - Zip Code	28 - Telephone Num
29 - Driver's License Number	30 - St	31 - Expiration Year			
36 - Operating As Classification			37 - Operating As Endorsements		
<input type="checkbox"/> <b>Operating Commercial Motor Vehicle</b>		38 - Injury Severity	41 - Airbag		
42 - Ejected	43 - Trapped/Extricated	<input type="checkbox"/> <b>Medical Transport</b>		62 - # Citations Issued	
64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.	
88 - Driver or Pedestrian Cond	89 - Substance Presence	90 - Alcohol Test	90 - Alcohol Content		
91 - Drug Test	91 - Drug Presence	39 - Seat Position	40 - Safety Equipment		

- **Last Name** – If any person data has been entered in Common Information, a list of the individuals will come up when you enter this data field.

If the person is already on the list, select them from the list and hit [Enter]. If a List appears and the person is not on the List, key [Alt + E] or click on the

 **Edit/New** button on the databar and then key the operator or pedestrian's last name.

**Never choose a person that's already in Common Information and edit it to be another person.** For example, if a husband is driving a vehicle and his wife is the owner, do not choose the husband from the list in the Vehicle Owner section and then change the first name and middle initial to that of the wife. This

will change the data for the husband on all the forms where they were entered, including issued citations.

**If you accidentally select the wrong person from the drop down list, simply go back and select the correct entry. If the person is not on the list, move up to the blank item at the top of list before pressing the edit button to add the new person. Remember, if you press edit, you are editing the person or vehicle you have selected on the list, not creating a new entry.**

If a List does not come up when you enter the field, key the last name of the operator or pedestrian.

If your agency is set up to retrieve data from an external data source such as

through a Mobile Data Browser, key [Alt + S] or hit the *Search*  button on the databar to retrieve the operator information. Note: Depending on how your agency's mobile data interface is set up, you may need to key in the operator's last name before you do the search. Check with your agency on which method to use.

Enter the operator or pedestrian's last name as it appears on their Driver's License. If the operator is unlicensed and in the case of pedestrians, the legal name should be recorded. When the operator's true name is different from what appears on the license, the reason should be listed in the narrative.

**Important:** *For H&R (unknown driver) and Legally Parked units, leave name fields blank.*

- **First Name** - Key the operator or pedestrian's first name.
- **Middle Initial** - Key the operator or pedestrian's middle initial or middle name as shown on their driver license. If they have no middle initial, leave blank; do not enter "NMI."
- **Suffix** – Select the name suffix, if applicable (e.g. Jr)
- **DOB** – Key the operator or pedestrian's date of birth using two digits per month and day and four digits per year.
- **Sex** – Key the sex of the operator or pedestrian or click on the appropriate button on the databar.
- **Street Address** – Key the current address of the operator or pedestrian. If the street address was brought in from an external data source, verify that it represents the current address. If not, key in the current address.
- **PO Box** – Key the operator or pedestrian's PO Box, if applicable.
- **City** – Key the operator or pedestrian's current city of residence.

**Note:** For Canadian addresses, the province abbreviation should be listed in the City field after the city name followed by the zip code if there's room (e.g. Toronto ON 2R34BR). If the zip code doesn't fit here, enter it in the Street Address field after the street address (e.g. 1245 Main St 2R34BR).

- **St** – Select the operator or pedestrian's current state of residence.  
**Note:** If the address is Canadian, enter "CN" in this field rather than the province abbreviation. See note under "City" regarding the province.
- **Zip code** – Key the operator or pedestrian's current zip code of residence.  
**Note:** Canadian zip codes should be entered in the *City* field after the city name and province abbreviation (e.g. Toronto ON 2R34BR). If it does not fit in that field, put it in the Street address field following the street address (e.g. 1245 Main St 2R34BR).
- **Telephone Num** – Key the operator or pedestrian's current telephone number. If they do not have a telephone number or their number is an unpublished/unlisted number which is not public record, key in 000 000-0000.
- **Driver's License Number** – If not already filled in, key the operator's Driver License number without any spaces or punctuation such as hyphens.

If your agency is set up to retrieve data from an external data source such as through a Mobile Data Browser, you can also do a search from this field to retrieve the operator information by keying [Alt + S] or hitting the *Search* button on the databar. **Note:** Depending on how your agency's mobile data interface is set up, you may need to key in the driver's license number before you do the search. Check with your agency on which method to use.

**Note:** If the driver has no license, leave this field plus the next two fields (*State* and *Expiration Year*) blank.

- **State** – Select the state that issued the Driver’s License.  
**Note:** For Canadian drivers licenses, put the abbreviation for the province that issued the license in this field.
- **Expiration Year** – Key the Driver’s License expiration year.

## Vehicle Owner

<b>Vehicle</b>				
Vehicle Type				
56 - License Plate Number	57 - Plate Type	58 - St	59 - Exp Year	55 - Vehicle Identification Number
50 - Yr	51 - Make	52 - Model	53 - Body Style	54 - Color
94 - Vehicle Damage			95 - Extent Of Damage	
96 <input type="checkbox"/> Towed Due To Damage	97 - Vehicle Removed By		123 - Vehicle Factors	
<b>Vehicle Owner</b>	45 <input type="checkbox"/> Vehicle Owner Same As Operator		<input type="checkbox"/> Use Operator Address	
46 - Last Name	46 - First Name		46 - Middle Initial	46 - Suffix
46 - Company Name			Org Type	
47 - Street Address		47 - PO Box		
48 - City		48 - St	48 - Zip Code	
49 - Telephone Number				

- **License Plate Number** – If any vehicle data has been entered in Common Information, a list of vehicles will come up when you enter this data field.

56 - License Plate Number	<div style="border: 1px solid black; padding: 5px;"> <div style="background-color: #e0e0e0; padding: 2px;">*ABC123 1998 FORD FOCUS</div> </div>	<div style="border: 1px solid gray; padding: 5px;"> <div style="display: flex; justify-content: space-around;"> <span>← Previous</span> <span>Next →</span> <span>Common</span> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Edit/New</span> <span>Search</span> </div> </div>
---------------------------	---	---

If the vehicle is already on the list, select it from the list and hit [Enter]. If a List appears and the vehicle is not on the List, key [Alt + E] and then key the license plate number displayed on the unit without any spaces or punctuation such as hyphens.

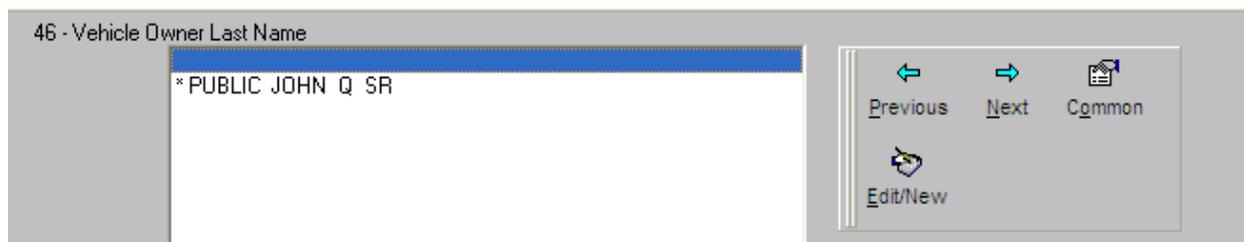
If a List does not come up when you enter the field, key the license plate number displayed on the unit without any spaces or punctuation such as hyphens.

If your agency is set up to retrieve data from an external data source such as through a Mobile Data Browser, key the license plate number and then the plate type in the next data field and then key [Alt + S] or hit the *Search* button on the databar to retrieve the rest of the vehicle information. The search is executed from the Plate Type field. Be sure to review all data returned from an external data source for accuracy.

In the case of a combination vehicle, enter the power unit information. Trailer plates must only be entered in the Trailer section. See the Help screen for information on entering parked trailers.

**Note:** If the vehicle had no plates, leave this field blank.

- **Plate Type** – Select the plate type for the unit. For out-of-state license plates, select the WI value that best describes the unit. **Note:** A value must be entered in this field even if the vehicle had no plates. Select a plate type that is common for this vehicle type (e.g. AUT for a passenger car).
- **Vehicle Identification Number** – Key the Vehicle Identification Number. If this information was brought in from data scanned using a barcode reader or by a search from an external data source, verify that it is the correct value by double-checking the number on the unit.
- **Yr** – Key the model year of the vehicle.
- **Make** – Select the make of the vehicle (e.g. Ford).
- **Model** – Key the model of the vehicle (e.g. Taurus).
- **Vehicle Owner Same as Operator** – Key “Y” or select the Yes button on the databar if the vehicle owner is the same person as the operator. Key “N”, select No from the databar, or leave blank if they are not the same. Selecting Yes will copy the information about the operator into this section.
- **Use Operator Address** - Key “Y” or select the Yes button on the databar if the address of the vehicle owner is the same as the operator’s. Key “N”, select No from the databar, or leave blank if they are not the same. Selecting Yes will copy the operator’s address information into these data fields.
- **Last Name** – If any person data has been entered in Common Information, a list of the individuals will come up when you enter this data field.



If the person is already on the list, select them from the list and hit [Enter]. If a List appears and the person is not on the List, key [Alt + E] or click on the



Edit/new button on the databar and then key the vehicle owner's last name as it appears on the registration record.

**Never choose a person that's already in Common Information and edit it to be another person.** For example, if a husband is driving a vehicle and his wife is the owner, do not choose the husband from the list in the Vehicle Owner section and then change the first name and middle initial to that of the wife. This will change the data for the husband on all the forms where they were entered, including issued citations.

**If you accidentally select the wrong person from the drop down list, simply go back and select the correct entry. If the person is not on the list, move up to the blank item at the top of list before pressing the edit button to add the new person or vehicle. Remember, if you press Edit/New, you are editing the person or vehicle you have selected on the list, not creating a new entry.**

If a List does not come up when you enter the field, key the vehicle owner's last name as it appears on the registration record.

- **First Name** - Key the vehicle owner's first name.
- **Middle Initial** - Key the vehicle owner's middle initial or middle name as shown on driver license. If they have no middle initial, leave field blank; do not enter "NMI."
- **Suffix** - If applicable, key the suffix of the vehicle owner's name.
- **Date of Birth** – Key vehicle owner's date of birth if available.
- **Company Name** – If the vehicle owner is a business or government organization, key the name of the business or government.
- **Org Type** – Select the type of person/company that owns the vehicle.
- **Street Address** – Key the current address of the vehicle owner.
- **PO Box** – If applicable, key the PO Box of the vehicle owner.
- **City** – Key the city of the vehicle owner's current residence.

**Note:** For Canadian addresses, the province abbreviation should be listed in the City field after the city name followed by the zip code if there's room (e.g. Toronto ON 2R34BR). If the zip code doesn't fit here, enter it in the Street Address field after the street address (e.g. 1245 Main St 2R34BR).

- **State** - Select the state of the vehicle owner's current residence.

**Note:** If the address is Canadian, enter "CN" in this field rather than the province abbreviation. See note under "City" regarding the province.

- **Zip code** - Key the zip code of the vehicle owner's current residence.

**Note:** Canadian zip codes should be entered in the City field after the city name and province abbreviation (e.g. Toronto ON 2R34BR). If it does not fit in that

field, put it in the Street address field following the street address (e.g. 1245 Main St 2R34BR).

- **Telephone Number** - Key the vehicle owner's current telephone number. If they do not have a telephone number or their number is an unpublished/unlisted number which is not public record, key in 000 000-0000.

## Insurance

<b>Insurance</b>	
63 - Insurance Company	
<input type="checkbox"/> 60 Policy Holder Same As Owner	
61 - Policy Holder Last Name	61 - Policy Holder First Name
61 - Policy Holder Company	

- **Insurance Company** – It is VERY important to select the correct insurance company. Sometimes, there are several companies with similar names. Ask to see the operator's insurance card if they have it with them and get the correct name. See the <F2> Help screen for this data field for the "real" name of some common insurance companies such as AAA.

63 - Insurance Company Name

- 1ST-AUTO-&-CASUALTY-INS-CO
- 21ST-CENTURY-CASUALTY-COMPANY
- 21ST-CENTURY-INSURANCE-COMPANY
- ABSTAINERS-INS-CO
- ACCEPTANCE-CASUALTY-INSURANCE-COMPANY
- ACCIDENT-FUND-GENERAL-INS-CORP

Navigation buttons: Previous, Next, Other

Select the name of the insurance company for the vehicle. If the insurance company is not on the list, key [ALT + O] or click the *Other* button on the databar and key the Alias or name of the insurance company. Do not enter the name of the insurance agent, agency or motor club. If the vehicle is not insured, select "None". If the insurance company is unknown, select 'Unknown' from the list.

Aliases have been set up for common insurance companies. To use an alias, key [Alt + O] or hit the Other button on the databar and then key the alias (e.g. SF for State Farm) in the Insurance Company field and hit [Enter]. A message box will pop up asking you to verify that the correct company was selected. A list of the aliases that come loaded in TraCS can be found by clicking on the red Alias List link in the <F2> help screen.

## Property Owner

Property Owner				
84 - Last Name	84 - First Name	84 - Middle Initial	84 - Suffix	Date of Birth
Government Property Type	84 - Company Name			Organization Type
85 - Street Address		85 - PO Box		
86 - City	86 - St	86 - Zip Code		
83 - Damage Tag Number		87 - Telephone Number		

- **Last Name** – If the property owner is an individual, key their last name. Alternatively, if you have already entered the property owner information into the Common Information, key [Alt + L] or click on the *List* button on the databar, select the owner from the list and hit [Enter].
- **First Name** - Key the property owner’s first name.
- **Middle Initial** - Key the property owner’s middle initial or middle name. If they have no middle initial, leave field blank; do not enter “NMI.”
- **Suffix** - If applicable, key the suffix of the property owner’s name.
- **Date of Birth** – Key date of birth if applicable and available.
- **Government Property Type** – If the property owner is a unit of government, select the government type.
- **Company Name** – If the property owner is a business or government organization, key the name of the business or government. Aliases are available for this field. To use an alias, key in the alias in this field. After you hit [Enter], the full name of the company or governmental group will be filled in along with their address. To see a list of aliases that come with TraCS, look at the <F2> help screen for this field and click on the red “Alias Name” link. Agencies can add additional aliases to TraCS.
- **Organization Type** – Select the property owner type
- **Street Address** – Key the address of the property owner.
- **PO Box** – If applicable, key the PO Box of the property owner.
- **City** – Key the city of the property owner’s residence.  
**Note:** For Canadian addresses, the province abbreviation should be listed in the City field after the city name followed by the zip code if there’s room (e.g. Toronto ON 2R34BR). If the zip code doesn’t fit here, enter it in the Street Address field after the street address (e.g. 1245 Main St 2R34BR).
- **State** - Select the state of the property owner’s residence.  
**Note:** If the address is Canadian, enter “CN” in this field rather than the province abbreviation. See note under “City” regarding the province.

- **Zip code** - Key the zip code of the property owner's residence.  
**Note:** Canadian zip codes should be entered in the City field after the city name and province abbreviation (e.g. Toronto ON 2R34BR). If it does not fit in that field, put it in the Street address field following the street address (e.g. 1245 Main St 2R34BR).
- **Property Damage Tag** – Enter the yellow government damage tag number if available.
- **Telephone Number** - Key the property owner's telephone number. If they do not have a telephone number or their number is an unpublished/unlisted number which is not public record, key in 000 000-0000.

## Printing

Print the form and distribute to involved parties. Three reports are available for printing. Select the Driver Exchange of Information Report print box. Change the Number of Copies field to the appropriate number and click on OK.

Printer: \\MAD00PP3\MAD05-021

Print	Form Number	Report
<input checked="" type="checkbox"/>	9QGCW5P	Crash: Driver Exchange Of Information Report (1 Copies)
<input type="checkbox"/>	9QGCW5P	Crash: Crash Report (1 Copies)
<input type="checkbox"/>	9QGCW5P	Crash: Crash Report Office (1 Copies)

Optional Report

Copies: Number of Copies: 1

Printing Status: \_\_\_\_\_

To un-grey the form fields and complete the crash form, click on the Driver X button on the toolbar.



## Fatal Supplement Form

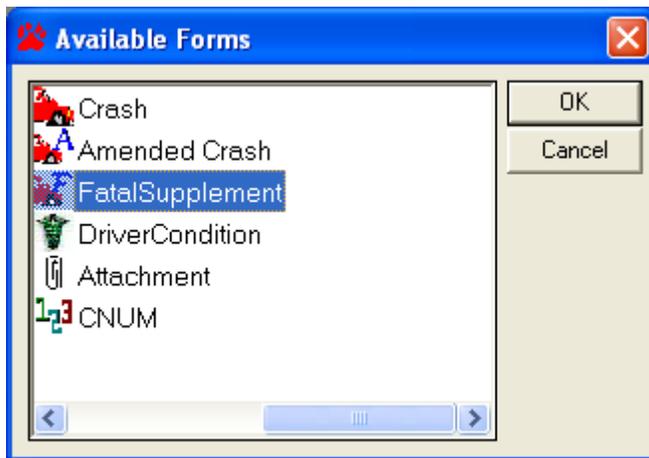
A Fatal Supplement Form (either electronic or paper) is required whenever there is a traffic crash resulting in a fatality. The death must occur within 30 days of the crash to be considered a traffic fatality. A fetus must be 28 weeks developed to be counted as a traffic fatality. This form replaces the paper MV3480 Fatal Supplement Form when submitted as part of a TraCS electronic crash report and is necessary to comply with the requirements of the federal Fatality Analysis Reporting System (FARS).

If an electronic MV4000e (Crash report) has been completed for the crash but has not yet been end shifted, open the Contact that contains it, click on the *Add Form* button

 *Add Form* on the toolbar, select "Fatal Supplement" from the Available Forms list and then click the *OK* button.

If the Crash report was completed on a paper MV4000 or if the electronic MV4000e

Crash report has already been end shifted, click on the *Contact* button  *Contact* on the toolbar, select "Fatal Supple" from the Available Forms list and then click the *OK* button.



If the electronic MV4000e (Crash report) is open in the Contact with the Fatal

Supplement form, click on the *Autopop* button  *Autopop* on the toolbar to fill the form with all available data in the electronic MV4000.

***If the Fatal Supplement Form is submitted after the electronic crash is sent (e.g., a critically injured person dies two weeks after the crash), it must be completed as a separate form and all information must be manually entered.***

The electronic MV3480 is different from the paper version. It requires certain yes or no responses in order to open or gray out additional fields.

## Data Fields

### Document/Police Number and Ambulance Information

Motor Vehicle Fatal Supplement Report (Open) - 012002F1				
Motor Vehicle Fatal Supplement Report Form MV3480			Fatality Document Number 012002F1	
Document Number (From MV4000) F342	Agency Accident Number	Police Number	Accident Date 5/7/2007	Accident Time 1234
Ambulance Notification 2 - Ambulance Notified, Time Unknown				Time Notified
Ambulance Arrived at Scene 2 - Ambulance Arrived, Time Unknown				Time Arrived at Scene
Ambulance Arrived at Hospital 2 - Ambulance Arrived at Hospital, Time Unknown				Time Arrived at Hospital

- **Fatality Document Number** – This number is automatically generated and cannot be changed. It identifies the Fatal Supplement.
- **Document Number (From MV4000)** – This number corresponds to the MV4000 or MV4000e Crash Form, and serves to link the Crash Report and Fatal Supplement Forms.
- **Agency Accident Number** – This number corresponds to the Agency Accident Number on the Crash report, if your agency has assigned one. This field is optional.
- **Police Number** – This number corresponds to the Police Number on the Crash report, if your agency has assigned one. This field is optional.
- **Accident Date** – Defaults to today's date. If this is not correct, key in the correct date. Be sure to key two-digit months and days.
- **Accident Time** – Key in the four-digit time of the crash in military time without punctuation (e.g. 0330 for 3:30am).
- **Ambulance Notification** – Select the value that best describes the notification of an ambulance in connection with the crash whether or not it was called for the fatally injured person(s).
- **Time Notified** – Key the four-digit time the ambulance was notified in military time.
- **Ambulance Arrival at Scene** – Select the value that best describes the arrival of an ambulance at the scene of the crash.
- **Time Arrived at Scene** - Key the four-digit time the ambulance arrived at the scene in military time.
- **Ambulance Arrival at Hospital** – Select the value that best describes the arrival of the ambulance at the hospital transporting an injured person. The person transported could be either the eventual fatality or another person injured in the crash, but it should not be used if a dead body is transported.
- **Time Arrived at Hospital** - Key the four-digit time the ambulance arrived at the hospital in military time.

## Law Enforcement Agency

### LAW ENFORCEMENT AGENCY

Officer Last Name <b>TESTERSON</b>		Officer First Name <b>TESTY</b>	
Officer ID Number <b>45678</b>	Law Enforcement Agency Name <b>TEST POLICE DEPARTMENT</b>	Report Date <b>04/23/2007</b>	

- **Officer information is completed in this section. Most fields are automatically filled in based on your user file.**
- **Report Date** – Date the Fatal Supplement was completed. Defaults to today's date. If this is not correct, key the correct date. Be sure to key two-digit months and days.

## Accident Information

### ACCIDENT INFORMATION

No. of Travel Lanes	Roadway Surface Type	Roadway Profile	
Special Jurisdiction	Relation To Roadway	Trafficway Flow	
Total Units	Total Killed		

*Some of the data fields in this section will autopopulate from the MV4000e if it is open in the same Contact as the Fatal Supplement.*

- **No. of Travel Lanes** – Key in the number of travel lanes of the roadway based on the following criteria:
  - \* **The total number of travel lanes on an undivided roadway, or**
  - \* **The total number of lanes in ONE direction on a divided highway**
- **Roadway Surface Type** – Select the value that best describes the roadway surface of the ON Street/Hwy where the unstabilized situation began.
- **Roadway Profile** – Select the value that best describes the roadway profile at the first harmful event in the crash.
- **Special Jurisdiction** – Select the value that best describes the presence of a special jurisdiction in the crash location.
- **Relation to Roadway** – Select the value that best describes the location of the First Harmful Event in the crash.
- **Trafficway Flow** – Select the value that best describes the ON Street/Hwy trafficway flow.
- **Total Units** – Enter the number of total units involved in this crash. This field is used to create the Surviving Driver information on this form.
- **Total Killed** – Enter the number of total fatalities involved in this crash. This field is used to create the fatality information on this form.

## Unit Information

UNIT INFORMATION							
UNIT 01	Special Use				Emergency Use <input type="checkbox"/> Y/N	Fire <input type="checkbox"/> Y/N	Est. Travel Speed
	Driver Injury Severity	Unit Status		Ejected	Extricated		
	Driver Last Name	Driver First Name		Middle Initial	Suffix	Date of Birth	
	Alcohol Test Given		Alcohol Test Results	Alcohol Test Type			
	Drug Test Given	Drug Test Results				Drug Test Type	

Some of the data fields in this section will autopopulate from the MV4000e if it is open in the same Contact as the Fatal Supplement.

The unit information portion of the electronic MV3480 is substantially different from the paper version. *ALL* units are now pulled into the form, not just surviving driver information. If a driver is a fatality, then all driver information will gray out based upon a K – Fatal Injury entered into the **Driver Injury Severity** field. If the driver survives, then all fields are open for data entry.

- **Special Use** – Select the value that best describes any special use of the unit.
- **Emergency Use?** – Key “Y” or click the Yes button if this unit was operating as an emergency vehicle (lights and sirens activated). If not, key “N”, click the No button or leave blank.
- **Fire** – Key “Y” or click the Yes button if fire was involved with this unit. If not, key “N”, click the No button or leave blank.
- **Estimated Travel Speed** – Select the officer’s estimate of this unit’s travel speed. It does not have to be based upon reconstruction data.
- **Driver Injury Severity** – Based on your observations at the scene, select the degree of injury severity to the operator or pedestrian. If “K” is selected, then the alcohol and drug test information will gray out and information will need to be completed in the Fatality portion of the form. If any other injury is selected, then all fields of this portion of the form must be completed.
- **Unit Status** – If any of the unit statuses listed apply to this unit, select the appropriate item. If not, leave blank.
- **Ejected** – Select the level of the operator’s ejection in the crash. “Ejected” can apply to motorcyclists, bicyclists, etc. “Not Applicable” applies to pedestrians. If ejected and ejection path is known, enter that information in the narrative of the MV4000.
- **Extricated** – Select the level of the operator’s entrapment or extrication. Select “Trapped/extricated” only if extrication tools are used in an attempt to rescue trapped individuals. This does not apply to removal of dead persons from the vehicle.

- **Driver Last Name** – If any person data has been entered in Common Information, a list of the individuals will come up when you enter this data field.



If the person is already on the list, select them from the list and hit [Enter]. If a List

appears and the person is not on the List, key [Alt + E] or click on the *Edit/New* button on the databar and then key the operator or pedestrian's last name.



**Never choose a person that's already in Common Information and edit it to be another person.** For example, if a husband is driving a vehicle and his wife is the owner, do not choose the husband from the list in the Vehicle Owner section and then change the first name and middle initial. This will change the data for the husband on all the forms where they were entered, including issued citations.

**If you accidentally select the wrong person from the drop down list, simply go back and select the correct entry.** If the person is not on the list, move up to the blank item at the top of list before pressing the edit button to add the new person. **Remember, if you press edit, you are editing the person or vehicle you have selected on the list, not creating a new entry.**

If a List does not come up when you enter the field, key the last name of the operator or pedestrian.

If your agency is set up to retrieve data from an external data source such as through a

Mobile Data Browser, key [Alt + S] or hit the *Search* button on the databar to retrieve the operator or pedestrian information. Note: Depending on how your agency's mobile data interface is set up, you may need to key in the operator's last name before you do the search. Check with your agency on which method to use.



Enter the operator's last name as it appears on their Driver's License. If the operator is unlicensed and in the case of pedestrians, the legal name should be recorded. When the operator's true name is different from what appears on the license, the reason should be listed in the narrative.

- **Driver First Name** – Key the operator or pedestrian's first name.
- **Driver Middle Initial** – Key the operator or pedestrian's middle initial. *If they have no middle initial, leave blank.*
- **Suffix** – If applicable, select the name suffix, (e.g. Jr).
- **Date of Birth** -- Key date of birth if available.
- **Alcohol Test Given** – Select the value that best depicts whether or not an alcohol test was given to the operator or pedestrian.

- **Alcohol Test Results** – If an alcohol test was given, select the test result.
- **Alcohol Test Type** – If an alcohol test was given, select the type of test used.
- **Drug Test Given** - Select the value that best depicts whether or not a drug test was given to the operator or pedestrian.
- **Drug Test Results** - If a drug test was given and drugs were present, select the drugs found. Select all that apply. For information on selecting multiple values, see the *Driver Factors* in the Crash form instructions. When you select “Other Drug Medications”, record the type of medication in the narrative.
- **Drug Test Type** - If a drug test was given, select the type of test used.

## Fatality Information

### FATALITY INFORMATION

FATALITY 01

Unit No.				
Last Name	First Name	Middle Initial	Suffix	Date of Birth
Ejected	Extricated	Date of Death	Time of Death	

This section contains information regarding the fatality(ies) in this crash. This section is unable to auto-populate, so these fields must be completed manually.

**Unit Number** – Key the unit number that the fatally injured person was in.

**Last Name** – If any person data has been entered in Common Information, a list of the individuals will come up when you enter this data field.

The screenshot shows a software interface for entering a last name. On the left, there is a dropdown menu with the following entries: \*ZZZDOTIES ANTHONY L JR, \*SAMS TRUCKING, \*SAMS TRUCKING, \*, \*BLOW JOE, \*ZZZDOTIES MARY K, and \*BROWN ANN E. To the right of the dropdown is a toolbar with five buttons: 'Previous' (left arrow), 'Next' (right arrow), 'Common' (document icon), 'Edit/New' (pencil icon), and 'Search' (magnifying glass icon).

If the person is already on the list, select them from the list and hit [Enter]. If a List

appears and the person is not on the List, key [Alt + E] or click on the *Edit/New* button on the databar and then key the fatally injured person’s last name.



**Never choose a person that’s already in Common Information and edit it to be another person.** For example, if a husband is driving a vehicle and his wife is the owner, do not choose the husband from the list in the Vehicle Owner section and then change the first name and middle initial. This will change the data for the husband on all the forms where they were entered, including issued citations.

**If you accidentally select the wrong person from the drop down list, simply go back and select the correct entry. If the person is not on the list, move up to the blank item at the top of list before pressing the edit button to add the new person.**

**Remember, if you press edit, you are editing the person or vehicle you have selected on the list, not creating a new entry.**

If a List does not come up when you enter the field, key the last name of the fatally injured person.

If your agency is set up to retrieve data from an external data source such as through a

Mobile Data Browser, key [Alt + S] or hit the *Search*  button on the databar to retrieve the person's information. Note: Depending on how your agency's mobile data interface is set up, you may need to key in the person's last name before you do the search. Check with your agency on which method to use.

- **First Name** – Key the first name of the fatally person.
- **Middle Initial** – Key the middle initial of the fatally person. If they have no middle initial, leave this field blank.
- **Suffix** – If applicable, select the name suffix, (e.g. Jr).
- **Date of Birth** – Key date of birth.
- **Ejected** – Select the level of the fatally injured person's ejection in the crash. "Ejected" can apply to motorcyclists, bicyclists, etc. "Not Applicable" applies to pedestrians. If ejected and ejection path is known, enter that information in the narrative of the MV4000.
- **Extricated** – Select the level of the fatally injured person's entrapment or extrication. Select "Trapped/extricated" only if extrication tools are used in an attempt to rescue trapped individuals. This does not apply to removal of dead persons from the vehicle.
- **Date of Death** – Enter date coroner pronounces death.
- **Time of Death** – Enter time coroner pronounces death.

## Attachment Group

Depending on the policies of your agency, you may attach files to your report. Not all agencies use attachments.

61	Attached File	File Name
		Agency Space

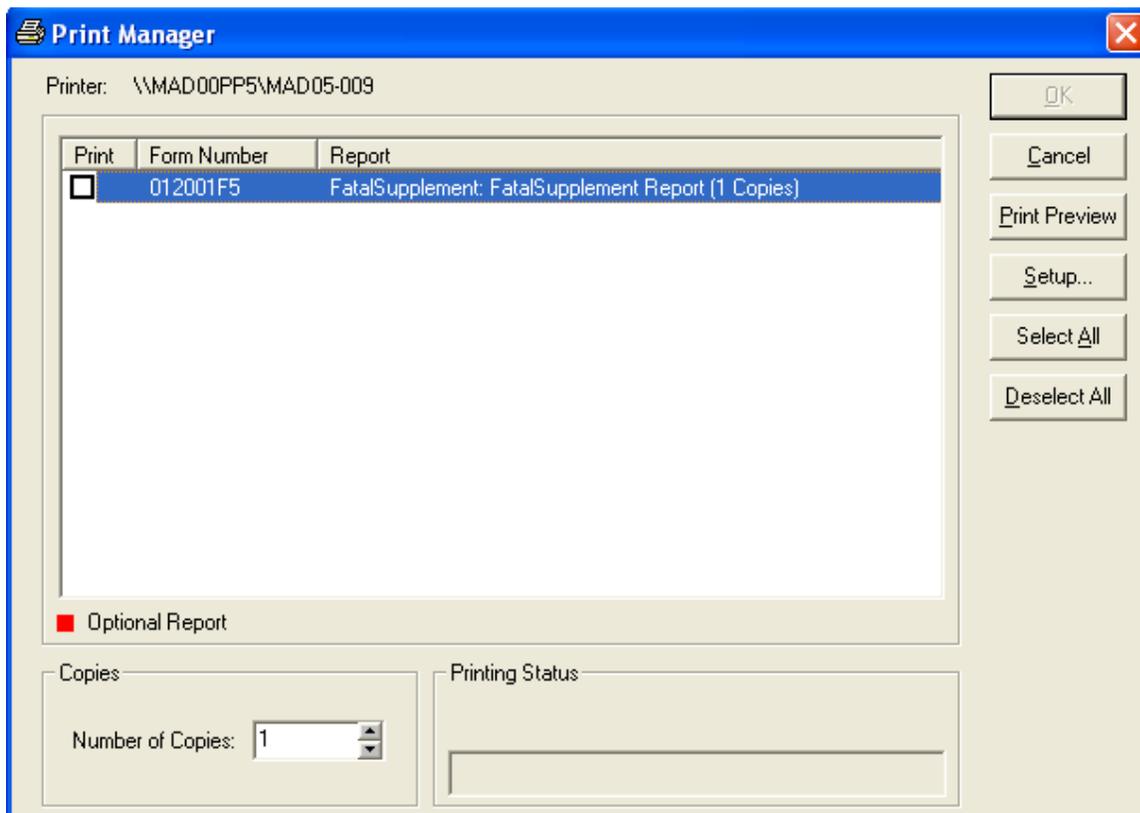
- **Attached File** – Click the  attach file button. You will be prompted to enter the file name and path of the file you wish to attach to the form.
- **File Name** – Enter the name of the file.
- **Agency Space** – Enter any agency specific information required by your agency.

## Validation

Once you have completed the fatal supplement form, validate it. See the section on Validation earlier in the book.

## Printing

One report is available for printing the fatal supplement form.



The Print Manager dialog box shows the printer name as \\MAD00PP5\MAD05-009. It contains a table with the following data:

Print	Form Number	Report
<input type="checkbox"/>	012001F5	FatalSupplement: FatalSupplement Report (1 Copies)

Below the table, there is a checkbox for "Optional Report" which is currently unchecked. At the bottom left, the "Copies" section shows "Number of Copies" set to 1. The "Printing Status" section is empty. On the right side, there are buttons for OK, Cancel, Print Preview, Setup..., Select All, and Deselect All.

# ELCI Form (Electronic Traffic Citation)

# ELCI (Electronic Traffic Citation)

Open an ELCI form by selecting the *Contact* button  on the toolbar or by

selecting the Add Form button  (if the Contact is already open) and then selecting “ELCI” from the Available Forms list and hitting the *OK* button:



## Data Fields

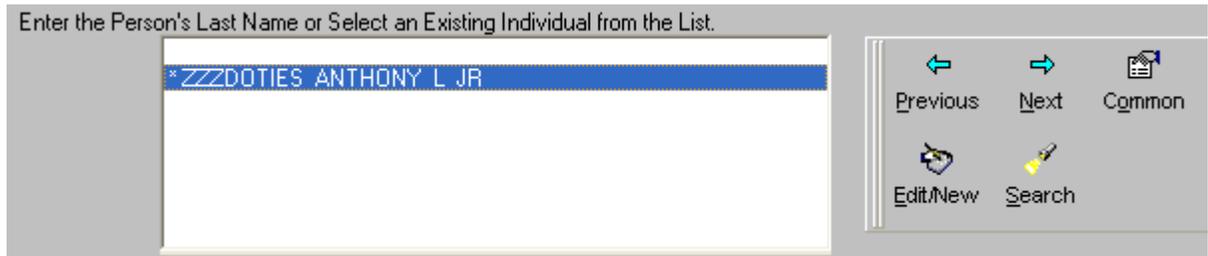
### Violator Section

A100001		6		Police Number					
Defendant Type <b>Individual</b>		Last Name		First Name		Middle Name	Suffix		
Company Name									
Street Address						P.O. Box			
City				State		Zip Code			
Date of Birth	Gender	Race	Height	Weight (lbs.)	Hair	Eye	Biometric Type		
Driver License Number		State of Issuance	DL Expire Year						
Driver Operating Type			Vehicle Operated Class					Holds CDL <b>II</b>	
Vehicle Operated Endorsements			CDL Waiver			Phone Number			

<Ctrl-V> Statute Number  
<Ctrl-O> Operator Last Name  
<Ctrl-S> Street Address  
<Ctrl-D> Licensed As Class

- **Police Number** – Key your agencies case number or other data as directed by your agency.
- **Defendant Type** – Select the value that best describes the violator.

- **Last Name** – If any person data has been entered in Common Information, a list of the individuals will come up when you enter this data field.



If the person is already on the list, select them from the list and hit [Enter]. If a List appears and the person is not on the List, key [Alt + E] or click on the

*Edit/New*  button on the databar and then key the violator's last name.

**Never choose a person that's already in Common Information and edit it to be another person.** For example, if a husband is driving a vehicle and his wife is an occupant that is not wearing a seatbelt, do not choose the husband from the list and then change the first name, middle initial, etc. to that of the wife in order to issue a seatbelt citation to the wife. This will change the data for the husband on all the forms where they were entered, including issued citations.

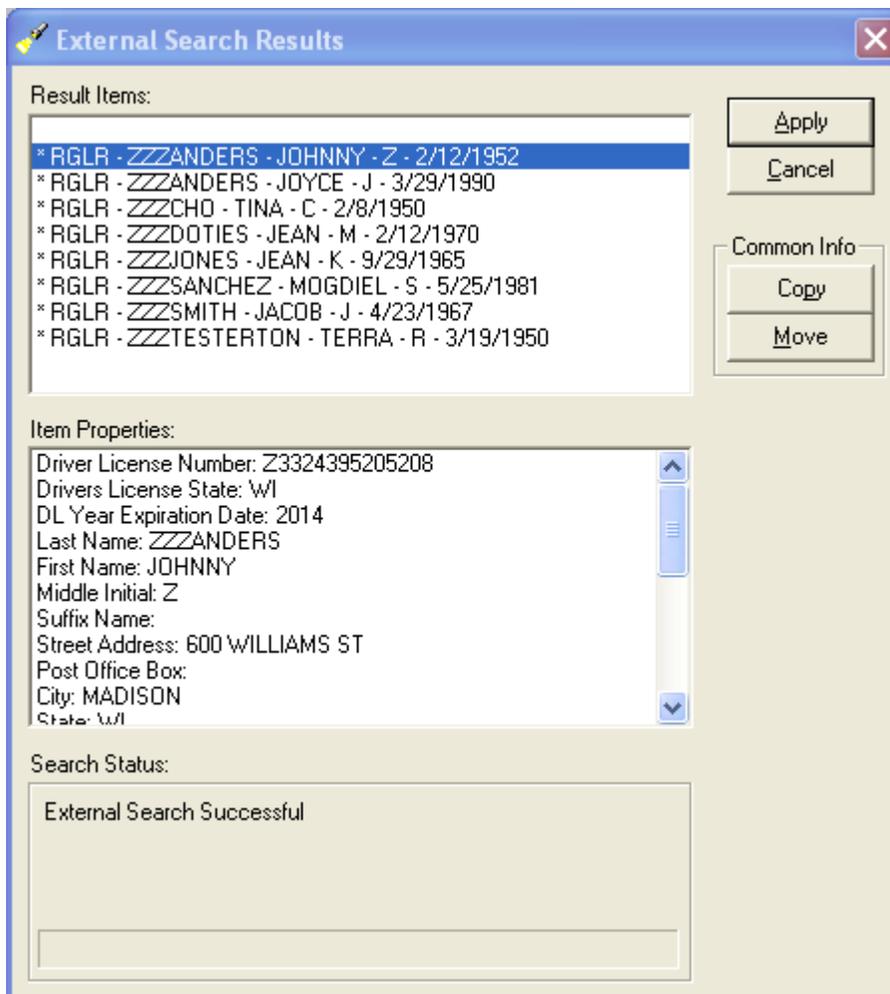
**If you accidentally select the wrong person from the drop down list, simply go back and select the correct entry. If the person is not on the list, move up to the blank item at the top of list before pressing the Edit/New button to add the new person. Remember, if you press edit, you are editing the person or vehicle you have selected on the list, not creating a new entry.**

If a List does not come up when you enter the field, key the last name of the violator.

If your agency is set up to retrieve data from an external data source such as

through a Mobile Data Browser, key [Alt + S] or hit the *Search*  button on the databar to retrieve the violator information. Note: Depending on how your agency's mobile data interface is set up, you may need to key in the person's last name before you do the search. Check with your agency on which method to use.

Enter the last name as it appears on their Driver's License. If the person is unlicensed, the legal name should be recorded.



If the Mobile Data Import functionality is programmed for your agency, and you click on Search, the External Search Results window appears listing the person responses.

- **Click to highlight the entry you want to import from the Result Items pane.**
- **Click on Apply.**
- **The person's data will be imported into the appropriate fields in the ELCI form.**

If you selected the person data from the MDB responses, the person's data will be imported into the appropriate fields in the ELCI form. Complete any remaining fields.

- **First Name – Type first name.**
- **Middle Name – Type middle name or initial, if appropriate.**
- **Suffix – Click to select suffix from the pick list, if needed.**
- **Company Name – If you selected NonIndividual in the first field, the Company Name field will be active. Type company name.**
- **Street Address – Type street address.**
- **P.O. Box – Type PO Box number.**
- **City – Type city name.**

- State – Click to select state from the pick list.
- Zip Code – Type 5 or 9 character zip code.
- Date of Birth – Type individual’s date of birth.
- Gender – Click to select gender from the pick list.
- Race – Click to select race from the pick list.
- Height – Type individual’s height.
- Weight – Type individual’s weight.
- Hair – Click to select hair color from the pick list.
- Eye – Click to select eye color from the pick list.
- Biometric Type – Click to select biometric type from pick list, if needed.
- Driver License Number – Type individual’s driver license number without spaces or dashes.
- State of Issuance – Click to select license state of issuance from the pick list.
- DL Expire Year – Type driver license expiration year.
- Licensed as DL Class – Click to select licensed as class from the pick list.
- License Endorsements – Click to select license endorsements from the pick list.
- Operating as Driver Type – Click to select driver type from the pick list.
- Vehicle Operated Class – Click to select DL Operating class from the pick list.
- Holds CDL – If the driver holds a commercial driver’s license, choose Y, otherwise choose N (Does not hold commercial driver’s license).
- Vehicle Operated Endorsements – Click to select DL operating endorsements from the pick list.
- CDL Waiver – Click to select CDL Waiver from the pick list.
- Phone Number – Type individual’s telephone number and extension if known.

### Vehicle Information Section

**Vehicle Information:**

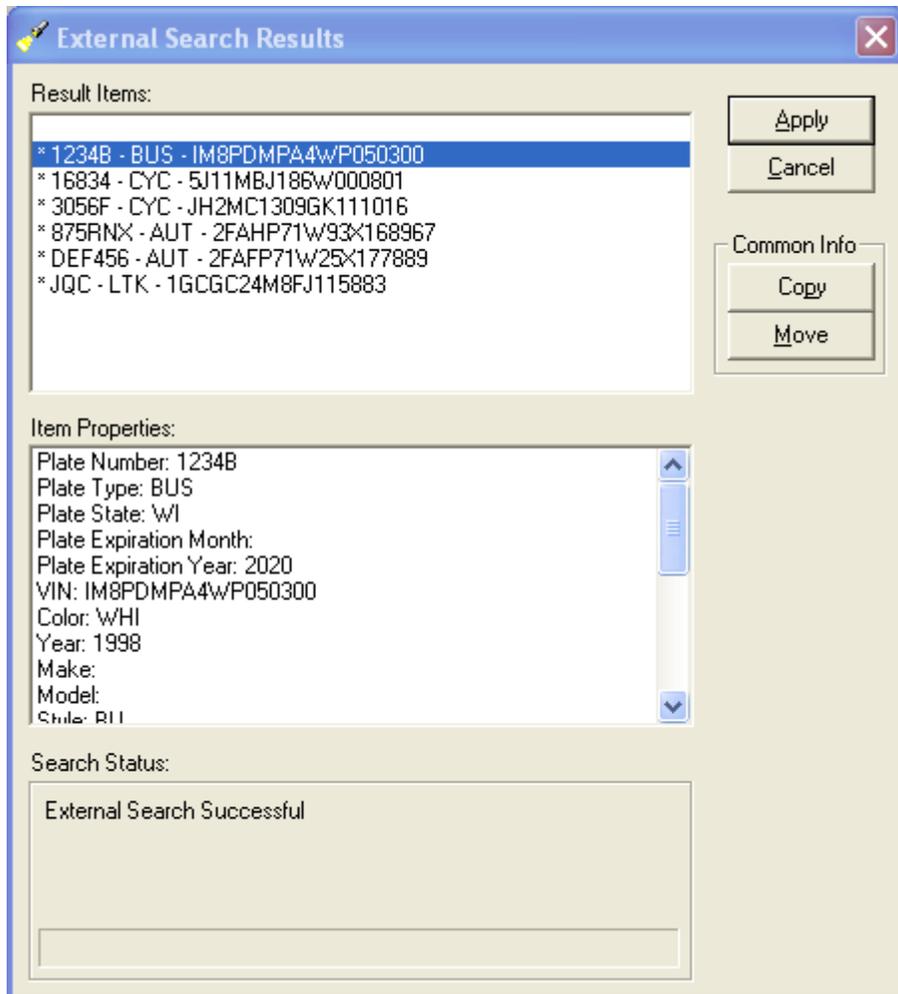
License Plate Number	License Plate Type	Issuing State	Plate Expiration Year
Vehicle Year	Vehicle Make	Vehicle Type	Vehicle Color
VIN	US DOT Number	HazMat	Vehicle Overweight by (lbs.)

<Ctrl-U> Unit Plate Number

<Ctrl-C> Vehicle Color

**License Plate Number:**

- Click on Search to select the Vehicle data from the MDB responses, or
- Type plate number.



If the Mobile Data Import functionality is programmed for your agency, and you click on Search, the External Search Results window appears listing the vehicle responses.

- **Click to highlight the entry you want to import from the Result Items pane.**
- **Click on Apply.**
- **The vehicle data will be imported into the appropriate fields in the ELCI form.**

**Vehicle Information:**

License Plate Number	License Plate Type	Issuing State	Plate Expiration Year	<Ctrl-U> Unit Plate Number
Vehicle Year	Vehicle Make	Vehicle Type	Vehicle Color	<Ctrl-C> Vehicle Color
VIN	US DOT Number	HazMat	Vehicle Overweight by (lbs.)	

If you selected the vehicle data from the MDB responses, the vehicle's data will be imported into the appropriate fields in the ELCI form. Complete the remaining fields.

- License Plate Type – Click to select plate type from the pick list.
- Issuing State – Click to select registration state from the pick list.
- Plate Expiration Year – Type plate expiration year.
- Vehicle Year – Type vehicle manufacturer year.
- Vehicle Make – Click to select vehicle make from the pick list.
- Vehicle Type – Click to select vehicle type from the pick list.
- Vehicle Color – Click to select vehicle color from the pick list.
- VIN Number – Type Vehicle Identification Number.
- US DOT Number – Type US DOT Number.
- HazMat – Type Hazmat number.
- Vehicle Overweight by (lbs.) – Type weight amount.

**Offense Section**

Press Search button to select Statute or Transportation Rule.

346.63(1)(a)

Previous Next Clear

Search

Violation Search

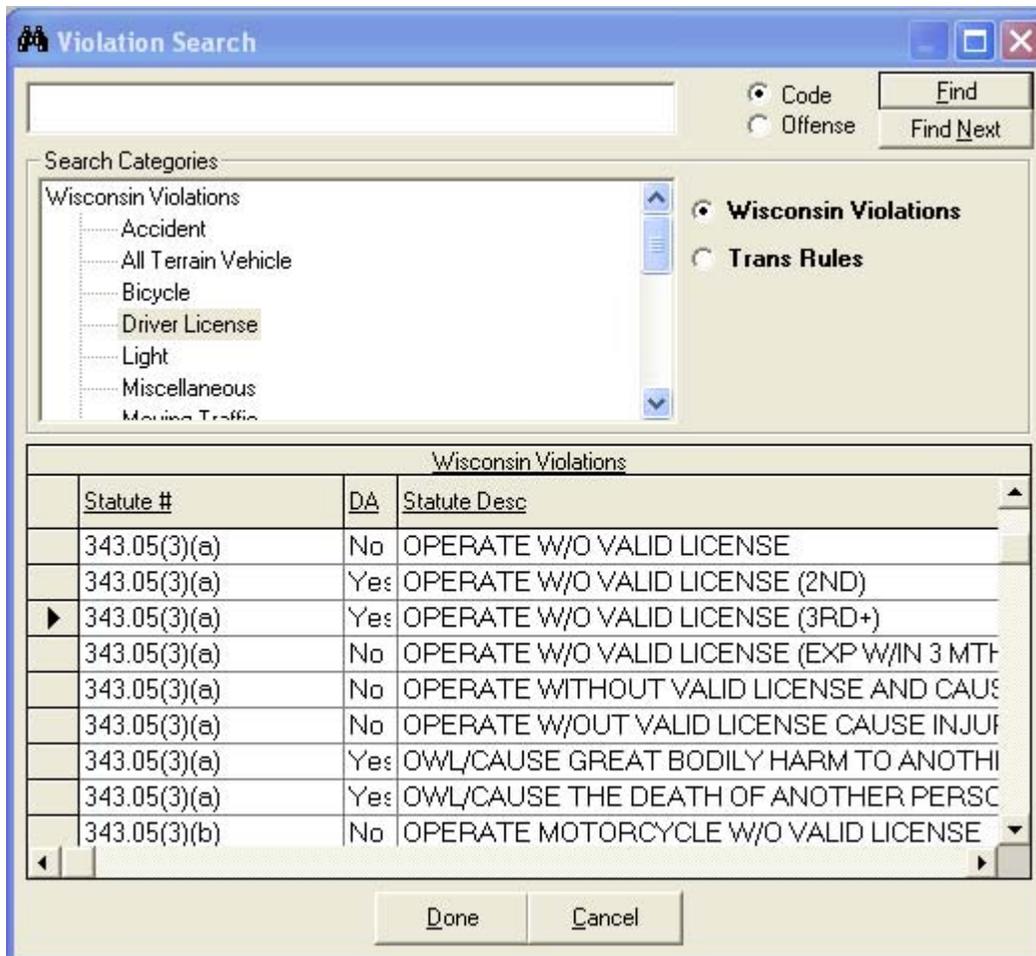
**Wisconsin Electronic Citation (Open)**

**Offense:**

Statute Number / Trans Rule Number	Description					
346.63(1)(a)	OPERATING WHILE INTOX. (4TH)					
Ordinance Number	Ordinance Description					
Actual Speed	Speed Limit	Speed Over	BAC level	Points	Roadway Zones	Underage Passenger
			24	6		

**Statute Number / Trans Rule Number:**

- Type shortcut value, or
- Click on Search to select the Statute from Violations table, or
- Type statute number. If you type the statute number, the query brings back the first statute number that matches, so if there are several charges with the same statute number you might not get the charge you want.



If you click on Search, the Violation Search window appears.

- **Click to select the appropriate radio button for Wisconsin Violations or Trans Rules.**
- **Click to select the Search Category you want to focus on.**
- **Click to select the charge from the list of violations.**
- **Click on Done.**

**Offense:**

Statute Number / Trans Rule Number 346.63(1)(a)		Description OPERATING WHILE INTOX. (4TH)				
Ordinance Number		Ordinance Description				
Actual Speed	Speed Limit	Speed Over	BAC Level 0.	Points 6	Roadway Zones	Underage Passenger

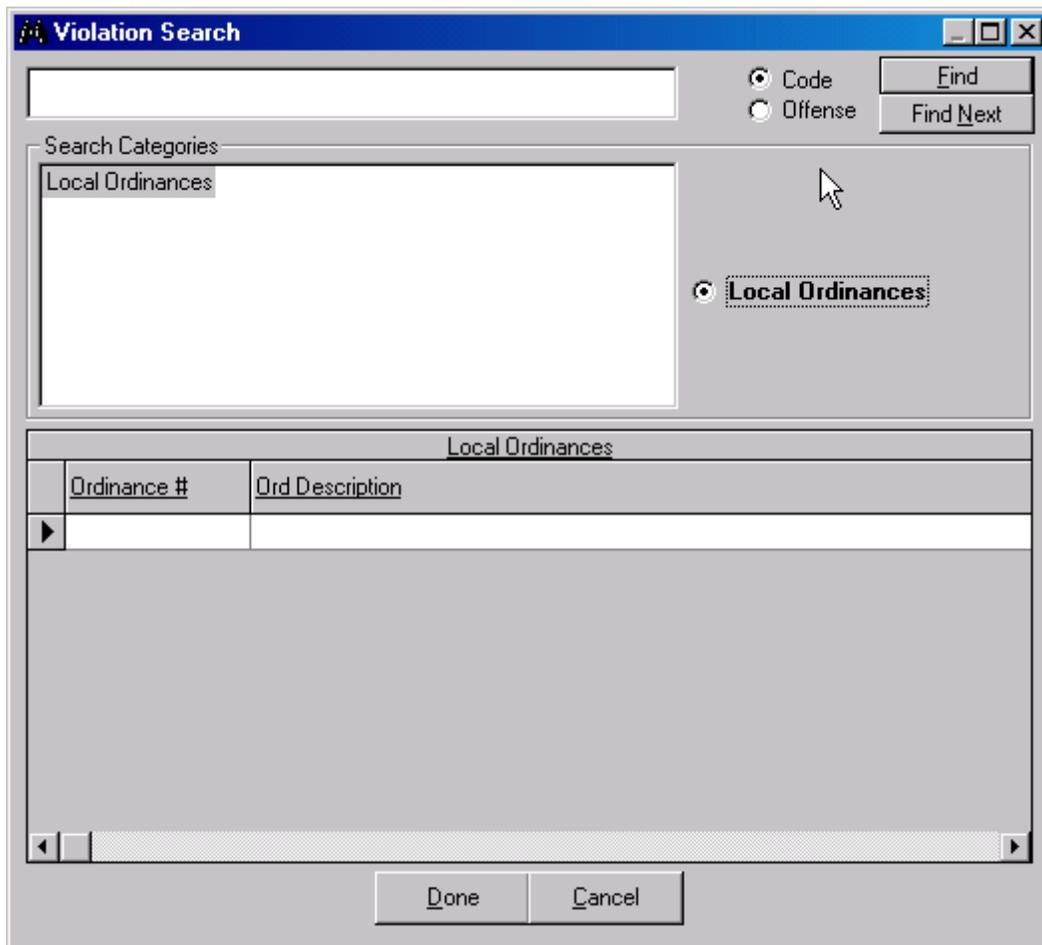
<Ctrl-V> Statute Number

After selecting the charge from the Violation Search window, you return to the Statute Number / Trans Rule Number field on the citation.

- Press Enter to advance the field focus from Statute Number to the next available field. The imported violation data then prefills many fields.
- Ordinance Number:
- 

If your agency has populated Violations Local table with your local ordinances, click **Search** to select the Ordinance from the table, or

Type ordinance number.



If you click on Search, the Violation Search window appears.

- Click to select the charge from the list of local ordinances.
- Click on Done.

**Offense:**

Statute Number / Trans Rule Number <b>346.63(1)(a)</b>		Description <b>OPERATING WHILE INTOX. (4TH)</b>					<Ctrl-V> Statute Number
Ordinance Number		Ordinance Description					
Actual Speed	Speed Limit	Speed Over	BAC Level <b>0.</b>	Points <b>6</b>	Roadway Zones	Underage Passenger	
Violation Date <b>01/06/2011</b>		Violation Time <b>08:33 AM</b>		Date Citation Served <b>01/06/2011</b>		Method Citation Served	
County Name			City/Town/Village				
On Hwy Type	Hwy Name	Hwy Direction	Street Location				
At Distance From		At Direction	At Hwy Type	At Hwy Name	At Hwy Direction		
At Street Location (Direction, Street Name, Street Type)				GPS Latitude Coordinate	GPS Longitude Coordinate		
Accident Severity		Accident Doc No.		Agency Space			<Ctrl-A> Agency Space

After selecting the local ordinance from the Violation Search window, you return to the citation.

- **Ordinance Description** – Type ordinance description if you did not select it in the Violation Search window.
- **Actual Speed** – Active only when a statute from the Speeding or Speeding Work category is selected. Type vehicle speed.
- **Speed Limit** – Active only when a statute from the Speeding or Speeding Work category is selected. Select posted speed from the pick list.
- **Speed Over** – Automatically calculated by TraCS. No input allowed.
- **BAC Level** – Active only when a statute from the Operating While Intoxicated category is selected. Type BAC Level without the decimal.
- **Points** – Automatically populated based upon the statute selected.
- **Roadway Zones** – Click to select roadway zone from pick list.
- **Underage passenger** – Click to select yes or no, as appropriate.
- **Violation Date** – Defaults to current system date.
- **Violation Time** – Defaults to current system time.
- **Date Citation Served** – Defaults to current system date.
- **Method Citation Served** – Click to select method from the pick list.
- **County Name** – Click to select “Violation County” from the pick list.
- **City/Town/Village** – Click to select violation community from the pick list.
- **On Hwy Type** – Click to select highway type from the pick list.
- **Hwy name** – Type highway number or letters.
- **Hwy Direction** – Click to select direction from the pick list.
- **Street Location** – Select street location from the pick list or click the “Other” button to type in street.
- **At Distance From** – Type distance number and select the unit of measure.
- **At Direction** – Click to select direction from the pick list.
- **At Hwy Type** – Click to select highway type from the pick list.
- **At Hwy Name** – Type highway number or letters.

**Offense:**

Statute Number / Trans Rule Number <b>346.63(1)(a)</b>		Description <b>OPERATING WHILE INTOX. (4TH)</b>				
Ordinance Number		Ordinance Description				
Actual Speed	Speed Limit	Speed Over	BAC Level <b>0.</b>	Points <b>6</b>	Roadway Zones	Underage Passenger
Violation Date <b>01/06/2011</b>		Violation Time <b>08:33 AM</b>		Date Citation Served <b>01/06/2011</b>		Method Citation Served
County Name			City/Town/Village			
On Hwy Type	Hwy Name	Hwy Direction	Street Location			
At Distance From		At Direction	At Hwy Type	At Hwy Name	At Hwy Direction	
At Street Location (Direction, Street Name, Street Type)				GPS Latitude Coordinate	GPS Longitude Coordinate	
Accident Severity		Accident Doc No.		Agency Space		

<Ctrl-V> Statute Number

<Ctrl-A> Agency Space

- **At Hwy Direction** – Click to select direction from the pick list.
- **At Street Location** – Select street location from the pick list or click the Other button to type in street.
- **GPS Latitude Coordinate** – The databar contains the fields for both LAT and LONG. Type coordinates if you do not have the GPS configured for TraCS. TraCS is able to import the GPS coordinates from some GPS devices.
- **Accident Severity** – Click to select accident severity from the pick list.
- **Accident Doc No.** – Type accident document number or if you already have an accident form open, click the autopop button.
- **Agency Space** – 200 character field for miscellaneous data.

## Plaintiff Section

### Plaintiff:

Plaintiff Type <b>City/Village/Town</b>		County <b>DANE - 13</b>					
City/Village/Town <b>ALBION - 01, Town</b>							
Court Type				Court Name			
Appear Required <b>Y</b>	Court Appearance Date	Court Time	Truck Surcharge	Deposit/Bail	Cash?	Credit Card ?	DA Routing? <b>Y</b>

- **Plaintiff** – Click to select plaintiff type from the pick list.
- **County** – If you are a County or Municipal Agency, click to select plaintiff county from the pick list.
- **City/Village/Town** – If you are a Municipal Agency, click to select plaintiff community from the pick list.
- **Court Type** – Click to select court type from the pick list.
- **Court Name** – Click to select court from the pick list.
- **Appear Required** – Automatically populated based on the statute selected.
- **Court Appearance Date** – Type court date.
- **Court Time** – Type court time.
- **Truck Surcharge** – Click to select yes or no, as appropriate to indicate if truck driver surcharge applies to this conviction. If yes, the deposit amount will automatically increase by \$8.00.
- **Deposit/Bail** – Automatically populated based on the statute and court type selected. Can be overwritten if your court amounts are different.
- **Cash?** – Click to select yes or no, as appropriate.
- **Credit Card?** – Click to select yes or no, as appropriate.
- **DA Routing?** – Click to select yes or no, as appropriate.

### ***Timely Transmission of TraCS eCitations for DA Routing***

For an eCitation to be useful to the DA office, it MUST be received by them in a timely fashion. In general, that means less than 24 hours from the time of the incident, and certainly before the paperwork arrives in their office, particularly if the defendant is in custody. The eCitation information is needed for the DA to file the criminal complaint.

In order for an eCitation to be received in the DA office, Law Enforcement Agency (LEA) TraCS Administration staff should insure the following procedure is implemented in their agency:

1. The Officer must put a "Y" in the "DA ROUTING?" field. The DA Routing fields are located in the "Plaintiff" section of the form.
2. Once in ISSUED status, if the citation was issued from a TraCS Field Unit, the citation must be End Shifted into the LEA TraCS Office Database as soon as possible, typically at end of shift. If the ELCI was completed and ISSUED in the office on a TraCS Workstation, it is already in the TraCS Office Database, ready for TRANSMISSION.

3. Citations in an ISSUED status should be reviewed/approved per LEA policy and then TRANSMITTED from TraCS Utilities. As mentioned above, in general, that means less than 24 hours from the time of the incident, and before the paperwork arrives in the DA office.

This also applies to any non-criminal Citations associated with a criminal incident that your DA wishes to receive. Routing non-criminal eCitations to the DA office is something that should be discussed and decided between the referring LEA, the DA and the Clerk of Circuit Court, as each county may have their own thoughts on how this should be handled.

- **If a DA office informs you that they will not be prosecuting the criminal charge, DMV needs to be notified that the citation is being withdrawn. Either the DA office or the LEA can report VOIDED or WITHDRAWN citations directly to [dotdmvears@dot.wi.gov](mailto:dotdmvears@dot.wi.gov)**

•

### **Officer Section**

**Officer:**

Highway		Number of Lanes	Weather Conditions
Road Conditions	Light Conditions		Traffic Conditions
Department TEST POLICE DEPARTMENT			
Officer ID 45678	Officer Name OFCR TESTY TESTERSON		
Narrative			

- **Highway** – Click to select highway description from the pick list.
- **Number of Lanes** – Click to select number of lanes from the pick list.
- **Weather Conditions** – Click to select weather conditions from the pick list.
- **Road Conditions** – Click to select road conditions from the pick list.
- **Light Conditions** – Click to select light conditions from the pick list.
- **Traffic Conditions** – Click to select traffic conditions from the pick list.
- **Department** – Field is not accessible. Department name automatically fills based upon user file definition.
- **Officer ID** – Field is not accessible. Officer ID automatically fills based upon user file definition.
- **Officer Name** – Field is not accessible. Officer name automatically fills based upon user file definition.
- **Narrative** – When focus is on the narrative field, a button labeled Narrative appears in the databar area. Click on Narrative to get the Narrative window and type in a narrative up to 990 characters in length. When narrative is complete, click on Continue.

**Parent/Guardian Group**

Complete the parent/guardian group if the defendant is a minor.

**Parent/Guardian Information: (if minor defendant)**

Last Name	First Name	Middle Name	Suffix
Date of Birth	Address same as Defendant? <input type="checkbox"/>		
Street Address		P.O. Box	
City	State	Zip Code	Phone Number

**Attachment Group**

Depending on the policies of your agency, you may attach files to your report. Not all agencies use attachments.

10	Attached File	File Name
		Agency Space



- **Attached File** – Click the  attach file button. You will be prompted to enter the file name and path of the file you wish to attach to the form.
- **File Name** – Enter the name of the file.
- **Agency Space** – Enter any agency specific information required by your agency.

## Entering Additional Citations



- **If you want to issue another ticket to the same individual:**  
Click on **Replicate** on the toolbar. Another citation will be created copying all fields except the Statute Number, Statute Description, Points, Bond Amount, and Narrative fields.



- **If you want to issue another ticket but to a different individual:**  
Click on **Add Form** on the toolbar.



The Available Forms dialog box appears.

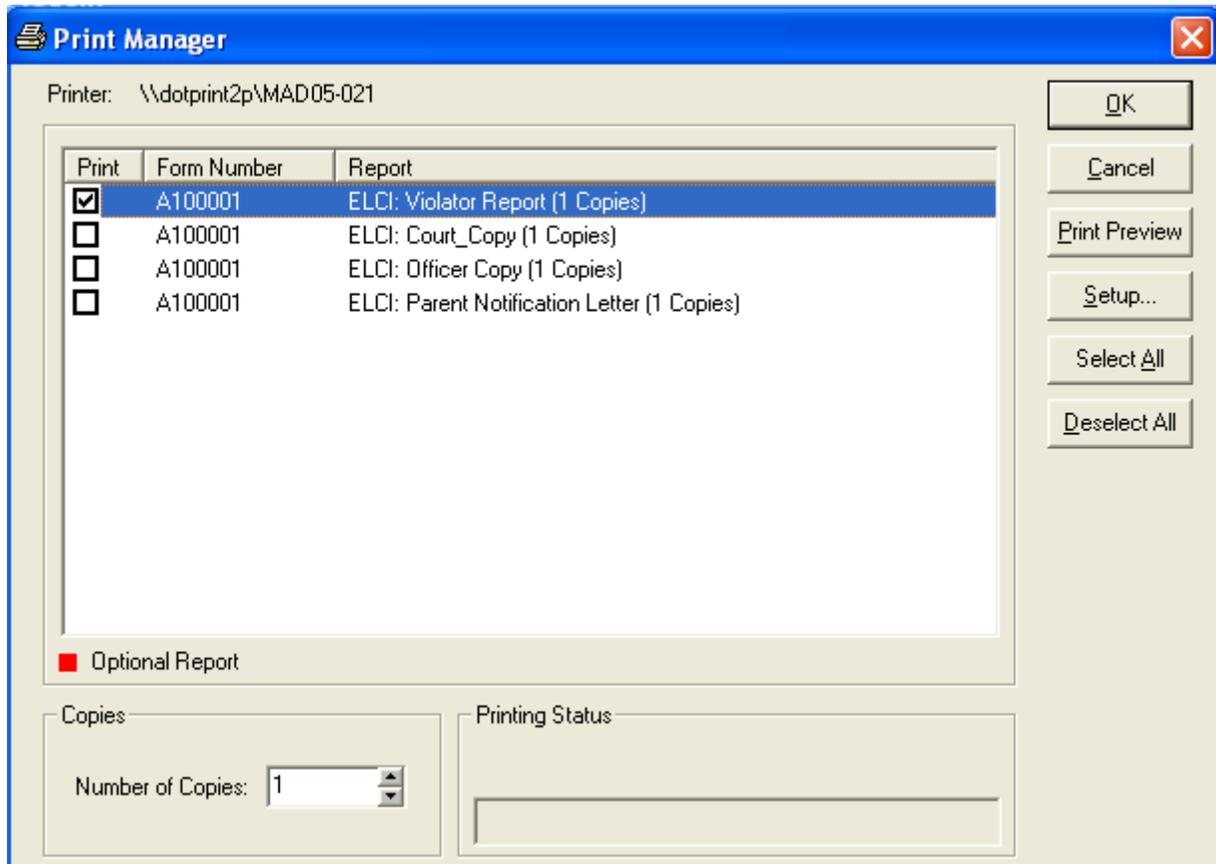
- **Double-click on ELCI, or**
- **Click on ELCI and click on OK.**

Another citation is created ready for you to fill out.

## Printing a citation



- Click on Print on the TraCS toolbar.



The Print Manager dialog box appears.

- Click the box for each form you want to print so that a check mark appears in front of each form to be printed.
- Click on OK.
- The form prints and the fields lock. You can reprint any form later.

*Note:* - After Printing the Violator report, Officer copy or Court copy, the input form will lock. You will not be able to change anything except the narrative field. Verify all data before going to the print dialog box.

## Voiding a Citation

If an error is discovered after the citation has been issued, the citation will have to be voided. A new citation can then be issued. Citations can never be deleted.

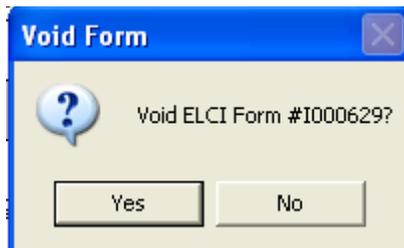
Citations can only be voided if they have been validated or issued.

If you try to void a citation that has not been validated or issued you will get the following message box.



### ***To void a citation:***

1. You can void citations from the contact manager. Select the citation in the list before clicking the void button. You will get the following message box.



2. Click Yes, and you will get the following message box.



3. Enter a reason for voiding the citation, click OK.

**Note:** Voided citations will still need to be transmitted to DOT.

A voided citation can be seen in the contact manager. The Status field along with the description field will say voided. Refer to the example below.

The screenshot shows the 'Contact Manager' application window. The top menu bar includes 'File', 'Edit', 'View', 'Tools', 'Custom Action', and 'Help'. Below the menu is a search criteria section with fields for 'User: 111', 'Agency: DANE COUNTY SHERIFF', 'Form Type: All', 'Status: All', 'Form Number:', 'Dates:', and 'Description:'. To the right of these fields are controls for 'Current Page: 1 of 1', 'Current Data: Current', 'Forms Returned: 1', 'Forms Selected: 0', and a 'Go To Page: 1' input field with '< Prev.' and 'Next >' buttons. Below these are 'Basic Search Activated' and 'Search Criteria...' buttons, and a 'Go' button with a right-pointing arrow.

At the bottom of the window is a table with the following columns: 'All Forms', 'Form Type', 'Form Number', 'Status', 'Locked', 'Date/Time', 'User', and 'Description'. The table contains one row with the following data:

All Forms	Form Type	Form Number	Status	Locked	Date/Time	User	Description
01/06/11 10:35 AM Cc	ELCI	A100004	Voided		01/06/11 10:35 AM	111	Voided-ZZZSMITH, JACOB J., CC, 82803354

The 'Description' cell of the first row is circled in red.

### ***User defaults for the ELCI form***

There are several user defaults that you might like to set for the ELCI form. See Appendix F for instructions on how to do this

# NTC Form (Electronic Non- Traffic Citation)

# NTC (Electronic Non-Traffic Citation)

To start a NTC citation form, choose it from the Available Forms menu:



The Available Forms dialog box appears.

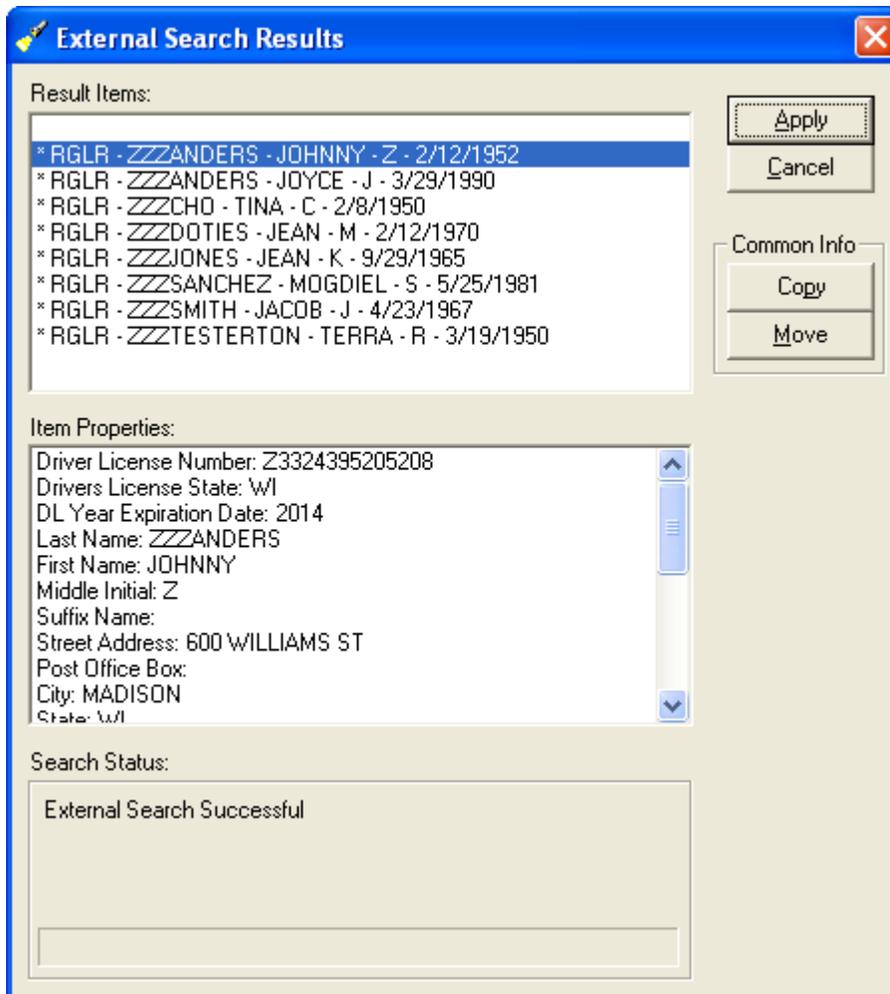
- Double-click on NTC, or
- Click on NTC and click on OK.

## Data Fields:

### Violator Section

0122431		Police Number						
Defendant Type		Last Name		First Name		Middle Name	Suffix	<Ctrl-O> Last Name
Company Name								
Street Address					P.O. Box			<Ctrl-S> Street Address
City				State		Zip Code		
Date of Birth	Juvenile	Gender	Race	Height	Weight (lbs.)	Hair	Eye	
Driver License Number			State of Issuance			DL Expire Year		
Other ID Type			Other ID Number			Phone Number		

- Defendant Type - Select the value that best describes the violator.
- Last Name: If any person data has been entered in Common Information, a list of the individuals will come up when you enter this data field, or
- Click on Search to select the person data from the MDB responses, or
- Click on List to select the person data from the Barcode scanned data, or
- Type last name.



If the Mobile Data Import functionality is programmed for your agency, and you click on Search, the External Search Results window appears listing the person responses.

- **Click to highlight the entry you want to import from the Result Items pane.**
- **Click on Apply.**
- **The person's data will be imported into the appropriate fields in the NTC form.**

If you selected the person data from the MDB responses, the person's data will be imported into the appropriate fields in the NTC form. Complete the remaining fields.

- **First Name** – Type first name.
- **Middle Name** – Type middle name or initial, if appropriate.
- **Suffix** – Click to select suffix from the pick list, if needed.
- **Company Name** – If you selected Non Individual in the first field, the Company Name field will be active. Type company name.
- **Street Address** – Type street address.
- **P.O. Box** – Type PO Box number.
- **City** – Type city name.

- **State** – Click to select state from the pick list.
- **Zip Code** – Type 5 or 9 character zip code.
- **Date of Birth** – Type individual’s date of birth.
- **Juvenile** — Click to select yes or no, as appropriate
- **Gender** – Click to select gender from the pick list.
- **Race** – Click to select race from the pick list.
- **Height** – Type individual’s height.
- **Weight** – Type individual’s weight.
- **Hair** – Click to select hair color from the pick list.
- **Eye** – Click to select eye color from the pick list.
- **Driver License Number** – Type individual’s driver license number without spaces or dashes.
- **State of Issuance** – Click to select license state of issuance from the pick list.
- **DL Expire Year** – Type driver license expiration year.
- **Other ID Type** – Type Other ID type description, if appropriate.
- **Other ID Number** – Type Other ID type number, if appropriate.
- **Phone Number** – Type Phone Number, if known.

### ***Vehicle Information Section***

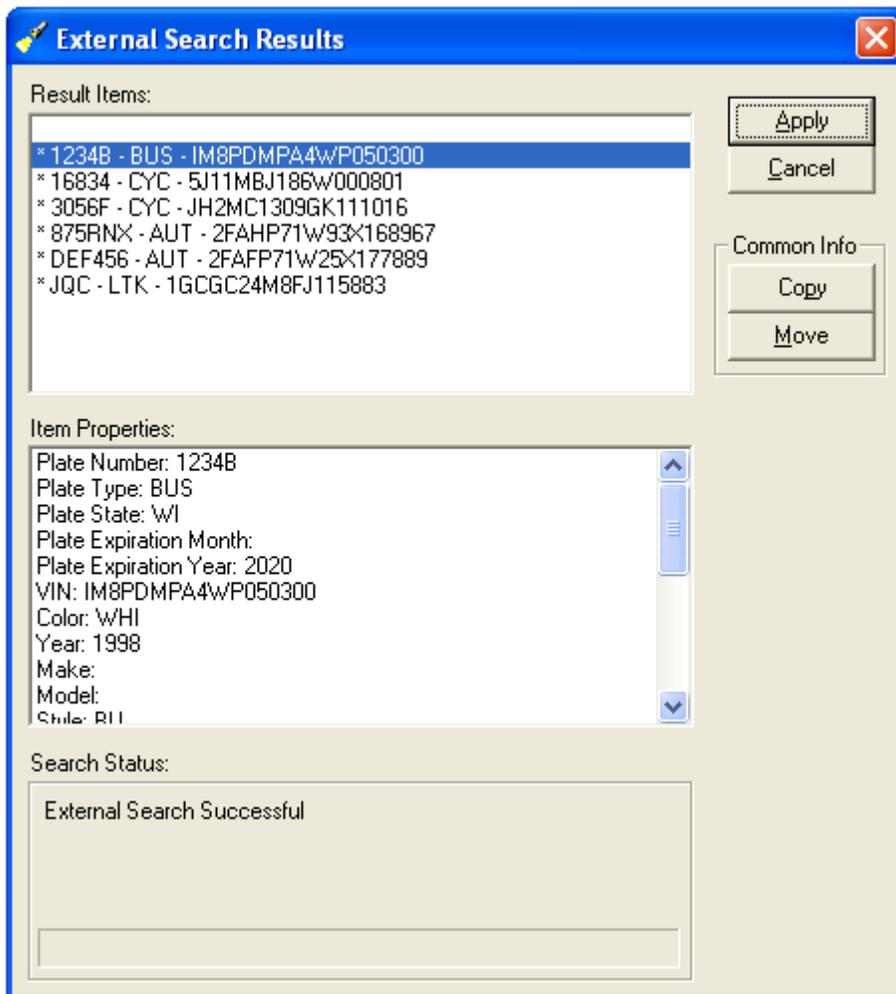
**Vehicle Information:**

License Plate Number	License Plate Type	Plate Expiration Year	Recreational Vehicle Registration Number	Issuing State

<Ctrl-U> Plate Number

License Plate Number:

- **Click on Search to select the Vehicle data from the MDB responses, or**
- **Click on Common to select the Vehicle data from the Barcode scanned data, or**
- **Type plate number.**



If the Mobile Data Import functionality is programmed for your agency, and you click on Search, the External Search Results window appears listing the vehicle responses.

- **Click to highlight the entry you want to import from the Result Items pane.**
- **Click on Apply.**
- **The vehicle data will be imported into the appropriate fields in the NTC form.**
- 

**Vehicle Information:**

License Plate Number	License Plate Type	Plate Expiration Year	Recreational Vehicle Registration Number	Issuing State

<Ctrl-U> Plate Number

If you selected the vehicle data from the MDB responses, the vehicle's data will be imported into the appropriate fields in the NTC form. Complete the remaining fields.

- **License Plate Type** – Click to select plate type from the pick list.
- **Issuing State** – Click to select registration state from the pick list.
- **Plate Expiration Year** – Type plate expiration year.

## Offense Section

### Offense:

Ordinance Number	Description		
Adopting State Statute	Statute Description		
Violation Date <b>01/06/2011</b>	Violation Time <b>09:36 AM</b>	Date Citation Served <b>01/06/2011</b>	
Method Citation Served	Name of person citation left with		Age
Violation Street Address		GPS Latitude Coordinate	GPS Longitude Coordinate
County Name	City/Town/Village	Agency Space	

<Ctrl-V> Offense

- **Ordinance Number:**

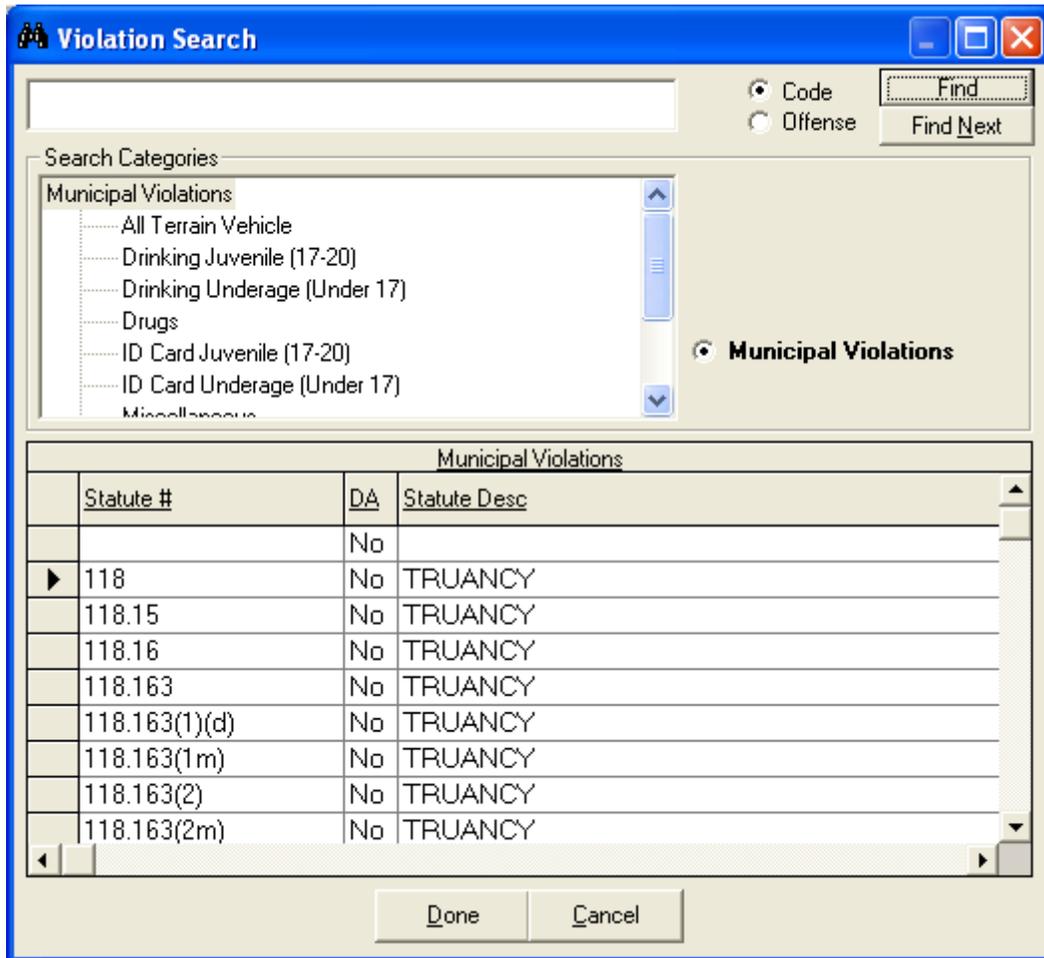
If your agency has populated Violations Local table with your local ordinances, click **Search** to select the Ordinance from the table, or Type ordinance number.

If you click on Search, the Violation Search window appears.

- **Click to select the charge from the list of local ordinances.**
- **Click on Done.**

Adopting State Statute:

- Type shortcut value, or
- Click on Search to select the Statute from Violations table, or
- Type statute number. If you type the statute number, the query brings back the first statute number that matches, so if there are several charges with the same statute number you might not get the charge you want.



If you click on Search, the Violation Search window appears.

- Click to select the appropriate radio button for NTC Municipal Violations.
- Click to select the Search Category you want to focus on.
- Click to select the charge from the list of violations.
- Click on Done.

After selecting the Adopting State Statute from the Violation Search window, you return to the citation.

- **Violation Date** – Defaults to current system date.
- **Violation Time** – Defaults to current system time.
- **Date Citation Served** – Defaults to current system date.
- **Method Citation Served** – Click to select method from the pick list.
- **Name of Person Citation Left With** – If the citation is left with someone other than violator, type their name in this field.
- **Age** – Type in age of person citation left with, if appropriate.
- **At Street Location** – Type in unit number and street address of location where violation occurred.
- **County Name** – **Click** to select violation county from the pick list.
- **City/Town/Village** – Click to select violation community from the pick list.
- **Agency Space** - 200 character field for miscellaneous data.

### Plaintiff Section

**Plaintiff:**

Plaintiff Type <b>City/Village/Town</b>		County <b>DAHE - 13</b>				
City/Village/Town <b>MADISON - 73, City</b>						
Court Type <b>CIRCUIT</b>			Court Name			
Appear Required	Court Appearance Date	Court Time	Deposit/Bail	Cash?	Credit Card ?	Route to DA? <b>H</b>

- **Plaintiff** – Click to select plaintiff type from the pick list.
- **County** – If you are a County or Municipal Agency, click to select plaintiff county from the pick list.
- **City/Village/Town** – If you are a Municipal Agency, click to select plaintiff community from the pick list.
- **Court Type** – Click to select court type from the pick list.
- **Court Name** – Click to select court from the pick list.
- **Appear Required** – Automatically populated based on the statute selected.
- **Court Appearance Date** – Type court date.
- **Court Time** – Type court time.
- **Truck Surcharge** – Click to select yes or no, as appropriate to indicate if truck driver surcharge applies to this conviction. If yes, the deposit amount will automatically increase by \$8.00.
- **Deposit/Bail** – Automatically populated based on the statute and court type selected. Can be overwritten if your court amounts are different.
- **Cash?** – Click to select yes or no, as appropriate.
- **Credit Card?** – Click to select yes or no, as appropriate.
- **DA Routing?** – Click to select yes or no, as appropriate.
-

## ***Timely Transmission of TraCS eCitations for DA Routing***

For an eCitation to be useful to the DA office, it MUST be received by them in a timely fashion. In general, that means less than 24 hours from the time of the incident, and certainly before the paperwork arrives in their office, particularly if the defendant is in custody. The eCitation information is needed for the DA to file the criminal complaint.

In order for an eCitation to be received in the DA office, Law Enforcement Agency (LEA) TraCS Administration staff should insure the following procedure is implemented in their agency:

1. The Officer must put a "Y" in the "DA ROUTING?" field. The DA Routing fields are located in the "Plaintiff" section of the form.
2. Once in ISSUED status, if the citation was issued from a TraCS Field Unit, the citation must be End Shifted into the LEA TraCS Office Database as soon as possible, typically at end of shift. If the ELCI was completed and ISSUED in the office on a TraCS Workstation, it is already in the TraCS Office Database, ready for TRANSMISSION.
3. Citations in an ISSUED status should be reviewed/approved per LEA policy and then TRANSMITTED from TraCS Utilities. As mentioned above, in general, that means less than 24 hours from the time of the incident, and before the paperwork arrives in the DA office.

This also applies to any non-criminal Citations associated with a criminal incident that your DA wishes to receive. Routing non-criminal eCitations to the DA office is something that should be discussed and decided between the referring LEA, the DA and the Clerk of Circuit Court, as each county may have their own thoughts on how this should be handled.

- **If a DA office informs you that they will not be prosecuting the criminal charge, DMV needs to be notified that the citation is being withdrawn. Either the DA office or the LEA can report VOIDED or WITHDRAWN citations directly to [dotdmvears@dot.wi.gov](mailto:dotdmvears@dot.wi.gov)**

## Officer Section

### Officer:

Department TEST POLICE DEPARTMENT	
Officer ID 45678	Officer Name OFCR TESTY TESTERSON
Narrative	

- **Department** – Field is not accessible. Department name automatically fills based upon user file definition.
- **Officer ID** – Field is not accessible. Officer ID automatically fills based upon user file definition.
- **Officer Name** – Field is not accessible. Officer name automatically fills based upon user file definition.
- **Narrative** – When focus is on the narrative field, a button labeled Narrative appears in the databar area. Click on Narrative to get the Narrative window and type in a narrative up to 990 characters in length. When narrative is complete, click on Continue.

## Parent/Guardian Section

### Parent/Guardian Information: (if minor defendant)

Last Name	First Name	Middle Name	Suffix
Date of Birth	Address same as Defendant? <input type="checkbox"/>		
Street Address		P.O. Box	
City	State	Zip Code	Phone Number

- **Last Name** – Type Last Name.
- **First Name** – Type First Name.
- **Middle Name** – Type Middle Name or Initial.
- **Suffix** – Click to select Suffix from the pick list.
- **Date of Birth** – Key date of birth if available.
- **Address same as Defendant?** – Key “Y” or select the Yes button on the databar if the Parent/Guardian has the same address as the minor defendant. Key “N” or select No from the databar, or leave blank if they are not the same. Selecting “Yes” will copy the address information from the defendant into this section.
- **Street Address** – Type Street Address
- **P.O. Box** – Type PO Box number, if appropriate.

- **City** – Type City name.
- **State** – Click to select State from the pick list.
- **Zip code** – Type 5 or 9 digit zip code.
- **Phone Number** – Type phone number if known.

### Entering Additional Citations



• **If you want to issue another ticket to the same individual:**  
 Click on **Replicate** on the toolbar. Another citation will be created copying all fields except the Statute Number, Statute Description, Points, Bond Amount, and Narrative fields.



• **If you want to issue another ticket but to a different individual:**  
 Click on **Add Form** on the toolbar.



The Available Forms dialog box appears.

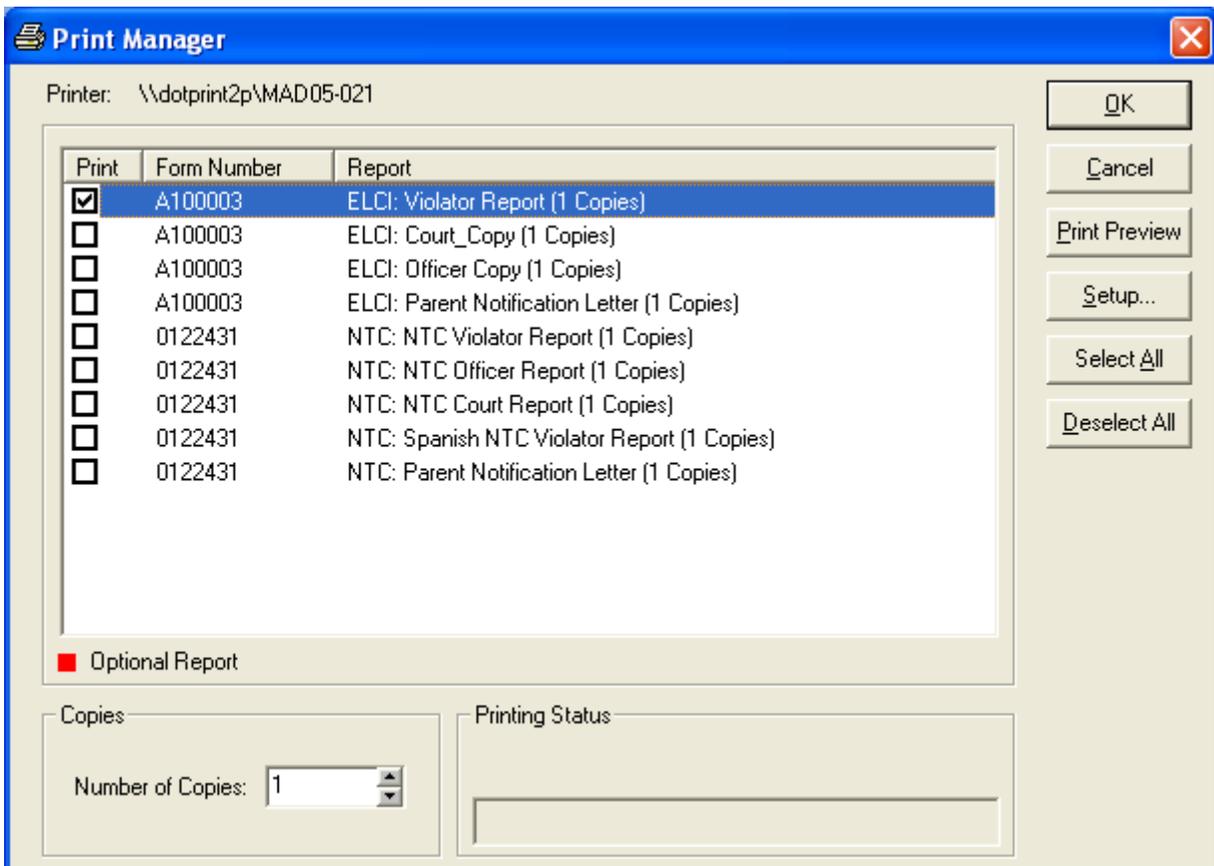
- **Double-click on NTC, or**
- **Click on NTC and click on OK.**

Another citation is created ready for you to fill out.

## Printing a citation



- Click on Print on the TraCS toolbar.



The Print Manager dialog box appears.

- Click the box for each form you want to print so that a check mark appears in front of each form to be printed.
- Click on OK.
- The form prints and the fields lock. You can reprint any form later.

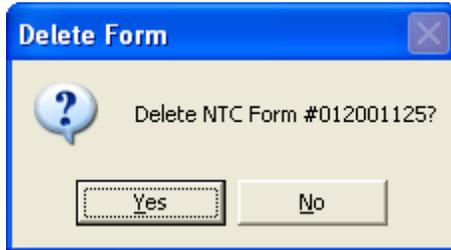
*Note:* - After Printing the Violator report, Officer copy or Court copy, the input form will lock. You will not be able to change anything except the narrative field. Verify all data before going to the print dialog box.

## Deleting a Non-traffic Citation

If an error is discovered after the citation has been issued, the non-traffic citation can be voided. A new citation can then be issued.

### To delete a non-traffic citation:

1. You can delete NTC citations from the contact manager; select the citation in the list before clicking the delete button. You will get the following message box.



2. Click Yes, and the NTC citation will be deleted.

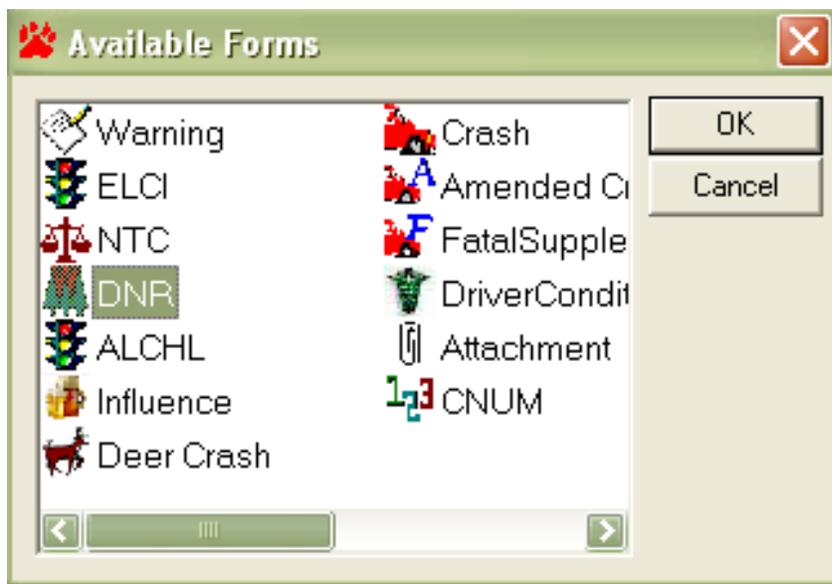
# Natural Resources Citation

# Natural Resources Citation Form

## Getting Started

Open a DNR form by selecting the *Contact* button  on the toolbar or by

selecting the *Add Form* button  (if the Contact is already open) and then selecting “DNR” from the Available Forms list and hitting the *OK* button:



## Entering Data into the Fields

### Defendant Information Section

## Natural Resources Citation

Form 4100-070E  
Rev. 4/05  
s. 23.54, Wis. Stats.

012001R192	Police Number
------------	---------------

### DEFENDANT INFORMATION

Defendant Type	Last Name		First Name		Middle Name	Suffix
Company Name						
Street Address					P.O. Box	Country
City			State		Zip Code	
Date of Birth	Sex	Race	Height	Weight (lbs.)	Hair	Eye
Driver License Number		State of Issuance	DL Expire Year	Phone Number		Phone Country
SSN Number		DNR Customer ID			Back Tag	

- **Citation Number** – The citation number is in the upper left corner and fills in automatically.
- **Police Number** – If there is a Case Activity Report (CAR) to reference this citation to, enter that number here.
- **Defendant Type** – Select the value that best describes the violator. If the violator is a business, select *non-individual*.
- **Last Name** – If person data has been entered into Common Information, a list of the individuals will come up when you enter this data field.

If the person is already on the list due to a previous citation or contact, select them from the list and hit [Enter]. The defendant information on file for that individual will auto-fill into the defendant fields. Review each of the fields and make any necessary changes. If a List appears and the person is not on the List,

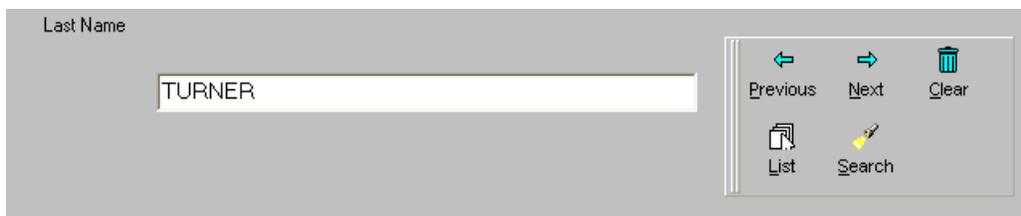
key [Alt + E] or click on the *Edit/New* button  on the databar and then type the violator's last name.

**Never choose a person that's already in Common Information and edit it to be another person.** For example, if a husband and wife are fishing without a

license and you have already issued a citation to the husband, do not choose the husband from the list and then change the first name, middle initial, etc. to that of the wife in order to issue a citation to the wife. This will change the data for the husband on the forms where they were entered, including the issued citation(s).

**If you accidentally select the wrong person from the drop down list, simply go back and select the correct entry. If the person is not on the list, move up to the blank item at the top of list before pressing the Edit/New button to add the new person. Remember, if you have a person highlighted and you press edit, you are editing the person or vehicle you have selected on the list, not creating a new entry.**

If a list does not come up when you enter the field, type the last name of the violator, then press enter to move to the next field.

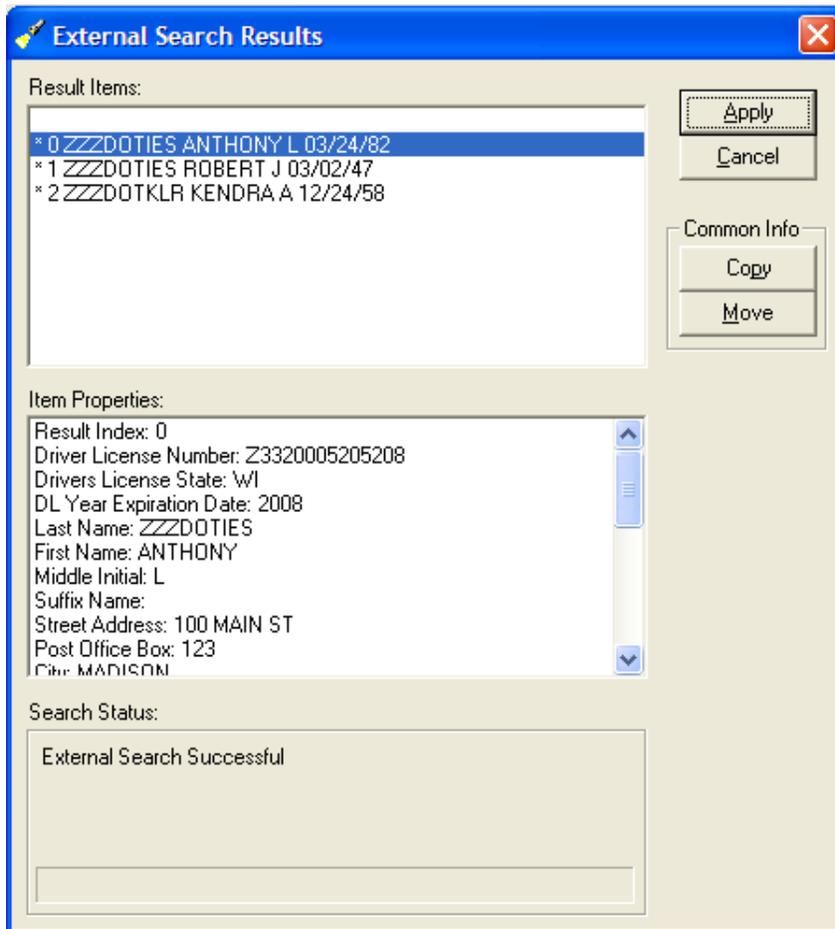
A screenshot of a mobile data browser interface. On the left, there is a text input field labeled "Last Name" containing the text "TURNER". To the right of the input field is a toolbar with five buttons: "Previous" (left arrow), "Next" (right arrow), "Clear" (trash can icon), "List" (list icon), and "Search" (magnifying glass icon).

If your agency is set up to retrieve data from an external data source such as

through a Mobile Data Browser, key [Alt + S] or hit the *Search* button  on the databar to retrieve the violator information. Note: Depending on how your agency's mobile data interface is set up, you may need to key in the person's last name before you do the search. Check with your agency on which method to use.

Enter the last name as it appears on their Driver's License. If the person is unlicensed, the legal name should be recorded.

If the Mobile Data Import functionality is programmed for your agency, and you click on Search, the External Search Results window appears listing the person responses.



Click to highlight **the entry you want to import** from the Result Items pane (see example above). Click on **Apply**.

The person's data will be imported into the appropriate fields on the DNR citation.

If you selected the person data from the MDB responses, the person's data will be imported into the appropriate fields on the DNR citation. Review the imported data and complete any remaining fields.

If a data import was not done to get you started, complete the rest of the citation using guidance described by the field headers below.

- **First Name** – Type the defendant's first name.
- **Middle Name** – Type the defendant's middle name or initial, if appropriate
- **Suffix** – Click to select suffix from the drop down list, if needed.
- **Company Name** – If you selected Non-individual in the Defendant Type field, then the Company Name field will be active. Type in the company name.
- **Street Address** – Type the defendant's street address.
- **P.O. Box** – Type the defendant's PO Box number.
- **Country** – Type the defendant's country of residence. This field defaults to United States.
- **City** – Type the defendant's city of residence.

- **Note:** For Canadian addresses, the province abbreviation should be listed in the City field after the city name followed by the zip code if there's room (e.g. Toronto ON 2R34BR). If the zip code doesn't fit here, enter it in the Street Address field after the street address (e.g. 1245 Main St 2R34BR).
- **State** – Click or arrow up or down to select the defendant's state of residence.
- **Zip Code** – Type the defendant's 5 or 9 character zip code.
- **Note:** Canadian zip codes should be entered in the City field after the city name and province abbreviation (e.g. Toronto ON 2R34BR). If it does not fit in that field, put it in the Street address field following the street address (e.g. 1245 Main St 2R34BR).
- **Date of Birth** – Type the individual's date of birth. If you selected Non-individual in the Defendant Type field, then this field will not be active.
- **Sex** – Click to select gender from the drop down list.
- **Race** – Click to select race from the drop down list.
- **Height** – Type the individual's height.
- **Weight** – Type the individual's weight in lbs.
- **Hair** – Click to select the individual's hair color from the drop down list.
- **Eye** - Click to select the individual's eye color from the drop down list.
- **Biometric Type** - Click to select biometric type from the drop down list, if needed. Technology availability may not dictate the use of this field by your agency.
- **Driver License Number** – Type the individual's driver license number without spaces or dashes.
- **State of Issuance** – Click to select the license state of issuance from the drop down list.
- **DL Expire Year** – Type the driver license expiration year.
- **Phone Number** – Type the defendant's phone number and extension. If they do not have a telephone number or their number is an unpublished/unlisted number which is not public record, key in 000 000-000.
- **Phone Country** – Click to select the defendant's country of residence.
- **SSN Number** – If the individual does not have a DNR Customer ID, then enter the individual's social security number.
- **DNR Customer ID** – Enter the individual's Customer ID issued by the DNR.
- **Backtag** – Enter the individual's 7 character backtag that is assigned to a deer or bear hunting license.

## Violation Information Section

### VIOLATION INFORMATION

Statute Number / Wis Admin Code		Description			Offense Code
Wildlife Compact Violation					Party To Mol.
Ordinance Number		Ordinance Description			
Species	Animal Assmnt.	Animal Units	Approval Type		
Hotline Violation	Commerial Fish Protection	Fishing Shelter Removal	Fishing Net Removal Cost	Great Lakes Mol	
Violation Date	Day of Week	Violation Time	Date Citation Served	Method Citation Served	
01/04/2011	Tuesday	10:12 AM	01/04/2011		
County Name		City/Town/Village			
GPS Latitude Coordinate	GPS Longitude Coordinate	BAC Level	Agency Space		
Probable Cause					

- **Statute Number / Wis Admin Code - Type shortcut value, or Click on *Search***



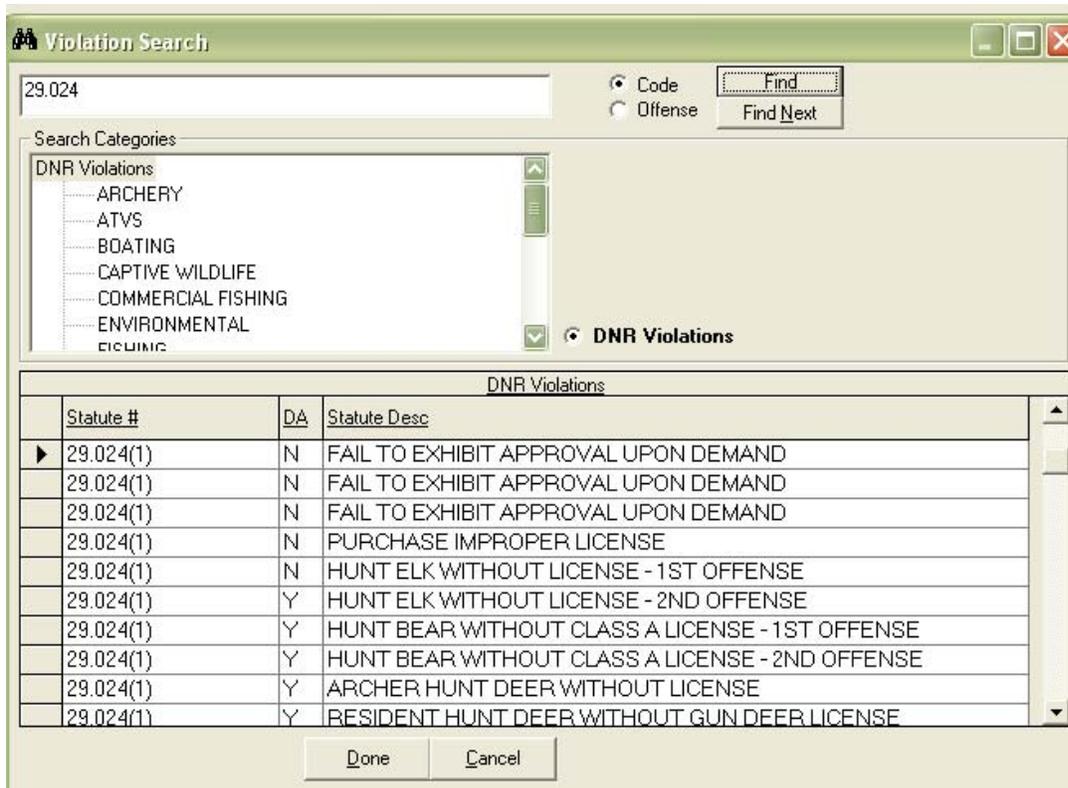
**to select the Statute from Violations table, or Type statute number. If you type the statute number, the query brings back the first statute number that matches, so if there are several charges with the same statute number you might not get the charge you want.**

Statute Number/Wisconsin Administrative Code

← Previous
Next →
🗑 Clear

Search

If you click on *Search* **Search**, the Violation Search window appears.



Click to select the **Search Category** you want to focus on.  
 Click to select the **charge** from the list of violations.  
 Click on **Done**.

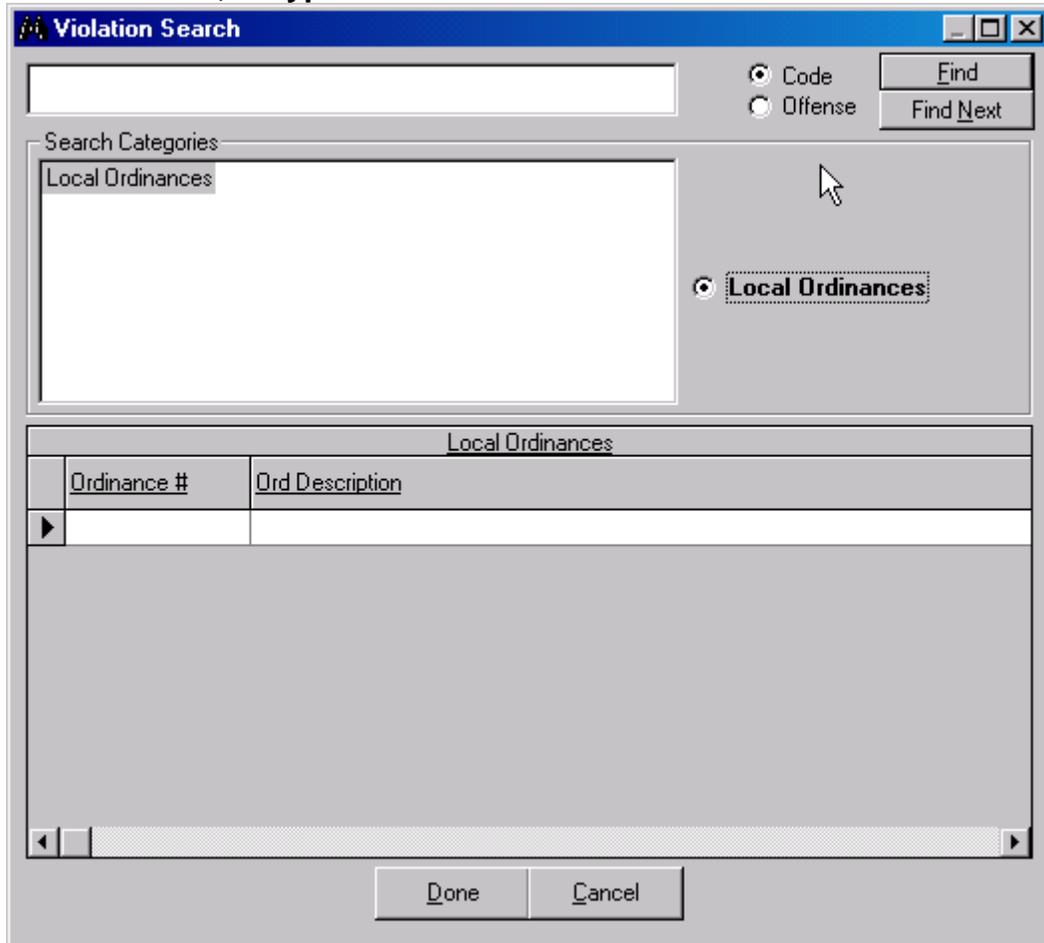
### VIOLATION INFORMATION

Statute Number / Wis Admin Code <b>23.33(2)(a)</b>	Description <b>Give permission to operate all-terrain vehicle without valid registration</b>	Offense Code <b>V02</b>
Wildlife Compact Violation <b>II</b>		Party To Viol. <b>II</b>
Ordinance Number	Ordinance Description	

After selecting the charge from the Violation Search window, you return to the Statute Number / Wis Admin Code field on the citation.

Press [Enter] to advance the field focus from Statute Number to the next available field. The imported violation data then pre-fills many fields including: Description, Offense Code, Wildlife Compact Violation, Max Penalty, etc.

- **Party To Viol**– if the violator was a party to the violation, enter Y in the Party To Viol field.
- **Ordinance Number** – If your agency has populated the Violations Local Table with your local ordinances, click **Search** to select the Ordinance from the table, or type the ordinance number.



If you click on *Search* , the Violation Search window appears.

Click to select the **Charge** from the list of local ordinances.

Click on **Done**.

After selecting the local ordinance from the Violation Search window, you return to the Ordinance Number field on the citation. Press [Enter] to advance to the field focus from Ordinance Number to the next available field.

- **Ordinance Description** – Type the ordinance description if you did not select it in the Violation Search window. It may have pre-filled from the Ordinance Number field.
- **Species** – Select the species violated from the drop down list. By selecting a species here, the Animal Assessment field will pre-fill with the amount the animal is worth as determined by state statute.
- **Animal Units** – Enter the number of the selected species that were violated. For example, if the species selected is “deer” and there were two deer that were taken illegally, you would enter “2” in this field.
- **Approval Type** – Select the type of approval that the defendant should have purchased. For example, if a Wisconsin resident was caught fishing without a license, then the approval type *could* be “Fishing, Resident Annual”.
- **Hotline Violation** – If the citation is being issued because of a complaint that came through the DNR hotline, select “Yes”. If the citation is not due to a DNR hotline complaint, select “No”.
- **Commercial Fish Protection** – Enter the dollar amount of the commercial fish protection surcharge pursuant to s. 29.984(1), Wis. Stats., if applicable.
- **Fishing Shelter Removal** – Enter the actual costs of the fishing shelter removal surcharge pursuant to s. 29.985(1), Wis. Stats., if applicable.
- **Fishing Net Removal Cost** – Enter the actual costs of the fishing net removal if applicable.
- **Great Lakes Viol** – Select “Yes” if the violation involved Great Lakes fish or violation of s. 29.514 or 29.519.
- **Restitution** – Automatically populated based on the statute selected.
- **Max Penalty** – Automatically populated based on the statute selected.
- **Violation Date** – Enter the date that the violation occurred. This field defaults to the current system date.
- **Day of Week** – Automatically populated based on the violation date entered.
- **Violation Time** – Enter the time that the violation occurred. This field defaults to the current system time.
- **Date Citation Served** – Enter the date that the citation will be served. This field defaults to the current system date.
- **Method Citation Served** – Select if the citation is served “In Person” or “Mailed” to the defendant from the drop down list.
- **County Name** – Select the violation county from the drop down list.
- **City/Village/Town** – Select the violation community from the drop down list. Note: the county field must be selected before the city/village/town options will be available.
- **GPS Latitude Coordinate** – The databar (shown below) contains the fields for both Latitude and Longitude. **Type the coordinates if you do not have the GPS configured for TraCS.** TraCS is able to import the GPS coordinates from

some GPS devices. To access this feature, click on the *GPS* button .

Latitude/Longitude

Latitude

Longitude



Previous



Next



GPS



Stored

- **BAC Level** – This field is active only when the selected statute involves a possible blood alcohol concentration level. Type the BAC Level without the decimal or select from the drop down list.
- **Agency Space** – This is a 200 character field for miscellaneous data.
- **Probable Cause** – Type in the probable cause statement as you want it to appear on the citation. This field is included on the defendant’s copy of the citation.

•  
**Plaintiff Information Section**

**PLAINTIFF INFORMATION**

Plaintiff Type		Plaintiff County		City/Village/Town	
Court Type	Court Name				
Mandatory Appearance II	Court Date		Court Time	Deposit/Bail	DA Routing II
Max Penalty 452.50	Forfeiture 50.00	Penalty Assessment 13.00	Restitution	Fishing Net Removal Surcharge	Great Lakes Surcharge
Natural Resources Surcharge		Weapons Surcharge	Wildlife Violator Compact Surcharge .00	Environmental Surcharge	

**Plaintiff Type** – Click to select the plaintiff type from the drop down list.

**Plaintiff County**– Select the plaintiff county from the list.

**City/village/Town**– Select the plaintiff city, village, or town from the list.

**Court Type** – Click to select the court type from the drop down list.

**Court Name** – Click to select the court name from the drop down list.

**Appear Required** – Automatically populated based on the statute selected. You may change this field if it populates incorrectly. If you notice an error, please contact Kristin Turner at [Kristin.Turner@Wisconsin.gov](mailto:Kristin.Turner@Wisconsin.gov).

- **Court Appearance Date** – Type in the court date.
- **Court Time** – Type in the court appearance time.
- **Deposit/Bail** – This field is calculated based on the statute and court type selected. This field can be overwritten if your court amounts are different. When entering a juvenile citation, this field will need to be overwritten. Select F2 for the help file or see the chart below for juvenile information:

## Vehicle / Equipment Section

### VEHICLE / EQUIPMENT

Registration Number		Registration Type		Issuing State	Registration Expiration Year
Vehicle Year	Vehicle Type	Motor Vehicle Make	Recreational Vehicle Make		Vehicle Color
VIN / HIN					
Seizure Tag 1	Seizure Description 1	Make 1	Model 1	Serial Number 1	
Seizure Tag 2	Seizure Description 2	Make 2	Model 2	Serial Number 2	
Seizure Tag 3	Seizure Description 3	Make 3	Model 3	Serial Number 3	

- **Registration Number – Type the vehicle’s license plate number or registration number for recreational vehicles.**

If the Mobile Data Import functionality is programmed for your agency, and you click on Search, the External Search Results window appears listing the vehicle responses. Click to highlight **the entry you want to import** from the Result Items pane.

Click on **Apply**.

The vehicle data will be imported into the appropriate fields in the DNR form.

The screenshot shows a software window titled "External Search Results". It contains a list of search results under "Result Items:" and a detailed view of the first result under "Item Properties:".

**Result Items:**

- \* 0 ABC123 A1234B56CDEF7890G AUT
- \* 1 456DEF B3892346CRTUZ548K LTK
- \* 2 CBA321 M4597CXZ34541PLE AUT
- \* 3 PW414 JKAZG9B11AH000490 CYC
- \* 4 62899 3HSCEAXR26NZ42171 APO

**Item Properties:**

- Result Index: 0
- Plate Number: ABC123
- Plate Type: AUT
- Plate State: WI
- displayname: 05
- Plate Expiration Year: 2006
- VIN: A1234B56CDEF7890G
- Color: BLU
- Year: 1998
- Make: FORD
- Model: FOCUS

**Search Status:**

External Search Successful

- **Registration Type** – Select the registration type from the drop down list.
- **Issuing State** – Select the registration issuing state from the drop down list.
- **Registration Expiration Year** – Type in the year that the registration expires.
- **Vehicle Year** – Enter the vehicle manufacturer year.
- **Vehicle Type** – Enter the type of vehicle. If you select a recreational vehicle then the next field available will be Recreational Vehicle Make, the Motor Vehicle Make field will not be available. If you select any option other than All Terrain Vehicle, Boat or Snowmobile then the Motor Vehicle Make field will be available, but the Recreational Vehicle Make field will be grayed out.
- **Recreational Vehicle Make** – Select the appropriate vehicle make, if applicable.
- **Motor Vehicle Make** – Select the appropriate vehicle make, if applicable.
- **Vehicle Color** – Select the color of the vehicle from the drop down list.
- **VIN / HIN** – Enter either the Vehicle Identification Number or the Hull Identification Number.
- **Seizure Tag 1** – Enter the seizure tag number for the first item seized.
- **Seizure Description 1** – Enter the description of the first item seized.
- **Make 1** – Enter the Make of the first item seized.
- **Model 1** – Enter the Model number of the first item seized.
- **Serial Number 1** – Enter the serial number of the first item seized.
- **Seizure Tag 2 & Seizure Tag 3** – Enter the seizure tag number for the second and third items seized.
- **Seizure Description 2 & Seizure Description 2** – Enter the description of the second and third items seized.
- **Make 2 & Make 3** – Enter the Make of the second and third items seized.
- **Model 2 & Model 3** – Enter the Model number of the second and third items seized.
- **Serial Number 2 & Serial Number 3** – Enter the serial number of the second and third items seized.

## Violations Committed by Juveniles – Applicable Court & Presumptive Penalties

Type of Violation	Age	Court	Presumptive Penalty
Any Violation	Under 12	Juvenile	Referral to Juvenile Court Intake Worker as Necessary
ATV, Boating, Snowmobile & Traffic Violations.	12 and 13	<i>Juvenile</i>	Deposit Schedule <b>Forfeiture Only</b> <sup>1</sup>
	14 and 15	Juvenile	Deposit Schedule <b>Forfeiture &amp; \$25 Court Cost Only</b> <sup>2</sup>
	16 and 17	Adult	Deposit Schedule <b>Total Deposit Amount</b> <sup>3</sup>
Fish & Game, and All Other Civil Law & Ordinance Violations	12 and 13	Juvenile	Deposit Schedule <b>Forfeiture Only</b> <sup>1</sup>
	14,15 & 16	Juvenile	Deposit Schedule <b>Forfeiture &amp; \$25 Court Cost Only</b> <sup>2</sup>
	17	Adult	Deposit Schedule <b>Total Deposit Amount</b> <sup>3</sup>
1 – No Court Costs, Fees or Surcharges Included    2 – No Surcharges or Fees Included    3 – All Costs, Fees & Surcharges Included			

- **DA Routing** – Click to select Yes or No as appropriate.

### Law Enforcement Agency Information Section

#### LAW ENFORCEMENT AGENCY INFORMATION

Law Enforcement Agency Number <b>2345</b>		Law Enforcement Agency Name <b>NATURAL RESOURCES</b>		
Officer ID <b>123456789</b>		Officer Name <b>OFCR TESTY TESTERSON</b>		
Law Enforcement Agency Street Address <b>101 SOUTH WEBSTER STREET</b>				
Law Enforcement Agency City <b>MADISON</b>		LEA State <b>WI</b>	LEA Zip Code <b>53707</b>	LEA Phone Number <b>(608) 266-0015 Ext.</b>
Assisting Officer Last Name	Assisting Officer First Name	Assisting Officer Middle	Assist Officer ID	Assisting Department

- **Law Enforcement Agency Number** – This field is not accessible. LE Agency Number automatically fills based upon user file definition.
- **Law Enforcement Agency Name** – This field is not accessible. LE Agency Name automatically fills based upon user file definition.
- **Officer ID** – This field is not accessible. Officer ID automatically fills based upon user file definition.
- **Officer Name** – This field is not accessible. Officer Name automatically fills based upon user file definition.
- **Law Enforcement Agency Street Address** – This field is not accessible. LE Agency Street Address automatically fills based upon user file definition.



## Adding Attachments

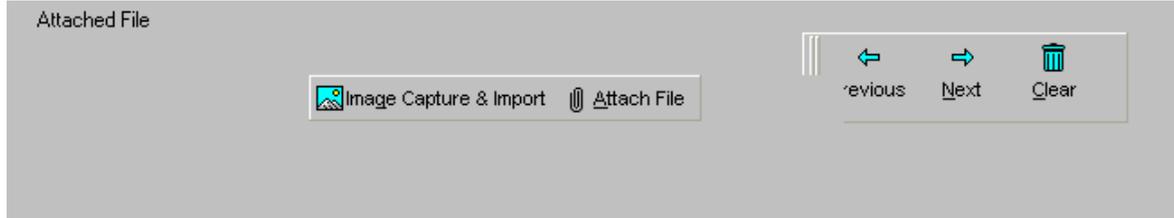
### Attachment

Attachment	Attached File	File Name
10		Agency Space

**Attached File** – In the databar (shown below) click on **Attach File**  to choose the file to attach. Once the file is attached, clicking on **Attach File** again will give the options to *open file* or *save file as*.

**Image Capture & Import** – In the databar (shown below) click on **Image**

**Capture & Import**  to choose a photo or scanned image to attach to the citation. Once the file is attached, clicking on **Image Capture & Import** again will allow the file to be viewed and give the option to *delete* the file.



- If you attached the wrong file, simply click on the **Attached File** field and  click the **Clear** button in the databar.
- **File Name** – Enter the file name
- **Agency Space** – Enter any miscellaneous comments to include.

## Entering Additional Citations



If you need to issue another citation to the same individual:

Click on **Replicate** on the toolbar. Another citation will be created copying all fields except most fields in the Violation Information section.



If you need to issue another citation but to a different individual:  
Click on **Add Form** on the toolbar.



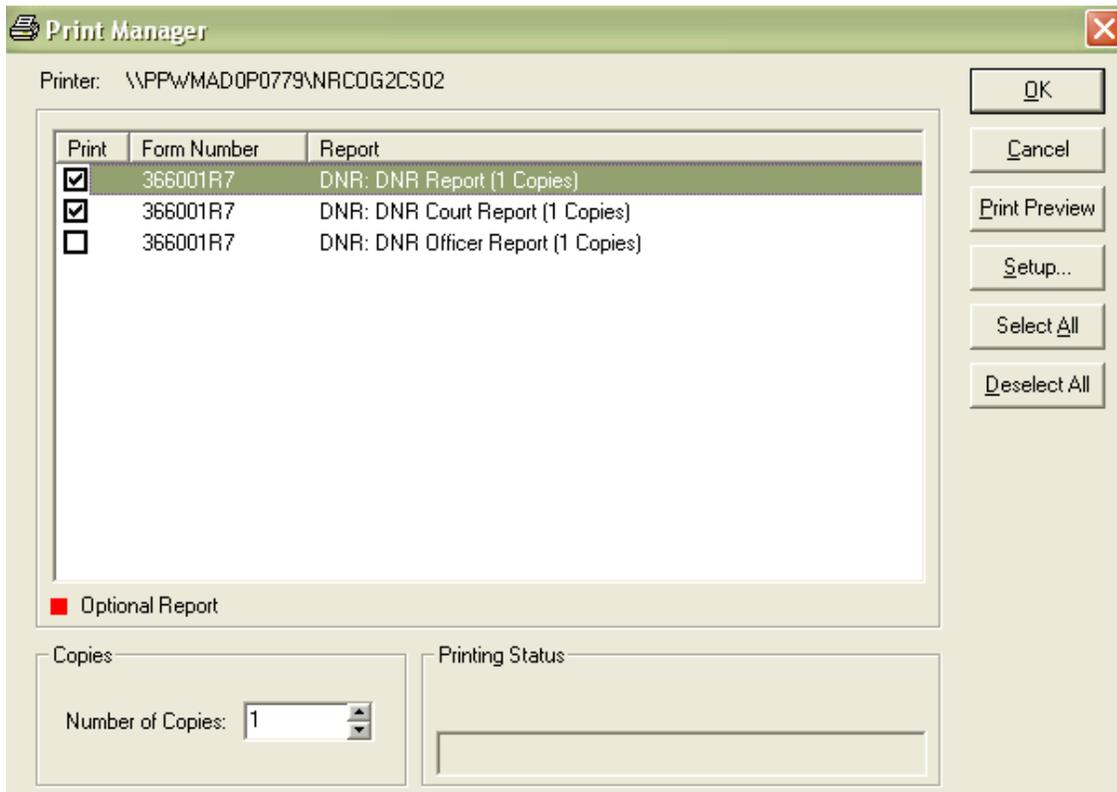
The Available Forms dialog box appears.  
Double-click on **DNR**, or  
Click on **DNR** and click on **OK**.  
Another citation is created ready for you to fill out.

### ***Printing a Citation***



Click on **Print** on the TraCS toolbar.

The Print Manage dialog box appears (shown below).



- Click the box for each form you want to print so that a check mark appears in front of each form to be printed.
- Click OK.

The form prints and the fields lock. You can reprint any form later.

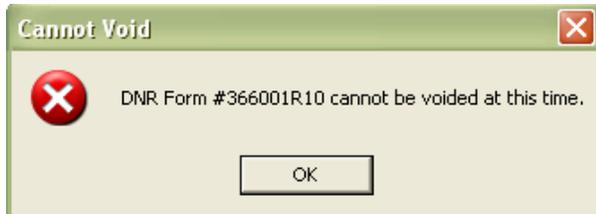
**Note:** After Printing the Violator report, Officer copy, or Court copy, the input form will lock. You **will not be able to change** anything except the narrative field. Verify all data before going to the print dialog box.

## Voiding a Citation

If an error is discovered after the citation has been issued, the citation will have to be voided. A new citation can then be issued. Citations can never be deleted.

Citations can only be voided if they have been validated or issued.

If you try to void a citation that has not been validated or issued you will get the following message box.



### To void a citation:

You can void citations from the contact manager, select the citation in the list before clicking the void button. You will get the following message box.



Click Yes, and you will get the following message box.



Enter a reason for voiding the citation, click OK.

**Note:** Voided citations will still need to be transmitted to DNR.

### ***User Defaults for the DNR Form***

There are several user defaults that you might like to set for the DNR form. See Appendix F for instructions on how to do this.

- **APRN\_CT\_NB = Court Name (8-digit number)**
- **APRN\_CT\_TY = Court type (Circuit, Municipal, Tribal)**
- **DLVY\_TYCD = Delivery method (Mailed, In-Person)**
- **MDTY\_APRN\_DT = Court appearance date (MM/DD/YYYY)**
- **MDTY\_APRN\_TM = Court time (HH:MM) Military time.**
- **PLTF\_GOVT\_TY = Plaintiff Type (City/Village/Town, County of, State of Wisconsin)**
- **VLTN\_CNTY\_CD = Violation County (name)**

# ALCHL Form (Alcohol Incident Forms)

# ALCHL Form

To start an Alcohol Form, choose it from the Available Forms menu:



The Available Forms dialog box appears.

- **Double-click on ALCHL, or**
- **Click on ALCHL and click on OK.**

## *Data Fields*

### Form Selection Section

Alcohol Incident Forms	
<input type="checkbox"/> MV3519 - Notice of Intent to Suspend	<input type="checkbox"/> MV3530 - Administrative Review Request
<input type="checkbox"/> MV3396 - Notice of Intent to Revoke	<input type="checkbox"/> SP4197 - Informing the Accused
<input type="checkbox"/> C22 - Blood / Urine Analysis	

### Form Name Checkbox:

- **Select yes or no for each report you will be creating. (Depending on the forms you select, different additional form fields will be enabled.)**

## Driver Information section

### Driver Information:

Last Name		First Name	Middle Name	Suffix
Street Address			P.O. Box	
City		State	ZipCode	Phone Number
Date of Birth	Gender	Driver License Number	State of Issuance	DL Expire Year
Operating As DL Class		Operating As DL Endorsements	CMV Operation?	HAZMAT Operation?

- Last Name** – If you have issued Alcohol related ELCI forms in this contact, the person's name will be available to select in the list. You can also click the search button or key the Last name.

The screenshot shows a window titled "External Search Results" with a close button in the top right corner. The window is divided into several sections:

- Result Items:** A list box containing three entries:
  - \* 0 ZZZDOTIES ANTHONY L 03/24/82
  - \* 1 ZZZDOTIES ROBERT J 03/02/47
  - \* 2 ZZZDOTKLR KENDRA A 12/24/58
 The first entry is selected. To the right of this list are buttons for "Apply" and "Cancel".
- Common Info:** A section containing buttons for "Copy" and "Move".
- Item Properties:** A list box showing details for the selected item:
  - Result Index: 0
  - Driver License Number: Z3320005205208
  - Drivers License State: WI
  - DL Year Expiration Date: 2008
  - Last Name: ZZZDOTIES
  - First Name: ANTHONY
  - Middle Initial: L
  - Suffix Name:
  - Street Address: 100 MAIN ST
  - Post Office Box: 123
  - City: MADISON
- Search Status:** A text box containing the message "External Search Successful".

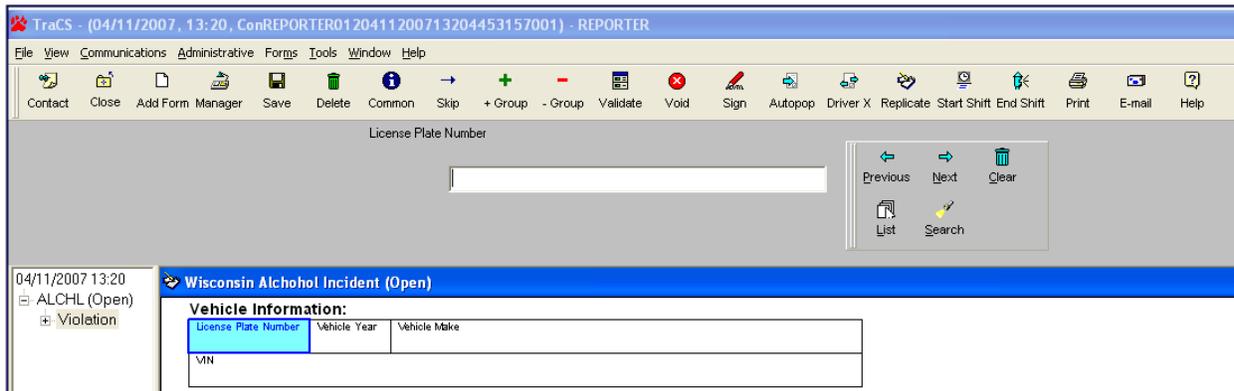
If the Mobile Data Import functionality is programmed for your agency, and you click on Search, the External Search Results window appears listing the person responses.

- Click to highlight the entry you want to import from the Result Items pane.
- Click on Apply.
- The person's data will be imported into the appropriate fields in the ALCHL form.

If you selected the person data from the MDB responses, the person's data will be imported into the appropriate fields in the ALCHL form. If you have the Alcohol tickets filled out in this contact, after you enter the individuals DL number, you can click the Autopopulate button in the tool bar and have the vehicle information and Statute information automatically fill in from the completed ELCI forms. Complete the remaining fields.

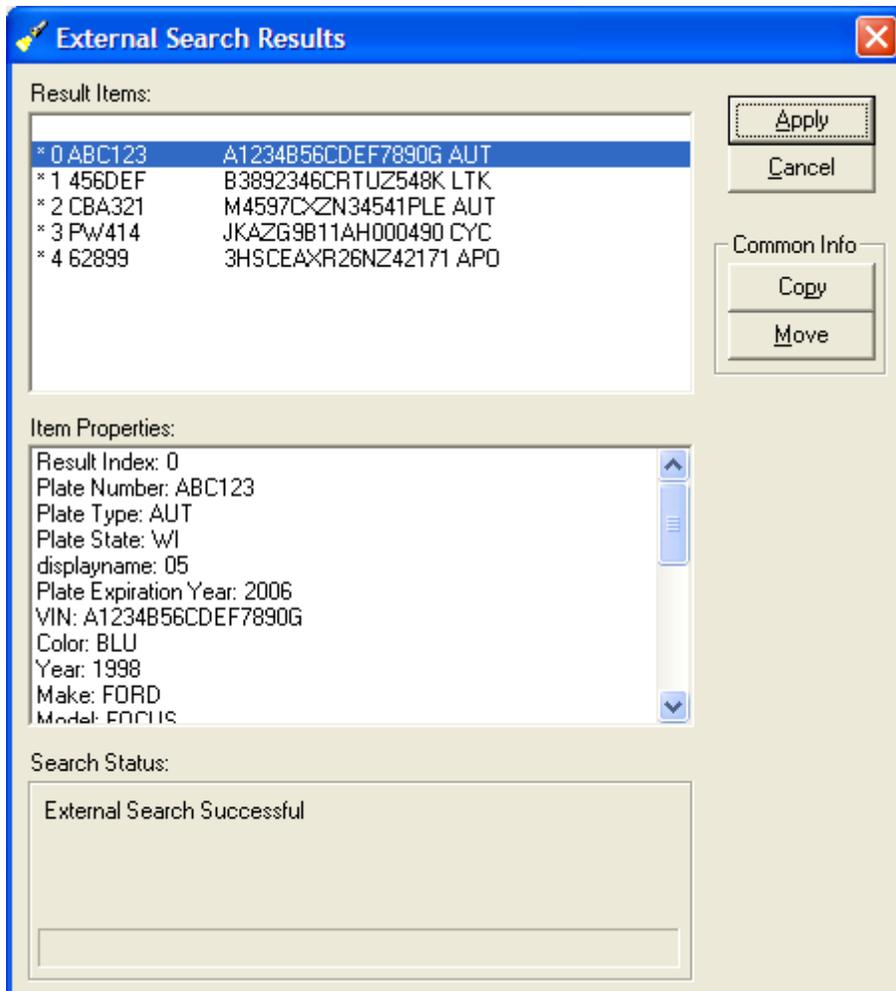
- **First Name** – Type first name.
- **Middle Name** – Type middle name or initial, if appropriate.
- **Suffix** – Click to select suffix from the pick list, if needed.
- **Street Address** – Type street address.
- **P.O. Box** –Type PO Box number.
- **City** – Type city name.
- **State** – Click to select state from the pick list.
- **Zip Code** – Type 5 or 9 character zip code.
- **Daytime Phone** – Type in area code and phone number if known.
- **Date of Birth** – Type individual's date of birth.
- **Gender** – Click to select gender from the pick list.
- **Driver License Number** – Type individual's driver license number without spaces or dashes.
- **State of Issuance** – Click to select license state of issuance from the pick list.
- **DL Expire Year** – Type driver license expiration year.
- **Operating as DL Class** - Click to select Operating as DL Class from the pick list.
- **Operating as DL Endorsements** - Click to select Operating as DL Endorsements from the pick list.

### Vehicle Information Section



License Plate Number:

- Click on Search to select the Vehicle data from the MDB responses, or
- Type plate number.



If the Mobile Data Import functionality is programmed for your agency, and you click on Search, the External Search Results window appears listing the vehicle responses.

- Click to highlight the entry you want to import from the Result Items pane.
- Click on Apply.
- The vehicle data will be imported into the appropriate fields in the ALCHL form.

**Vehicle Information:**

License Plate Number	Vehicle Year	Vehicle Make
VIN		

If you selected the vehicle data from the MDB responses, the vehicle's data will be imported into the appropriate fields in the ALCHL form. Complete the remaining fields.

- **License Plate Type – Click to select plate type from the pick list.**
- **Vehicle Year – Type Vehicle Year.**
- **Vehicle Make – Type Vehicle Make.**
- **VIN Number – Type Vehicle ID Number.**
- 

**Offense Information Section**

<b>ELCI Information on Offense(s):</b>			
Violation Date <b>9/20/2005</b>		Violation Time <b>11:09 AM</b>	County Name <b>DANE - 13</b>
UTC Number <b>1000820</b>	<b>1</b>	Statute Number <b>346.63(2)(a)1</b>	Description <b>CAUSE INJURY/OPERATING WHILE INTOX.</b>
UTC Number <b>1000819</b>	<b>0</b>	Statute Number <b>346.63(1)(b)</b>	Description <b>OWI-"BAC .08 - .99%"</b>
UTC Number <b>1000818</b>	<b>6</b>	Statute Number <b>346.63(1)(a)</b>	Description <b>OPERATING WHILE INTOX.</b>
UTC Number		Statute Number	Description
UTC Number		Statute Number	Description
Court Type <b>MUNICIPAL</b>		Court Name <b>MADISON CITY MUNICIPAL COURT</b>	

If you have issued the ELCI alcohol related tickets and they are part of this contact, after you select the individual and their data is copied into the ALCHL form, you may click the autopop button on the tool bar. Autopop will copy data from the alcohol tickets into this ALCHL form. The data that will be copied is Operating as Class, Operating as Endorsements, Vehicle information section, and Offense Information section. You may type in this information manually if you choose.

- **Violation Date – Type in violation date of Alcohol citation.**
- **Violation Time - Type in violation time of Alcohol citation.**
- **County Name – Click to select the Violation County from the pick list.**
- **UTC Number – Type in UTC Number for alcohol conviction.**
- **UTC Check Digit – Type in UTC Number Check digit.**
- **Adopting State Statute: Type shortcut value, or**
- **Click on Search to select the Statute from Violations table, or**
- **Type statute number. If you type the statute number, the query brings back the first statute number that matches, so if there are several charges with the same statute number you might not get the charge you want.**
- 

After selecting the Adopting State Statute from the Violation Search window, you return to the ALCHL form.

- **Court Type – Click to select Court Type from the pick list.**
- **Court Name – Click to select Court Name from the pick list.**

## Additional Information Section

Additional Form Information:			
Notice Date <b>10/4/2005</b>	Notice Time	This Notice (MV3519) Issued <b>P - III PERSON</b>	Criminal Complaint Issued? <b>II</b>
Date of Refusal		Out of Service Order Issued?	
Chemical Test Type <b>B - BREATH</b>	Will Defendant submit to Chemical Test? <b>II</b>	Defendant Identification Type <b>DRIVER LICENSE</b>	

These fields are enabled or disabled as needed for the Reports you plan on creating from the selections at the top of the ALCHL form.

- **Notice Date – Type Notice Date.**
- **Notice Time – Type Notice Time.**
- **This Notice (MV3519) issued – Click to select Issued Method from the pick list .**
- **Criminal Complaint Issued – Click to select yes or no from the pick list.**
- **Date of Refusal – Type Refusal Date.**
- **Out of Service Order Issued – Click to select yes or no from the pick list.**
- **Chemical Test Type – Click to select Chem Test Type from the pick list.**
- **Submit to Chem test – Click to select yes or no from the pick list**
- **Driver ID Type – Click to select Identification type from the pick list.**

## Officer Section

### Officer:

Department <b>TEST POLICE DEPARTMENT</b>	
Officer ID <b>123</b>	Officer Name <b>OFCR System Admin</b>
Agency Jurisdiction <b>MOUNT PLEASANT</b>	Agency Space

- **Agency Space – Key agency specific data in the agency space field as directed by your agency.**

## Attachment Group

Depending on the policies of your agency, you may attach files to your report. Not all agencies use attachments.

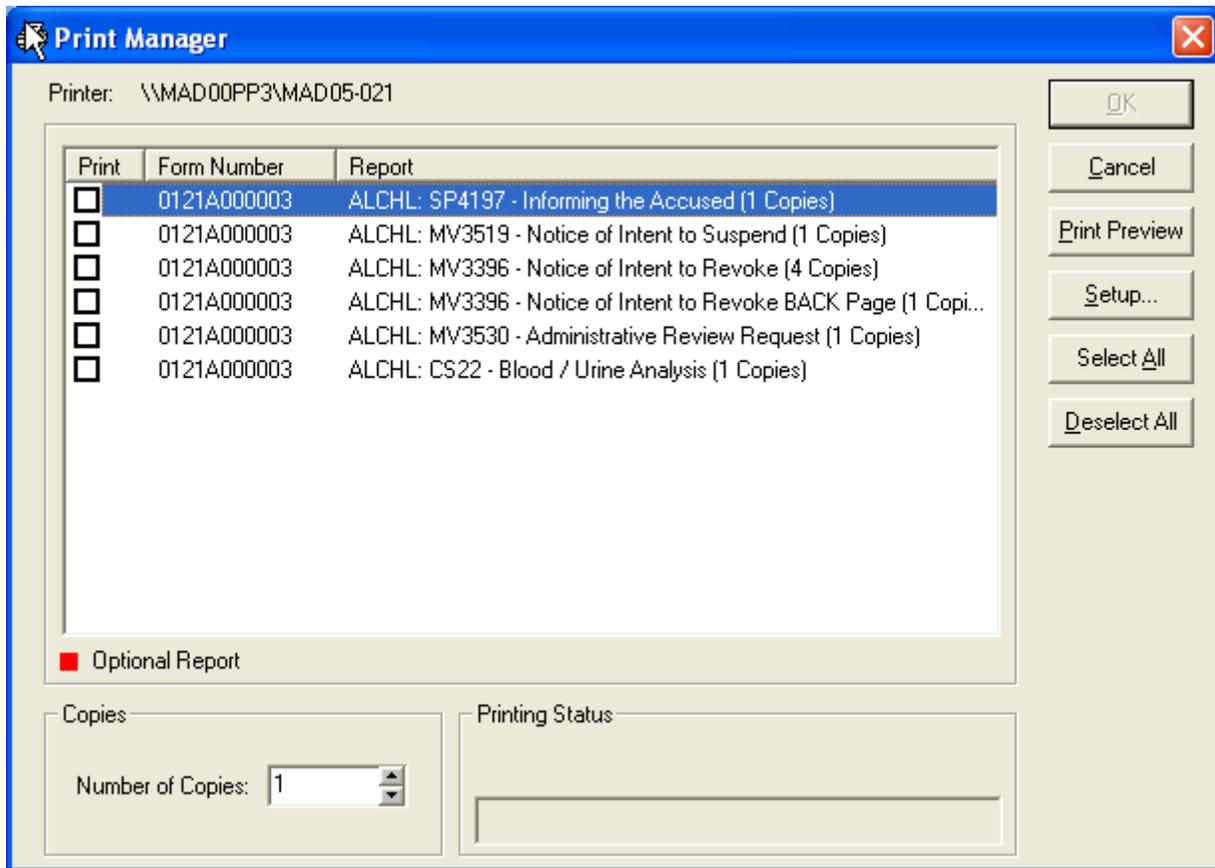
<b>10</b>	Attached File	File Name
		Agency Space

- **Attached File** – Click the  attach file button. You will be prompted to enter the file name and path of the file you wish to attach to the form.
- **File Name** – Enter the name of the file.
- **Agency Space** – Enter any agency specific information required by your agency.

## Printing the ALCHL reports



- Click on Print on the TraCS toolbar.



The Print Manager dialog box appears.

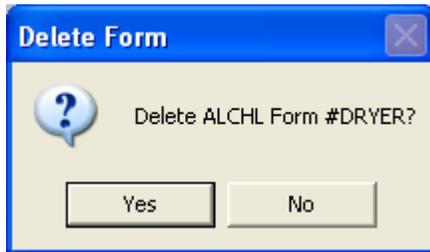
- Click the box for each form you want to print so that a check mark appears in front of each form to be printed.
- Click on OK and the form(s) will print.
- You can reprint any form later.

## ***Deleting an ALCHL Form***

If an error is discovered after the ALCHL reports have been printed you can go back to the input form and make the necessary changes, then reprint the report.

### **To delete an ALCHL form:**

You can delete ALCHL forms from the contact manager. Select the ALCHL form in the list before clicking the delete button. You will get the following message box.



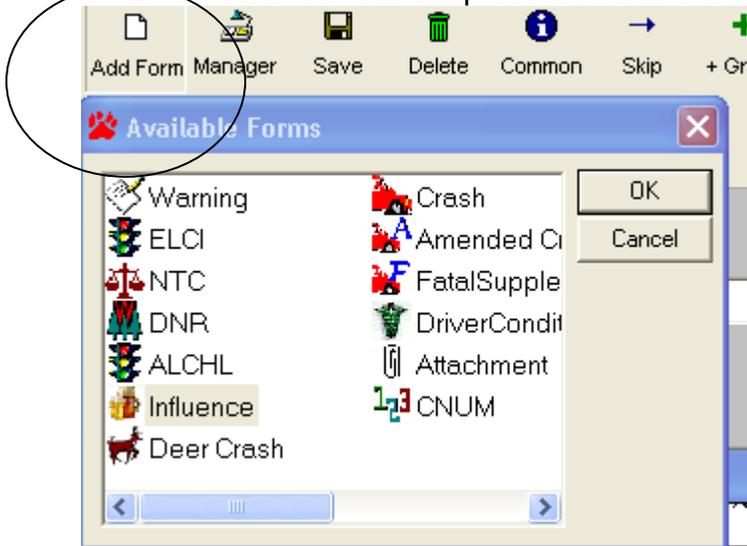
- **Click Yes, and the ALCHL form will be deleted.**

# Alcohol/Drug Influence Form

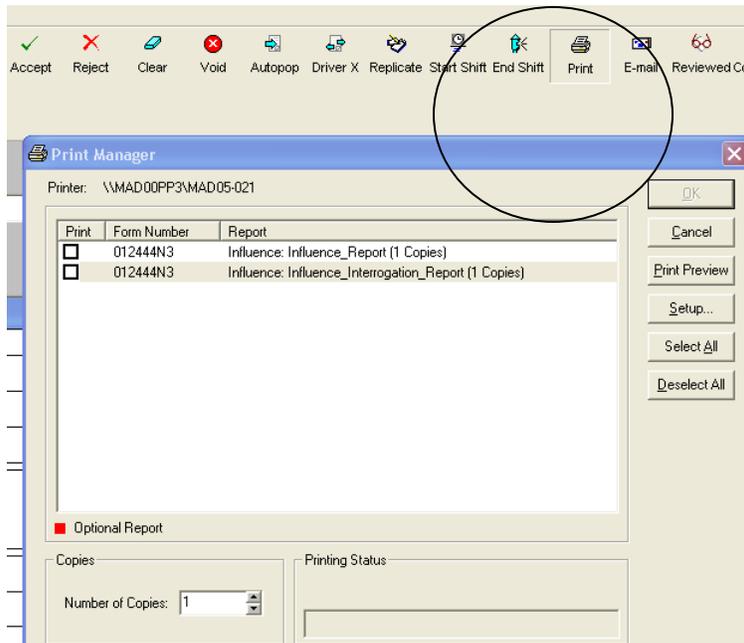
## Influence Form (eSP4005)

### *The process flow of the Influence form:*

1. Have an alcohol citation completed
2. Click **Add Form** to open a new **Influence** form



3. Click the **Print** button | Highlight **Interrogation Report** in order to print the Pre-Interrogation paragraph

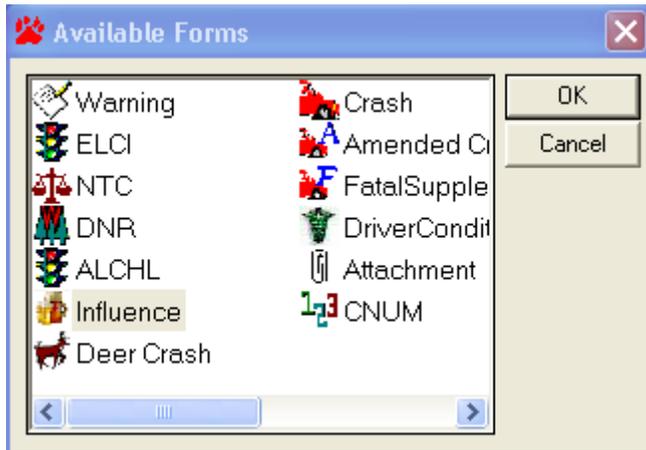


4. Read the Pre-interrogation to violator and have the violator sign it.
5. Complete the rest of the Influence form
6. Validate and print the form

**Notes:** The Influence form must be Validated and Accepted before it can be transmitted to your RMS.

## Open new Influence citation form

1. Choose it from the Available Forms menu:



The Available Forms dialog box appears.

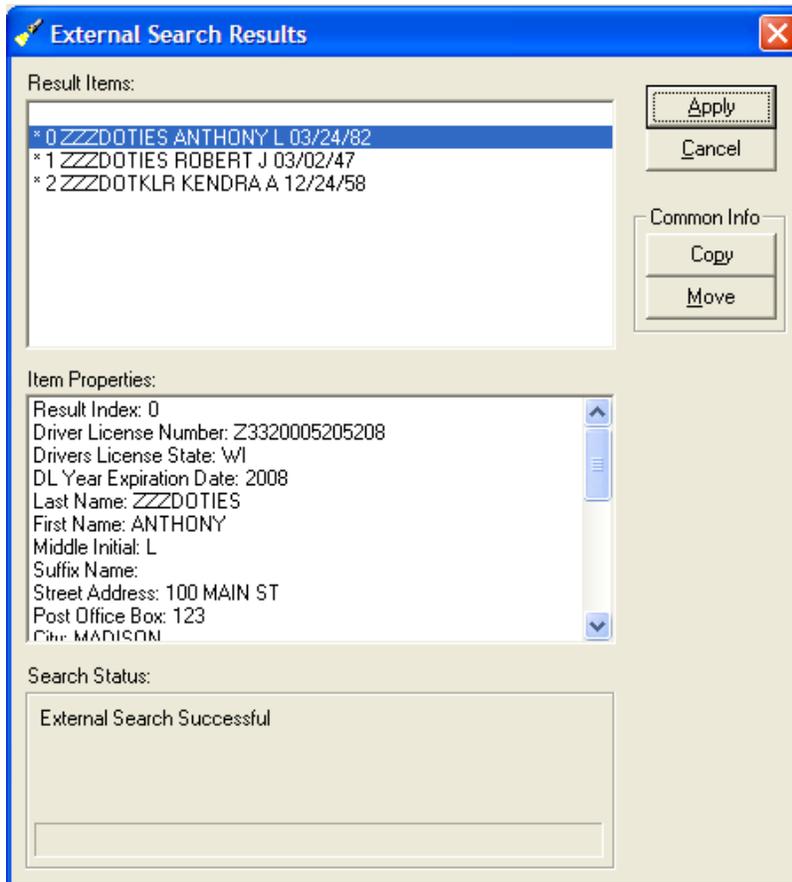
2. Double-click on **Influence**, or
3. Click on **Influence** and click on **OK**.

## Data Fields:

### Violator Section

INFLUENCE									
Influence Document Number <b>012444N3</b>					Police Number				
Last Name			First Name		Middle		Suffix		
Street Address							P.O. Box		
City			State			Zip Code			
Date of Birth	Gender	Race	Incident Date	Incident Time	Arrest Date <b>11/03/2009</b>		Arrest Time <b>02:11 PM</b>		
Citation Number		Breath, Odor of Alcohol Beverage		Attitude			Speech		
Describe Clothing: Type, Color, Condition:									
Signs or Complaints of Illness or Injury									
What first led you to suspect alcohol or drug influence?									

- **Police Number** – A number which is on all forms and can be used within agency.
- **Last Name** - Click on Search to select the person data from the MDB responses, or Click on List to select the person data from the Barcode scanned data, or Type last name.



If the Mobile Data Import functionality is programmed for your agency, and you click on Search, the External Search Results window appears listing the person responses.

Click to highlight **the entry you want to import** from the Result Items pane.

- **Click on Apply.**
- **The person's data will be imported into the appropriate fields in the Influence form.**

If you selected the person data from the MDB responses, the person's data will be imported into the appropriate fields in the Influence form. Complete the remaining fields.

- **First Name** – Type first name.
- **Middle Name** – Type middle name or initial, if appropriate.
- **Suffix** – Click to select suffix from the pick list, if needed.
- **Street Address** – Type street address.
- **P.O. Box** – Type PO Box number.
- **City** – Type city name.
- **State** – Click to select state from the pick list.
- **Zip Code** – Type 5 or 9 character zip code.
- **Date of Birth** – Type individual's date of birth.

- **Gender** – Click to select gender from the pick list.
- **Race** – Click to select race from the pick list.
- **Incident Date**—Type Date
- **Incident Time** - Type Time
- **Arrest Date**—Type Date
- **Arrest Time**—Type Time
- **Citation Number**—Type the citation number the Influence is connected to.
- **Breath, Odor of Alcohol Beverage**—Select or type Alcohol type
- **Attitude**—Type violator’s attitude
- **Speech**—Type speech concerns
- **Describe Clothing**—Describe clothing and condition
- **Signs or Complaints of Illness or Injury**—Type any signs or complaints
- **What first led you** - Type what first led officer to suspect alcohol or drugs influence

## Opinions Section

### Opinions

Is the subject under the influence of intoxicants? (Yes / No)	Is the subject’s ability to operate a motor vehicle impaired? (Yes / No)
---	--

Names of Other Occupants in Vehicle
Condition of Other Occupants
Witness(es)

- **Is the subject under the influence of intoxicants**—Officers opinion Yes/No
- **Is the subject’s ability to operate a motor vehicle impaired**—Officers opinion Yes/No
- **Names of Other Occupants in Vehicle**—Type names of occupants in vehicle
- **Condition of Other Occupants**—Type condition of each occupant
- **Witness(es)**—Type names of witnesses

## Pre-Interrogation

Pre-Interrogation Warning: Before we ask you any questions, you must understand your right. You have the right to remain silent. Anything you say can and will be used against you in court. You have the right to talk to a lawyer before questioning and to have the lawyer with you during questioning. If you cannot afford a lawyer and want one, a lawyer will be appointed for you without charge prior to any questioning. If you decide to start answering questions at this time, you can stop anytime during the questioning.

Waiver of Rights: I have read, or have had read to me this statement of my rights. I understand what my rights are. I am willing to answer questions at this time. I do not want a lawyer at this time. I understand and know what I am doing.

Date  Time  Signature \_\_\_\_\_

Notes  Witness

- **Date**—Type the signed date from the printed Pre-Interrogation report
- **Time**—Type the time from the printed Pre-Interrogation report
- **Signature**—Officer signature if used
- **Notes**—Type notes from printed Pre-Interrogation report
- **Witness**—Type the name(s) of the witness(es)

## Questions

The question section consists of fields, which are text or drop down lists. Each drop down list has **Yes**, **No** or **See Comments**. If **See Comments** is selected, the officer will add the violator response to the question in the Comments section at the bottom of the Influence form. If **No** is selected, all fields related to that field will gray out. To enable a grayed out field, select **Yes** instead of **No**.

Were you operating a motor vehicle
YES NO SEE COMMENTS

## Questions

1. Were you operating a motor vehicle? <b>YES</b>		
2. What street or highway were you on? <b>MAIN STREET</b>		
3. Where were you going? <b>HOME</b>	4. Where were you coming from? <b>WORK</b>	
5. What is Today's date? <b>JUNE 23, 2009</b>	6. Time? <b>4:40 MAYBE</b>	
7. When did you sleep last? <b>YESTERDAY</b>	8. How much sleep did you have? <b>ENOUGH</b>	9. Is that your normal amount? <b>YES</b>
10. Are you under doctor's care? <b>NO</b>	11. For What?	
12. Have you taken any prescription	13. What Type?	14. Time of last use?

The following fields have the ability to use a dropdown list or manual enter text using the OTHER option.

Breath, Odor of Alcohol Beverage	Attitude	30. What have you been drinking?
----------------------------------	----------	----------------------------------

Attitude	COMBATIVE COOPERATIVE OTHER UNCOOPERATIVE	Previous   Next   Other
----------	--	-------------------------

## Officer

### Officer:

Department <b>Test Department</b>		
Officer ID	Officer Name	Agency Phone Number
Agency / Comments		

- **Department** – Field is not accessible. Department name automatically fills based upon user file definition.
- **Officer ID** – Field is not accessible. Officer ID automatically fills based upon user file definition.
- **Officer Name** – Field is not accessible. Officer name automatically fills based upon user file definition.
- **Comments** – When focus is on the narrative field, a button labeled Narrative appears in the databar area. Click on Narrative to get the Narrative window and type in a narrative up to 990 characters in length. When narrative is complete, click on Continue.

## Attachment Group

Depending on the policies of your agency, you may attach files to your report. Not all agencies use attachments.

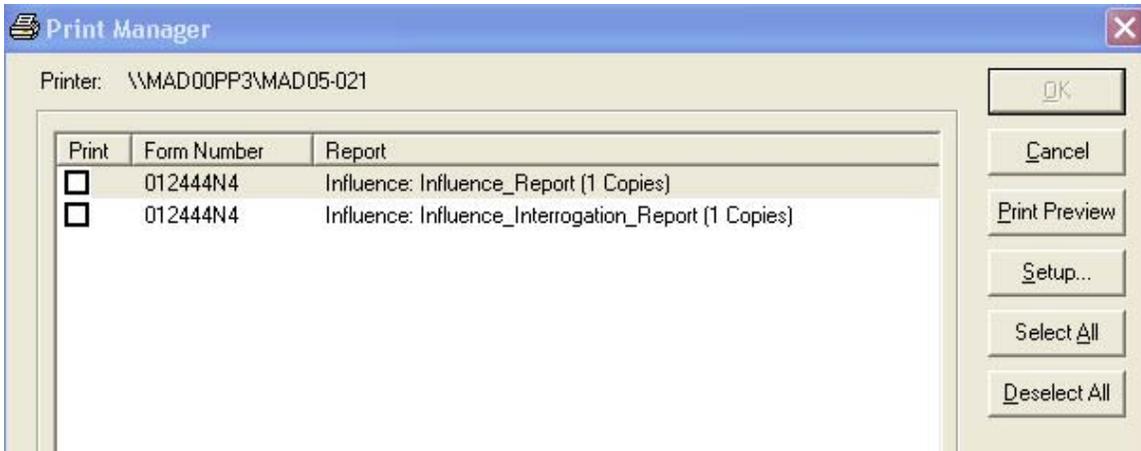
10	Attached File	File Name
		Agency Space

- **Attached File** – Click the  attach file button. You will be prompted to enter the file name and path of the file you wish to attach to the form.
- **File Name** – Enter the name of the file.
- **Agency Space** – Enter any agency specific information required by your agency.

# Printing



1. Click on **Print** on the TraCS toolbar.



2. The Print Manager dialog box appears.
3. Click the **box for each form you want to print** so that a check mark appears in front of each form to be printed.
4. Click on **OK**.

**Note:** Highlighting the Report will enable you to Print Preview it. The Influence Interrogation report will always be blank.

## Deleting a Influence form

The Influence can be deleted at any time.

**To delete a Influence form:**

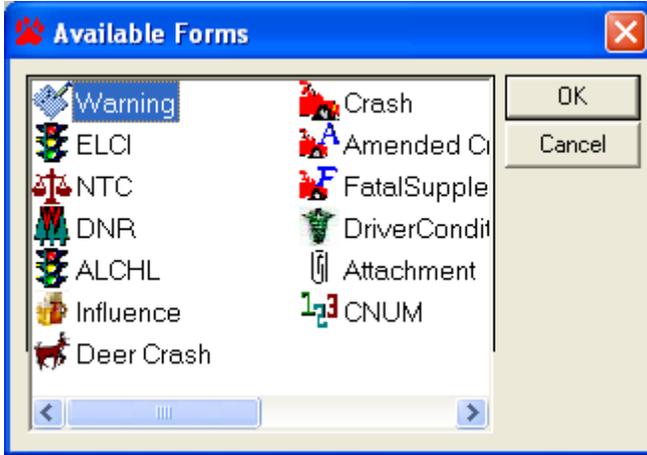
1. You can delete Influence forms from the Contact Manager; highlight the Influence form in the list before clicking the delete button. You will get the following message box.
2. Click Yes, and the Influence form will be deleted



# Warning Form

# Warning Form

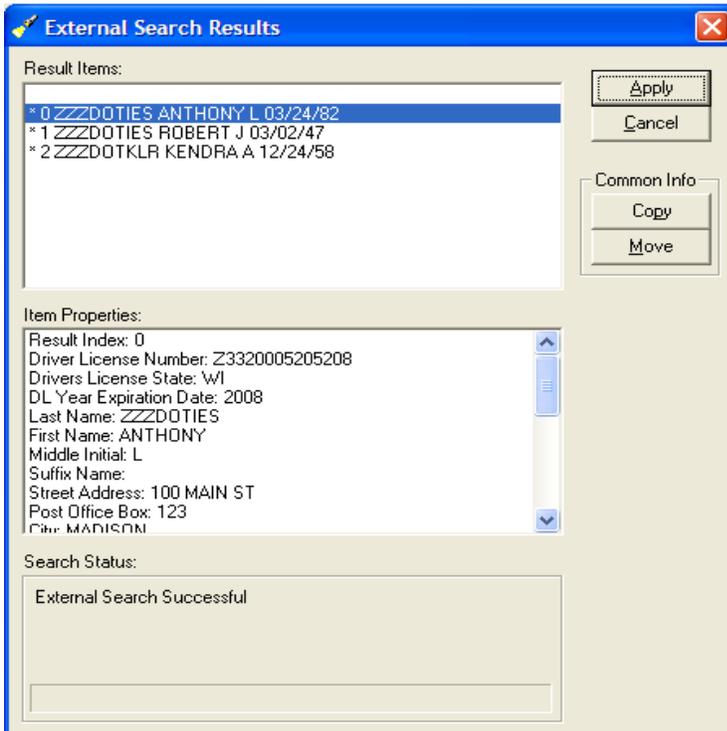
To start a Warning form, choose it from the Available Forms menu:



## Searching MDB For Driver's License Records

While the cursor focus is on the violator's **Last Name** field, select the violator from the listing of persons in the Common Information Manager.

If a custom DLL has been written by/for the local agency, TraCS can be configured to search the MDB for the last five driver's license records queried. To search, select the **Search** button, or press **ALT-S**.



TraCS will attempt to read the MDB Inbox for the last five driver's license records. If the Search is successful, the Search Status will display "**External Search Successful.**"

Highlight the desired name and select the **Apply** button.

Currently, the custom dll for the HTE mobile data browser will attempt to recognize driver's license records from 26 States. The States include California, Illinois, Indiana, Iowa, Kentucky, Michigan, Minnesota, Missouri, Nebraska, New York, Ohio, Texas and Wisconsin. If the Search routine does not recognize the driver's license State, the driver's license information will have to be manually entered into the Warning form.

### ***Searching For License Plate Records***

While the cursor focus is on the violator's License Plate field, TraCS can also search the MDB for the last five license plate records queried if your agency has the custom dll written. To search, select the **Search** button, or press **ALT-S**.

TraCS will attempt to read the MDB Inbox for the last five license plate records queried. If the Search is successful, the Search Status will display "**External Search Successful.**"

Highlight the desired license plate and select the **Apply** button.

Currently, TraCS will attempt to recognize license plate records from 26 States. The States include California, Illinois, Indiana, Iowa, Kentucky, Michigan, Minnesota, Missouri, Nebraska, New York, Ohio, Texas and Wisconsin. If the Search routine does not recognize the license plate State, the vehicle information will have to be manually entered into the Warning form.

### ***MDB License Plate Search Routine Error***

If the Search encountered problems reading the MDB Inbox, the Search Status will display "**Error: Type mismatch has occurred in ExecuteQuery Function.**" and no Search records will be displayed. The vehicle information will have to be manually entered into the Warning form.

### ***Searching For Violation Section Numbers***

While the cursor focus is in the Violation Section Number field, select the **Search** button, or press **ALT-S**, to search for Section Numbers.

**YOU HAVE VIOLATED WISCONSIN TRAFFIC REGULATIONS AS INDICATED BELOW:**

SECTION No.(s)	VIOLATION(S)

By default, TraCS will search for the Statute **Code**. To search for violation description, select the **Offense** radio button.

Also by default, TraCS will search for **Wisconsin Violations**. Select the **Trans Rules** radio button to search for Trans Orders.

**Violation Search**

Code  Offense

Find Find Next

Search Categories

- Wisconsin Violations
- Accident
- All Terrain Vehicle
- Bicycle
- Driver License
- Light
- Miscellaneous
- Motor Vehicle Traffic

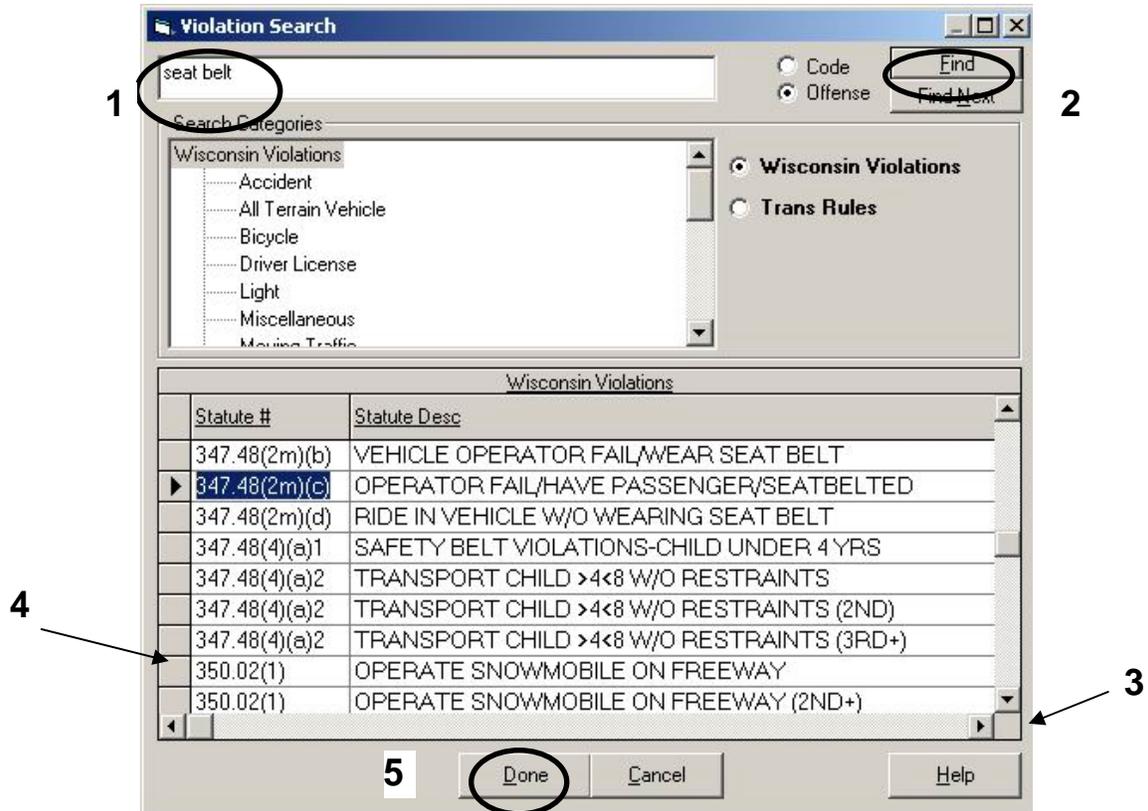
Wisconsin Violations  Trans Rules

Statute #	Statute Desc
▶ 344.48(1)(a)	FORGED PROOF-SECURITY FOR ACCIDENT
344.48(1)(b)	FORGED PROOF-FINANCIAL RESPONSIBILITY
344.48(1)(c)	FORGED PROOF-SECURITY AFFIDAVIT
346.67(1)(a)	HIT AND RUN
346.67(1)(a)	HIT AND RUN-INVOLVE DEATH
346.67(1)(a)	HIT AND RUN-INVOLVE GREAT BODILY HARM
346.67(1)(a)	HIT AND RUN-INVOLVE INJURY
346.67(1)(b)	HIT AND RUN
346.67(1)(b)	HIT AND RUN-INVOLVE DEATH

Done Cancel Help

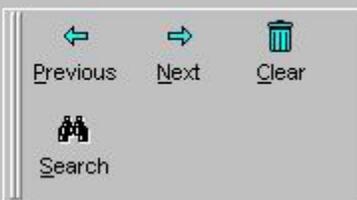
To search for a violation:

1. Type in the desired search string
2. Select the **Find** button
3. Scroll through the search results
4. Highlight the desired violation Statute Number
5. Select the **Done** button



The selected Statute Number will be entered into the Section Number field. The Violation Description field will not be completed until the cursor is moved off the Section Number field by pressing the **[Enter]** key, or pressing **ALT-P**.

Please enter the violation Statute number.

347.48(2M)(C)	
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**YOU HAVE VIOLATED WISCONSIN TRAFFIC REGULATIONS AS INDICATED BELOW:**

SECTION No.(s)	VIOLATION(S)
347.48(2m)(c)	OPERATOR FAIL/HAVE PASSENGER/SEATBELTED

***Editing the Violation And Section Number***

The Violation field and Section Number field may be changed to better describe the violation. For instance:

**YOU HAVE VIOLATED WISCONSIN TRAFFIC REGULATIONS AS INDICATED BELOW:**

SECTION No.(s)	VIOLATION(S)
341.15(2)	IMPROPERLY ATTACHED LICENSE PLATES

Can be edited to describe:

<b>YOU HAVE VIOLATED WISCONSIN TRAFFIC REGULATIONS AS INDICATED BELOW:</b>	
SECTION No.(s)	VIOLATION(S)
341.15(2)	PLATE ATTACHED IMPROPERLY/ILLEGIBLE

## Entering another Violation

A maximum of 10 violations can be entered on one Warning form. If more than 10 violations need to be issued during one traffic stop, this Warning form will need to be printed and closed, and another Warning form created.

To insert another violation the cursor must be on the Violation field or Section Number field, then select the **+ Group** button.



The insertion of the additional violation line will make it look like the last violation disappeared or was erased, but the Warning form was really shifted up and the new violation line inserted in its place.

## Entering A Violation Manually

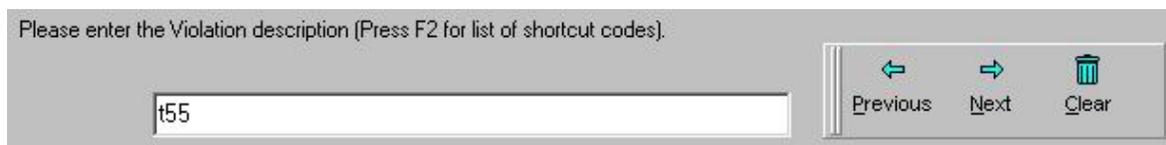
Instead of searching for a Section Number, a violation can be entered manually by typing in the Violation and Section Number.

## Violation Code Shortcuts

The Violation field can accept shortcut codes to help speed up the completion of the Violation and Section Number fields. The shortcut codes can be found in Appendix A or by pressing the <F2> help key while in the field. Many of the shortcut codes are MCIR codes, many others are driver's license record abbreviations, and the rest are made-up abbreviations for common violations.

To enter a shortcut code violation:

1. The cursor must be on the Violation field
2. Type in the shortcut code
3. Press **[Enter]**



**YOU HAVE VIOLATED WISCONSIN TRAFFIC REGULATIONS AS INDICATED BELOW:**  
SECTION No.(s) VIOLATION(S)

<b>346.57(4)(h)</b>	<b>SPEEDING IN 55 MPH ZONE</b>
---------------------	--------------------------------

Example 1

Please enter the Violation description (Press F2 for list of shortcut codes).

5%	 Previous	 Next	 Clear
----	--	--	---

**YOU HAVE VIOLATED WISCONSIN TRAFFIC REGULATIONS AS INDICATED BELOW:**  
SECTION No.(s) VIOLATION(S)

<b>TR305.32(4)(b)</b>	<b>5% SIDE WINDOW TINT (50 REQUIRED)</b>
-----------------------	--

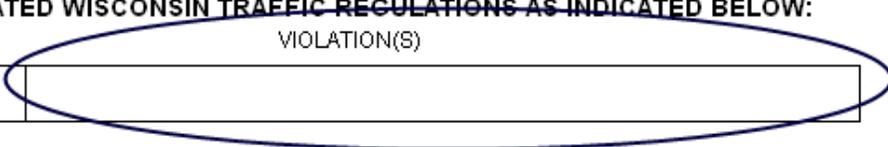
Example 2

### ***Searching For Local Ordinance Violation Numbers***

While the cursor focus is in the Violation(s) description field, select the **Search** button, or press **ALT-S**, to search for Local Ordinance Violation Numbers.

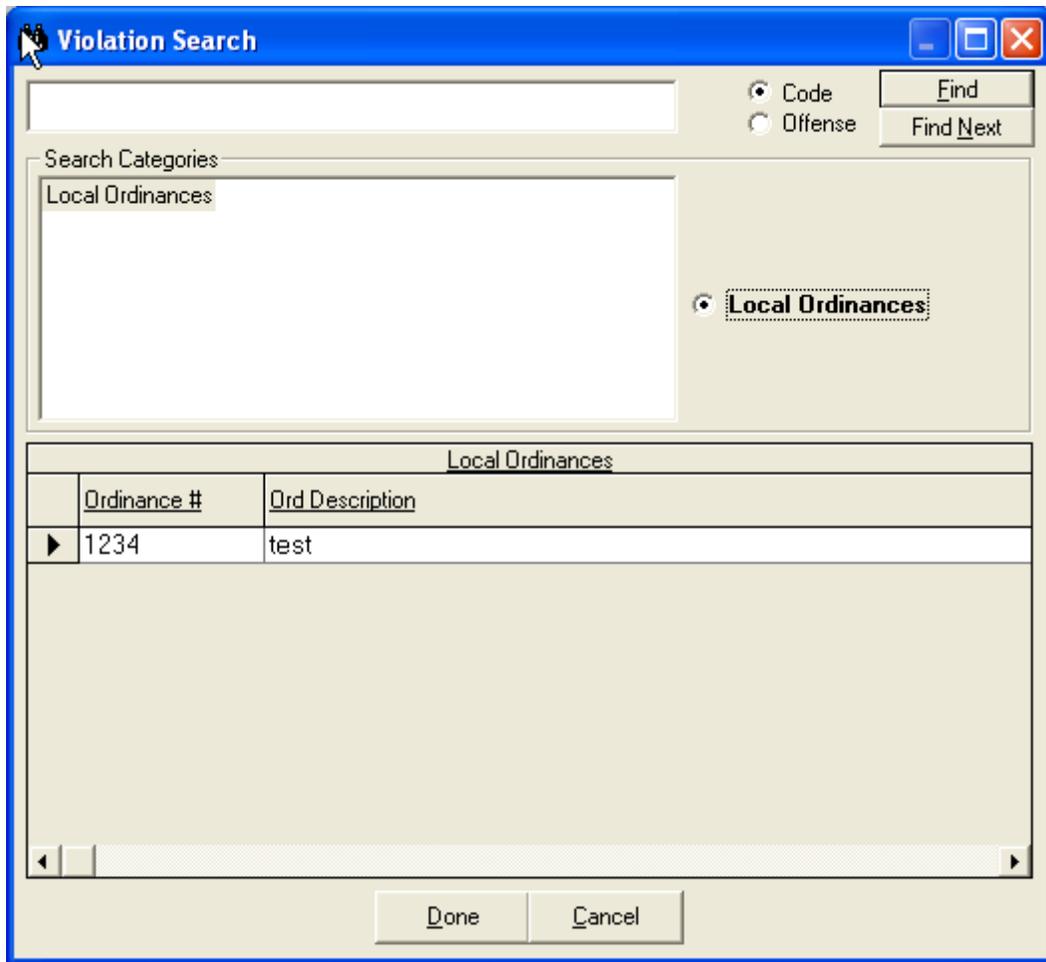
**YOU HAVE VIOLATED WISCONSIN TRAFFIC REGULATIONS AS INDICATED BELOW:**

SECTION No.(s)	VIOLATION(S)



By default, TraCS will search for the Statute **Code**. To search for violation description, select the **Offense** radio button.

Also by default, TraCS will search for **Local Ordinances**.



### ***Correct At Once Violations***

For violation(s) that require the owner or operator to correct the violation(s) at once then mail personal certification back to the issuing law enforcement agency, this type of action is called Correct At Once.

Does the violation need to be corrected at once?

Yes

If the violation(s) need to be corrected at once, the Warning form will prompt for the number of days the violation needs to be corrected by.

Please enter the number of days the violation has to be corrected by

7

The number of days will be added to today's date and the correction date will be calculated. The owner or operator is then requested to mail personal certification back to the law enforcement agency by this calculated date.

Equipment, Registration or Miscellaneous Violations	REPORT IN PERSON
<input checked="" type="checkbox"/> The violations indicated must be corrected at once. All future operation without correction is illegal.	<input type="checkbox"/> Bring proof of compliance with the law for violations listed to any law enforcement officer for certification by:
Days to Correct <b>7</b>	
Correct Date <b>04/19/07</b>	

### Report In Person Violations

For violation(s) that require the owner or operator to report to a law enforcement officer for certification then mail back to the issuing law enforcement agency, this type of action is called Report In Person.

Does the owner or operator need to report in person?

← Previous    Next →    ✓ Yes  
✗ No

If Report In Person is requested, enter the number of days the owner the owner or operator needs to report by.

The number of days will be added to today's date and the report in person date will be calculated. The owner or operator is then requested to mail the officer certification back to the law enforcement agency by this calculated date.

Equipment, Registration or Miscellaneous Violations	REPORT IN PERSON
<input type="checkbox"/> The violations indicated must be corrected at once. All future operation without correction is illegal.	<input checked="" type="checkbox"/> Bring proof of compliance with the law for violations listed to any law enforcement officer for certification by:
Days to Correct <b>14</b>	
Correct Date <b>04/26/07</b>	

**NOTE:** Only one Check Box (**Correct At Once** or **Report In Person**) can be checked at a time.

### ***Entering A Comment (optional)***

An optional comment, up to 60 characters, may be entered to the Warning. The comment will not be printed on the Warning Notice. The comment will only be visible to law enforcement personnel.

Please enter a comment (optional)

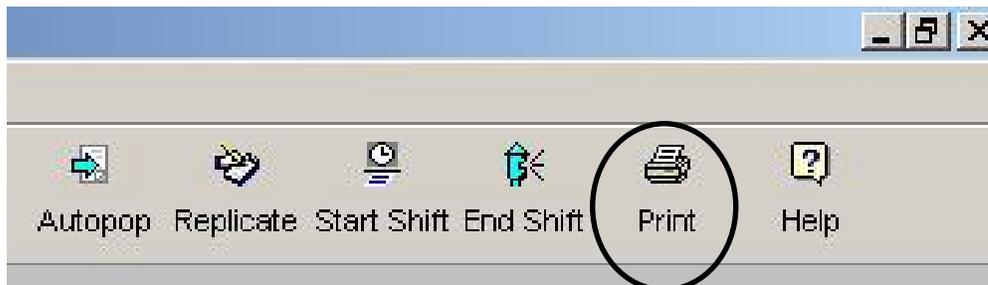
Previous Next Clear

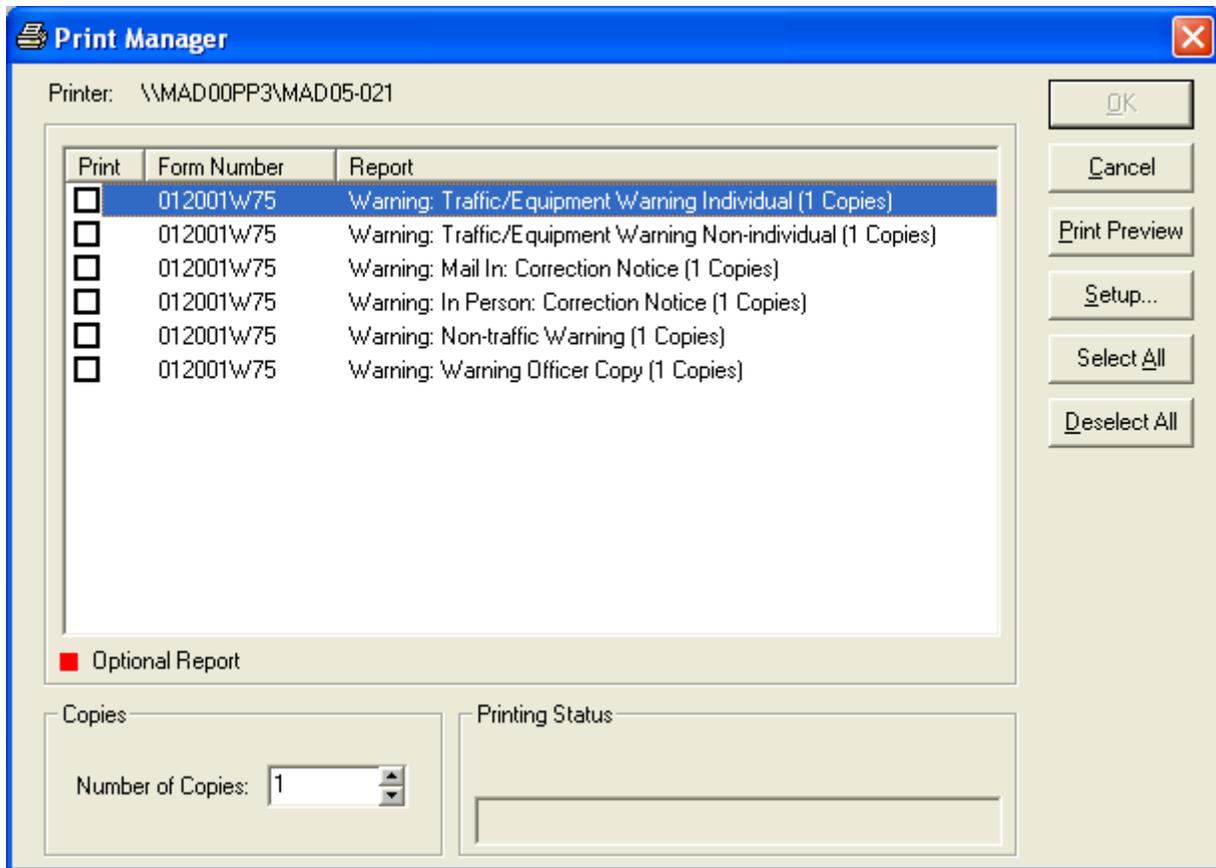
Comments

WI PHOTO DL. THOUGHT LEGAL 35% STILL INSTALLED 15%

### ***Printing The Warning***

To print the Warning, select the **Print** button, or press **CONTROL-P**. The Print Manager window will then appear with three types of forms that can be printed.





Place a check mark next to the warning report you want to print and click OK.

**NOTE:** After a Warning is printed, its Status is changed to **Issued** and it cannot be changed. If another violation is discovered after the Warning has been printed, another Warning will have to be created and printed.

### ***Deleting a Warning***

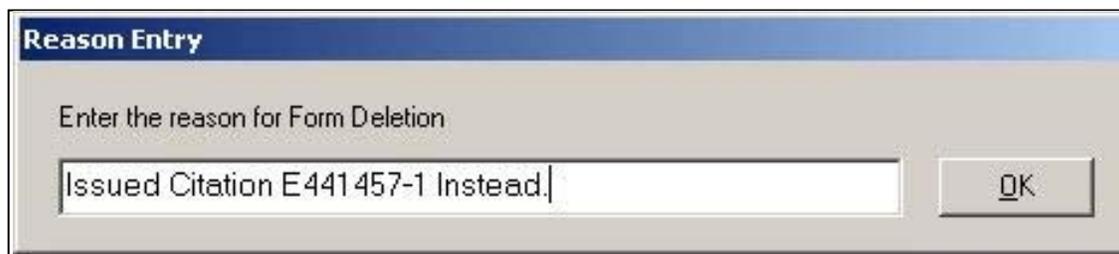
If the Warning needs to be deleted, select the **Delete** button.



TraCS will confirm that you really want to delete the form.



Since each Warning form needs to be accounted for, TraCS will ask for the reason why the form is being deleted.



# Attachment Form

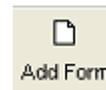
# Attachment Form

The attachment form is an *optional* form that may be used by your agency to facilitate the transfer of non-TraCS files from the field unit to the administrative workstation. This form is provided as a convenience for your agency and the data provided on it is only used locally within the agency.

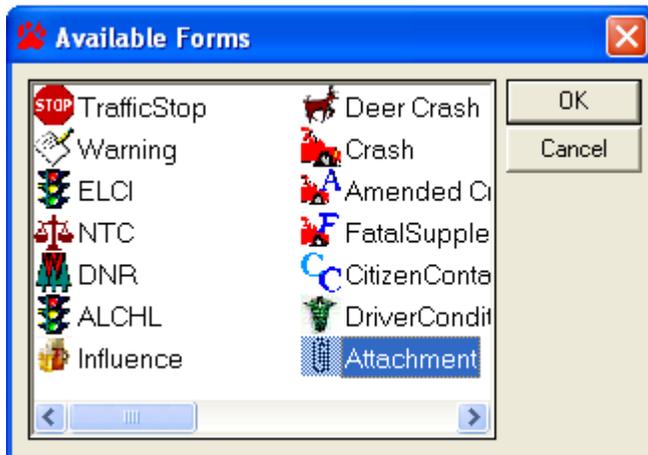
The form is designed to be extremely flexible and meet a variety of agency needs. For example, you could use it send a fingerprint file, a work report in Word format, an Excel spreadsheet or virtually any other file on your laptop.

Your TraCS coordinator will have more information on how this form is to be used within your agency.

Typically, you will have started a contact with one or more forms already opened prior to adding an attachment to the contact.



Add an **Attachment** form by selecting the Add Form button on the toolbar and selecting the Attachment form from the available forms dialog box.



## Data Fields

The document number and agency information always pre-fill for you and cannot be changed:

Document Number <b>AT0010000012</b>			
<b>Law Enforcement Agency</b>			
<b>LAW ENFORCEMENT</b>	125 - Last Name <b>Testerson</b>	125 - First Name <b>Testy</b>	125 - Middle Name <b>T</b>
	131 - Officer ID <b>45678</b>		
	129 - LEA Number <b>2345</b>	Law Enforcement Agency Jurisdiction <b>MADISON</b>	Law Enforcement Agency type <b>Other</b>
	130 - Law Enforcement Agency Name <b>WISCONSIN STATE PATROL</b>		
	126 - Law Enforcement Agency Street Address <b>PO BOX 984</b>		
	127 - Law Enforcement Agency City <b>FOND DU LAC</b>	127 - LEA State <b>WI</b>	127 - Law Enforcement Agency Zip Code <b>54936</b>
128 - Law Enforcement Agency Phone Number <b>(920) 929-3700 Ext.</b>			

The Attachment group is where you will attach your file and fill in any additional identifying information.

<b>Attachment 01</b>	Attached File		File Name	
			Form Type	Form Reference Number
	Accident Number	Police Number		Unit Number
	Driver License Number	Last Name		First Name
	Middle Name	Suffix name	Sex	Date of Birth
	License Plate Number	Plate Type	Plate State	Exp Year
	Vehicle Identification Number			
	Agency Space			

The **Attached File** field is the only required field on the form. You will use the Attachments data bar to attach your file.

Attached File

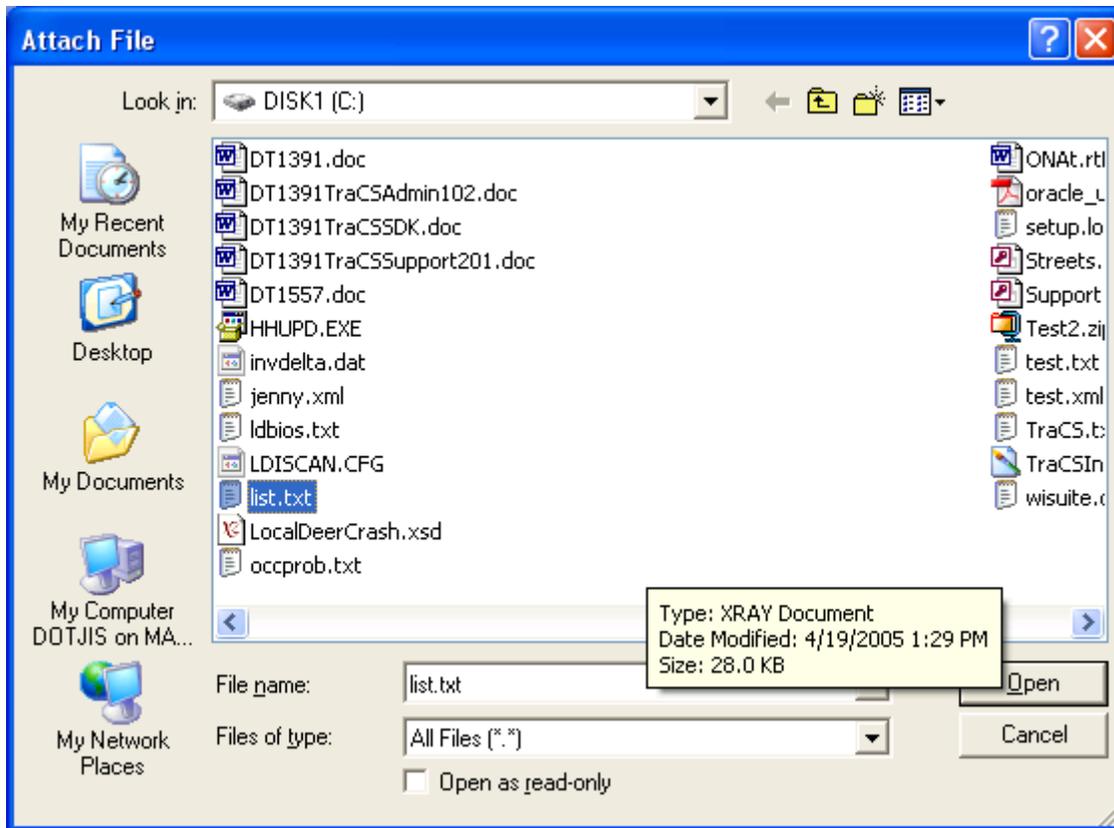
 Image Capture & Import
  Attach File

 Previous

 Next

 Clear

You may click on *Image Capture & Import* if you wish to attach an image from your scanner. Click on *Attach File* if you wish to attach a file from your field unit. The Attach File dialog box will appear:



Select the file you wish to attach and click *Open*. You have now attached a file to the contact.

The Attached File field is the only required field in this group. The remaining fields are optional and serve to further describe the nature and purpose of the attached file. Please consult with your local TraCS coordinator to determine how and when these fields should be used.

<b>Attached File</b>	File Name	
	Form Type	Form Reference Number

Use the **File Name** field to enter the name of your file. If your attachment is related to a particular form in the Contact, select the appropriate **form type** and enter the form's document number in the **Form Reference Number**.

Accident Number	Police Number	Unit Number
-----------------	---------------	-------------

If your attachment is related to a crash, you may enter the **Accident Number**, **Police Number**, and/or **Unit Number**.

Driver License Number	Last Name		First Name
Middle Name	Suffix name	Sex	Date of Birth

If your attachment is related to a person, you may enter their information in this section. Usually, you will select the information from the list that appears in the Driver License Number field.

License Plate Number	Plate Type	Plate State	Exp Year	Vehicle Identification Number
----------------------	------------	-------------	----------	-------------------------------

If your attachment is related to a vehicle, you may enter that information in this section. Usually, you will select the information from the list that appears in License Plate Number field.

Agency Space
--------------

Agency Space can be used to further describe the file.

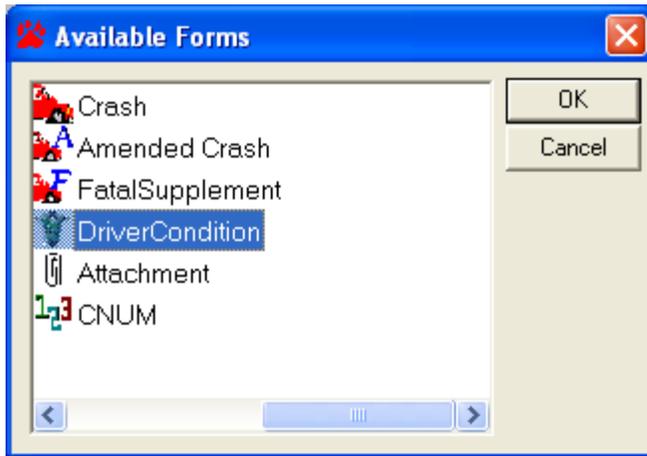
### ***Adding Groups***

If you have more than one attachment associated with the contact, you may add an additional group by pressing **<ctrl>+** while in the attachments group.

# Driver Condition/Behavior Form

# Driver Condition or Behavior Report Form

To start a Driver Condition or Behavior Report form, choose it from the Available Forms menu:



The Available Forms dialog box appears.

- **Double-click DriverCondition Form, or**
- **Click on DriverCondition and click on OK.**

## Data Fields

### Individual Information section

Wisconsin Driver Condition or Behavior Report (Open)					
Document Number <b>012002D1</b>					
Last Name		First Name	Middle Name	Suffix Name	
Street Address				P.O. Box	
City		State	Zip Code		
Driver License Number	State of Issuance	Gender	Date of Birth	Phone Number	
Driver Condition					

- **Last Name** – Type the individual's last name as it appears on their Driver's License. If the individual is unlicensed, the legal name should be recorded. When the individual's true name is different from what appears on the license, the reason should be listed in the narrative.
- **First Name** - Type the individual's first name.

- **Middle Initial** - Type the individual's middle initial. If they have no middle initial, leave blank. OPTIONAL: For out-of-state drivers, the full middle name may be recorded.
- **Suffix** – Click to select suffix from the pick list, if needed.
- **Street Address** – Type the current address of the individual. If the street address was brought in from data scanned using a barcode reader or from an external data source, verify that it represents the current address. If not, type in the current address.
- **P.O. Box** – Type the individual's P.O. Box, if applicable.
- **City** – Type the individual's current city of residence.
- **State** – Select the individual's current state of residence from the pick list.
- **Zip Code** – Type the individual's current 5 or 9 character zip code.
- **Driver License Number** – Type the individual's driver license number.
- **State Of Issuance** – Click to select drivers license state of issuance from the pick list
- **Gender** – Click to select gender from the pick list
- **Date of Birth** – Type individual's date of birth using two digits per month and day and four digits per year.
- **Telephone Number** – Type the individual's current telephone number.
- **Driver Condition** – Click to choose possible medical conditions that could have caused the behavior witnessed from the pick list. You may pick multiple conditions or no conditions if you aren't sure.

***Narrative Section***

Narrative
-----------

- **Narrative** – Type any concerning witnessed behaviors with specific examples to indicate the concern/cause for the report. This is free form. Be as specific as possible. This is a required field and must be filled in completely. Do not enter text that references comments or narratives in an associated form. Fill the field in with the complete narrative. Use copy and paste if the text of the narrative is available from another resource or form. The Crash form itself is a separate document that is not accessible to the Medical Review Section. Please do not include in the narrative references to the Crash form. Instead, explicitly list all behavior/condition issues in the narrative of the Driver Condition/Behavior form.

## Agency Section

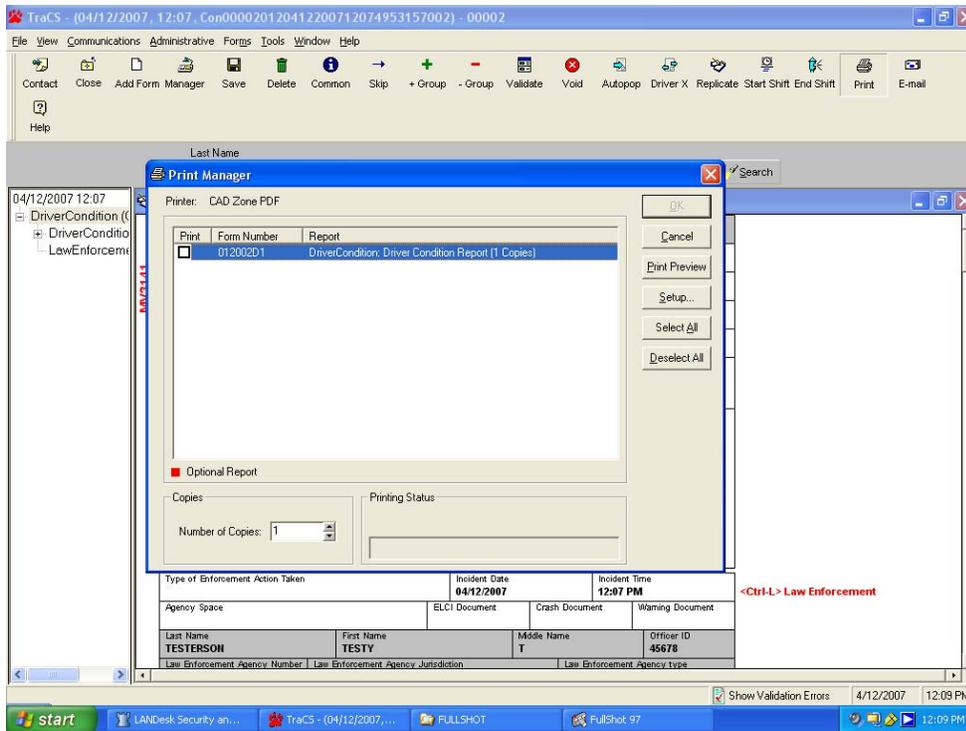
Type of Enforcement Action Taken		Incident Date <b>04/12/2007</b>		Incident Time <b>12:07 PM</b>	
Agency Space		ELCI Document		Crash Document	
Warning Document		Last Name <b>TESTERSON</b>		First Name <b>TESTY</b>	
Middle Name <b>T</b>		Officer ID <b>45678</b>		Law Enforcement Agency Number <b>2345</b>	
Law Enforcement Agency Jurisdiction <b>MADISON</b>		Law Enforcement Agency type <b>Other</b>			
Law Enforcement Agency Name <b>TEST POLICE DEPARTMENT</b>					
Law Enforcement Agency Street Address <b>PO BOX 7919</b>					
Law Enforcement Agency City <b>MADISON</b>		LEA State <b>WI</b>	LEA Zip Code <b>53707</b>	LEA Phone Number <b>(608) 267-1847 Ext.</b>	

- **Type of Enforcement Action Taken** – Type if citation was issued, warning, crash report only, no additional action taken, etc.
- **Incident Date** – Type the date of the incident if different than the date you are entering the report. This is extremely important information.
- **Incident Time** – Type the time of incident if different than the time you are entering the report.
- **Agency Space** – Type up to 200 characters for miscellaneous data.
- **ELCI Document** – Type ELCI document number or if you already have an ELCI form open, click the autopop button.
- **Crash Document** – Type accident document number or if you already have an accident form open, click the autopop button.
- **Warning Document** – Type Warning document number or if you already have a Warning form open, click the autopop button.
- **Agency Information (remainder of form)** – Field is not accessible. Agency information automatically fills based upon user file definition.

## Printing the Driver Condition / Behavior Report Form



- **Click on Print on the TraCS toolbar.**



The Print Manager dialog box appears.

Click the **box for each form you want to print** so that a check mark appears in front of each form to be printed.

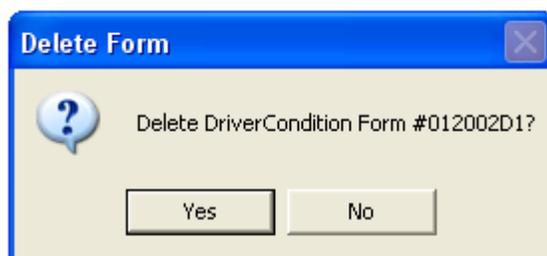
Click on **OK** and the form(s) will print.

### ***Correcting a Driver Condition / Behavior Report Form***

If an error is discovered after the Driver Condition / Behavior Report Form has been printed you can go back to the input form and make the necessary changes, then reprint the form.

### ***To Delete a Driver Condition / Behavior Report Form***

- You can also delete the Driver Condition / Behavior Report Form from the contact manager. Select the Driver Condition / Behavior Report Form in the list before clicking the delete button. You will get the following message box.



- Click Yes, and the Driver Condition / Behavior Report Form will be deleted.

# Traffic Stop Data Collection Form

# Traffic Stop Data Collection

Effective January 1, 2011, all Wisconsin law enforcement officers will be required to collect and submit data from traffic stops to determine if racial disparities may exist in the criminal justice system. This form helps you comply with the state reporting requirement. The information below is collected.

- **General Information**
- **Vehicle**
- **Driver**
- **Reason for Stop**
- **Vehicle Search**
- **Driver Search**
- **Passenger Search**
- **Agent**

This form should be completed for each vehicle involved in a traffic stop as defined by the Office of Justice Assistance (OJA.) For more information on traffic stop data collection requirements, see the OJA website:

<http://oja.wi.gov/section.asp?linkid=1643&locid=97>

Definition of a traffic stop: <http://oja.wi.gov/docview.asp?docid=20516&locid=97>

Frequently Asked Questions: <http://oja.wi.gov/docview.asp?docid=20298&locid=97>

If you have additional questions not answered by the website, please contact OJA at [OJATSDC@wisconsin.gov](mailto:OJATSDC@wisconsin.gov) for additional assistance.

Open a Traffic Stop Data Collection form by selecting the *Contact* button  on the

toolbar or by selecting the Add Form button  (if the Contact is already open) and then selecting "Traffic Stop" from the Available Forms list and click the *OK* button:



## General Information Section

### WISCONSIN TRAFFIC STOP DATA COLLECTION FORM

TSDC01

Document Number <b>012005S6</b>		Police Number		Report Date <b>11/02/2010</b>	
3 - Date of Stop			4 - Time of Stop		
5 - County			6 - Municipality		
7 - On Hwy #	7 - On Hwy Dir	7 - On Street Name		Est. Dist	Est. Dist. Dir
8 - From/At Highway #	8 - From/At Hwy Dir	8 - From/At Street Name			
9 - Roadway Type					
10 - Latitude			11 - Longitude -		
Agency Space					

- **Police Number** – Key your agencies case number or other data as directed by your agency.
- **Report Date** – The date that the report is being completed.
- **Date of Stop** – The date that the Stop occurred.
- **Time of Stop** – The time that the stop occurred.
- **County** – Click to select the county that the stop occurred in from the pick list.
- **Municipality** – Click to select the city/town/village that the stop occurred in from the pick list.
- **On Hwy #** - Click to select the highway letter or number.
- **On Hwy Dir** – Click to select the direction from the pick list.
- **On Street Name** – Select the street location from the pick list or click on the “Other” button to type the street name.
- **Est. Dist** – Type the distance number and select the unit of measure.
- **Est. Dist. Dir** – Select the direction from the pick list.
- **From/At Highway #** - Click to select the highway letter or number.

- **From/At Hwy Dir** – Click to select the direction from the pick list.
- **From/At Street Name** – Select the street location from the pick list or click on the “Other” button to type the street name.
- **Roadway Type** – Select the roadway type from the list.
- **Latitude / Longitude** – If available, type in the latitude and longitude in units of decimal degrees. Or import the data directly from a GPS unit if you have that capability.
- **Agency Space** – 200 character field for miscellaneous data.

### **Vehicle/Driver Section**

12 - License Plate #	13 - Plate Type	14 - State	15 - Expiration Year	16 - Body Style	17 - Color	18 - Vehicle Year
19 - Make Code		19 - Make Description		20 - Model Code		21 - Model Description
21 - # Of Passengers Observed (Driver Excluded)			Tot Pass Searched/Consent Req		22 - At Least One Non-White Passenger Observed	
23 - Driver Zip Code	24 - Driver Date of Birth	Driver Age	25 - Driver Sex		26 - Driver Race/Ethnicity	

- **License Plate #** - Click the search button to select the vehicle data from the MDB responses, or type the plate number.
- **Plate Type** – Click to select the plate type from the list.
- **State** – Click to select the registration state from the pick list.
- **Expiration Year** – Type plate expiration year.
- **Body Style** – Click to select the body style from the list.
- **Color** – Click to select the color from the list.
- **Vehicle Year** – Click to select Type vehicle manufacturer year.
- **Make Code** – Click to select the vehicle make from the list.
- **Model Code** – Click to select the vehicle model from the list.
- **# of Passengers Observed (Driver Excluded)** – Enter the number of passengers in the vehicle excluding the driver.
- **Tot Pass Searched/Consent Req** – Enter the number of the passengers who were searched or were asked permission to be searched.

- **At Least One Non-White Passenger Observed** – Answer ‘Yes’ or ‘No’ for whether at least one of the passengers observed are non-white.
- **Driver Zip Code** – Click the search button to select the vehicle data from the MDB responses, or type the plate number otherwise type in the driver zip code.
- **Driver Date of Birth** – Type in the driver date of birth.
- **Driver Age** – Type in the driver’s age.
- **Driver Sex** – Choose the gender of the driver.
- **Driver Race/Ethnicity** – Select the Race/Ethnicity of the driver.

***Reason for Stop Section***

27 - Reason for Stop	28 - Detailed Reason	
27 - Other Reason for Stop	28 - Other Detailed Reason	
29 - Event Outcome		30 - Event Duration

- **Reason for Stop** – Select the reason(s) for the stop from the list. If the necessary reason is not available in the list then choose “Other” and enter the description of the reason for the stop in the next field “Other Reason for Stop”.
- **Other Reason for Stop** – Enter a description of the reason for the stop if “Other” was chosen in the prior field. An entry in this field is not required if there is anything else selected in the “Reason for Stop” field.
- **Detailed Reason** – Choose further descriptions of the reason for the stop if applicable. This field is not required.
- **Other Detailed Reason** – If the Detailed Reason that this stop requires is not listed in the “Detailed Reason” field than it can be typed into this field. This is not a required field.
- **Event Outcome** – Choose the appropriate outcome(s) from the list.
- **Event Duration** – Select the time range that is appropriate for the stop.

## Vehicle Search

### Vehicle Search

<b>Vehicle Search</b>	31 - Consent Requested <b>NO</b>	34 - Search Basis
	32 - Consent Received <b>NO</b>	
	33 - Search Conducted <b>NO</b>	34 - Other Search Basis
	35 - Contraband Found	
	35 - Other Contraband	

- **Consent Requested** – Answer whether or not consent was requested to search the vehicle.
- **Consent Received** – Answer whether or not consent was received to search the vehicle.
- **Search Conducted** – Answer whether or not the vehicle was searched. Answering ‘Yes’ will unlock the remaining boxes for the vehicle portion.
- **Search Basis** – Select the reason(s) why the search was made. If the basis for the search is not available here then choose “Other” or leave this field blank.
- **Other Search Basis** – If the reason for why the search was made is not available in the prior “Search Basis” field then type that basis here.
- **Contraband Found** – Select the type(s) of contraband found. If there was no contraband found then select “None”. If the type is not available in the list then choose “Other” or leave this field blank.
- **Other Contraband** – Enter the type of contraband that was found if it was not available in the prior field. Otherwise this is not a required field.

## Driver Search Section

### Driver Search

<b>Driver Search</b>	36 - Consent Requested <b>NO</b>	39 - Search Basis
	37 - Consent Received <b>NO</b>	
	38 - Search Conducted <b>NO</b>	39 - Other Search Basis
	40 - Contraband Found	
	40 - Other Contraband Found	

- **Consent Requested** – Answer whether or not consent was requested to search the driver.
- **Consent Received** – Answer whether or not consent was received to search the driver.
- **Search Conducted** – Answer whether or not the driver was searched. Answering ‘Yes’ will unlock the remaining boxes for the driver portion.
- **Search Basis** – Select the reason(s) why the search was made. If the basis for the search is not available here then choose “Other” or leave this field blank.
- **Other Search Basis** – If the reason for why the search was made is not available in the prior “Search Basis” field then type that basis here.
- **Contraband Found** – Select the type(s) of contraband found. If there was no contraband found then select “None”. If the type is not available in the list then choose “Other” or leave this field blank.
- **Other Contraband** – Enter the type of contraband that was found if it was not available in the prior field. Otherwise this is not a required field.

## Passenger Search Section

### Passenger Search

Passenger Search 001	41 - Consent Requested	44 - Search Basis		
	42 - Consent Received			
	43 - Search Conducted	44 - Other Search Basis		
	45 - Contraband Found			
	45 - Other Contraband Found			46 - Passenger Race/Ethnicity

- **Consent Requested** – Answer whether or not consent was requested to search the passenger.
- **Consent Received** – Answer whether or not consent was received to search the passenger.
- **Search Conducted** – Answer whether or not the passenger was searched. Answering ‘Yes’ will unlock the remaining boxes for the passenger portion.
- **Search Basis** – Select the reason(s) why the search was made. If the basis for the search is not available here then choose “Other” or leave this field blank.
- **Other Search Basis** – If the reason for why the search was made is not available in the prior “Search Basis” field then type that basis here.
- **Contraband Found** – Select the type(s) of contraband found. If there was no contraband found then select “None”. If the type is not available in the list then choose “Other” or leave this field blank.
- **Other Contraband** – Enter the type of contraband that was found if it was not available in the prior field. Otherwise this is not a required field.
- **Passenger Race/Ethnicity** – Choose the Race/Ethnicity of the passenger.

## Law Enforcement Agency

Officer ID <b>111</b>	Last Name <b>SMITH</b>	First Name <b>PAT</b>	Middle Name
LEA Number <b>1234</b>	Law Enforcement Agency Jurisdiction <b>MADISON</b>	Law Enforcement Agency type <b>Other</b>	
Law Enforcement Agency Name <b>TEST POLICE DEPARTMENT</b>			
Law Enforcement Agency Street Address <b>PO BOX 7919</b>			
Law Enforcement Agency City <b>MADISON</b>	LEA State <b>WI</b>	Law Enforcement Agency Zip Code <b>53707</b>	
Law Enforcement Agency Phone Number <b>(608) 267-1847 Ext.</b>			User ID <b>111</b>

The Law Enforcement Agency section is mostly grayed out but is auto populated based off of the User who is signed into TraCS. If there are fields not populated contact TraCS Administrator.

In the cases where someone other than the officer that made the traffic stop is completing the form in TraCS the officer id and name should be over-written with the correct information.

# Citizen Contact Form

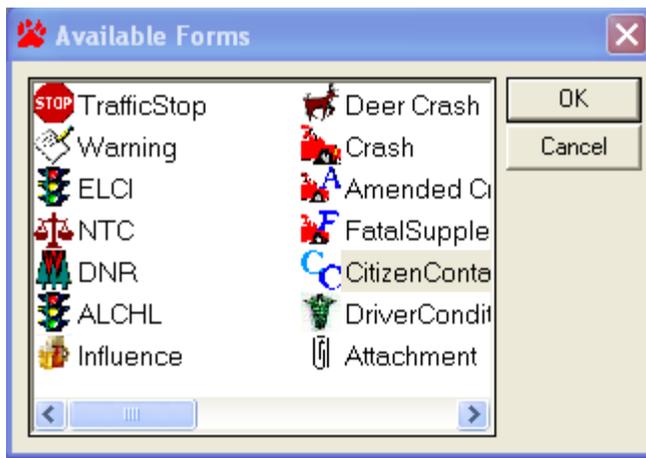
## Citizen Contact

The Citizen Contact form is a tool used by agencies to collect data on individuals, associates or vehicles which can be imported into their Records Management System (RMS). The information below is collected. Multiple groups can be added by clicking the + group on the tool menu when in a section (ie Vehicles).

- **Individual**
- **Individual Action**
- **Vehicle(s)**
- **Location**
- **Associate(s)**
- **Parent(s) / Guardian(s)**
- **Assisting Officer(s)**
- **Attachment(s)**

Open a Citizen Contact form by selecting the *Contact* button  on the toolbar or by

selecting the Add Form button  (if the Contact is already open) and then selecting "Citizen Contact" from the Available Forms list and click the *OK* button:



## General Information Section

Document Number <b>012001C1</b>		Date of Contact <b>10/27/2010</b>	Time of Contact <b>01:39 PM</b>	Police Number
Individual Identified	Vehicle Involved	Associate Involved	Reason For Contact	
Agency Space				

- **Document Number**—Auto generated by TraCS based off of the agency TAS, Machine and serial number.
- **Date of Contact**—Auto filled based on date form was opened. Can be changed.
- **Time of Contact**—Auto filled based on time form was opened. Can be changed.
- **Police Number** – Key your agencies case number or other data as directed by your agency. This field can be auto populated from any other form.
- **Individual Identified** – Yes or No field. If an individual was indentified, select Yes and the Individual’s first and last name will be required.
- **Vehicle Involved**—Yes or No field. If a vehicle was involved, select Yes and the vehicle section will enable.
- **Associate Involved**—Yes or No field. If an associate was involved, select Yes and the Associates section will enable.
- **Reason for Contact**— Select the reason for the subject interaction or cause for contact. Selections for this field may be changed. See your TraCS Administrator.
- **Agency Space**—Agency use. 100 character max.

## Contact Location

County			City/Village/Town		
On Highway Type	On Highway Name	On Highway Dir	On Street Location		
At Distance From		At Direction	At Highway Type	At Highway Name	At Highway Dir
At Street Location			GPS Latitude	GPS Longitude	
Structure Type			Structure Number		

- County Name – **Click to select county from the pick list where the contact happen.**
- City/Town/Village – **Click to select community from the pick list.**
- On Hwy Type – **Click to select highway type from the pick list.**
- Hwy name – **Type highway number or letters.**
- Hwy Direction – **Click to select direction from the pick list.**
- On Street Location – **Select street location from the pick list or click the “Other” button to type in street.**

- At Distance From – **Type distance number and select the unit of measure.**
- At Direction – **Click to select direction from the pick list.**
- At Hwy Type – **Click to select highway type from the pick list.**
- At Hwy Name – **Type highway number or letters.**
- **At Hwy Dir--** Click to select direction from the pick list
- At Street Location – **Select street location from the pick list or click the “Other” button to type in street.**
- GPS Latitude Coordinate – **The databar contains the fields for both Latitude and Longitude. Type coordinates in units of decimal degrees if you do not have the GPS configured for TraCS. TraCS is able to import the GPS coordinates from some GPS devices.**
- **Structure Type**—Select a structure type from the pick list and then the Structure Number field will enable.
- **Structure Number**—Enter number of the Structure Type. 20 characters max.

### Individual Section

Juvenile	Last Name		First Name			Middle Name	Suffix
Street Address						P.O. Box	
City			State			Zip Code	
Date of Birth	Gender	Race	Height	Weight (lbs)	Hair Color	Eye Color	
Driver License Number			State of Issuance			DL Expire Year	

- **Juvenile**—Yes or No field. Select Yes, if the subject is under the age of 18. The Parent / Guardian section will enable.
- **Last Name** – If any person data has been entered in Common Information, a list of the individuals will come up when you enter this data field.

Enter the Person's Last Name or Select an Existing Individual from the List.

*ZZZDOTIES ANTHONY L JR	 Previous  Next  Common  Edit/New  Search
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If the person is already on the list, select them from the list and hit [Enter]. If a List appears and the person is not on the List, key [Alt + E] or click on the



*Edit/New* button on the databar and then key the violator's last name.

**Never choose a person that's already in Common Information and edit it to be another person.** For example, if a husband is driving a vehicle and his wife

is an occupant that is not wearing a seatbelt, do not choose the husband from the list and then change the first name, middle initial, etc. to that of the wife in order to issue a seatbelt citation to the wife. This will change the data for the husband on all the forms where they were entered, including issued citations.

**If you accidentally select the wrong person from the drop down list, simply go back and select the correct entry. If the person is not on the list, move up to the blank item at the top of list before pressing the Edit/New button to add the new person. Remember, if you press edit, you are editing the person or vehicle you have selected on the list, not creating a new entry.**

If a List does not come up when you enter the field, key the last name of the violator.

If your agency is set up to retrieve data from an external data source such as

through a Mobile Data Browser, key [Alt + S] or hit the  button on the databar to retrieve the violator information. Note: Depending on how your agency's mobile data interface is set up, you may need to key in the person's last name before you do the search. Check with your agency on which method to use.

Enter the last name as it appears on their Driver's License. If the person is unlicensed, the legal name should be recorded.



If the Mobile Data Import functionality is programmed for your agency, and you click on Search, the External Search Results window appears listing the vehicle responses.

- **Click to highlight the entry you want to import from the Result Items pane.**
- **Click on Apply**
- **The vehicle data will be imported into the appropriate fields in the Citizen Contact form.**

If you selected the person data from the MDB responses, the person's data will be imported into the appropriate fields in the Citizen Contact form. Complete any remaining fields.

- First Name – **Type first name.**
- Middle Name – **Type middle name or initial, if appropriate.**
- Suffix – **Click to select suffix from the pick list, if needed.**
- Street Address – **Type street address.**
- P.O. Box – **Type PO Box number.**
- City – **Type city name.**
- State – **Click to select state from the pick list.**
- Zip Code – **Type 5 or 9 character zip code.**
- Date of Birth – **Type individual’s date of birth.**
- Gender – **Click to select gender from the pick list.**
- Race – **Click to select race from the pick list.**
- Height – **Type individual’s height.**
- Weight – **Type individual’s weight.**
- Hair – **Click to select hair color from the pick list.**
- Eye – **Click to select eye color from the pick list.**
- Driver License Number – **Type individual’s driver license number without spaces or dashes.**
- State of Issuance – **Click to select license state of issuance from the pick list.**
- DL Expire Year – **Type driver license expiration year.**

Other ID Type		Other ID Number	
Phone Number	Description Y/N	Aliases	
Appearance	Speech	Demeanor	
Scars, Marks, Tattoos			
Build	Facial Hair	Hair Style	
Clothing Description	Other Clothing Description		
On Parole/Probation Y/N	Parole/Probation #	Employer/School	
Employer/School Address			Employer/School Phone Number
Gang Act?	Gang Affiliation	Gang Involvement	

- Other ID Type—**Enter the ID type used to ID Individual other than Driver’s License. 50 Characters max.**
- Other ID Number—**Enter the number from the ID used. 50 characters max.**
- Phone Number – **Type individual’s telephone number and extension if known.**
- Description Y/N—**Yes or No field. Select Yes to enable the following fields.**
- Aliases--**List any known aliases of the individual stopped. Max of 50 characters**

- **Appearance-- Choose a single Appearance type which applies to the individual at the time of contact. For Multiple Appearances types use the OTHER button on the tool bar.**
- **Speech--Choose a single Speech type which applies to the individual at the time of contact. For Multiple Speech types use the OTHER button on the tool bar.**
- **Demeanor--Choose a single Demeanor type which applies to the individual at the time of contact. For Multiple Demeanor types use the OTHER button on the tool bar.**
- **Scars, Marks, Tattoos—Enter individual details up to 100 characters.**
- **Build-- Choose a single Build type which applies to the individual at the time of contact. For Multiple Build types use the OTHER button on the tool bar.**
- **Facial Hair-- Choose a single Facial Hair type which applies to the individual at the time of contact. For Multiple Facial Hair types use the OTHER button on the tool bar.**
- **Hair Style-- Choose a single Hair Style type which applies to the individual at the time of contact. For Multiple Hair Style types use the OTHER button on the tool bar.**
- **Clothing Description-- Choose a single or multiple Clothing Descriptions for the individual at the time of the contact.**
- **Other Clothing Description—Enter individual clothing descriptions which aren't in the previous field up to 75 characters.**
- **On Parole/Probation Y/N—Yes or NO field. Select Yes if the individual is on parole or probation.**
- **Parole/Probation #--Enter the parole or probation number of previous field up to 20 characters.**
- **Employer/School—Enter the name of the employer or school of the individual up to 50 characters.**
- **Employer/School Address— Enter the address of the employer or school of the individual up to 75 characters.**
- **Employer/School Phone Number-- Enter individual's telephone number and extension if known.**
- **Gang Act—Yes or No field. Is the Individual involved in Gang Activity?**
- **Gang Affiliation— Any known gang affiliation of the subject stopped. Selections for this field may be changed. See your TraCS Administrator.**
- **Gang Involvement— Choose a single Gang Involvement type which applies to the individual at the time of contact. For Multiple Gang Involvement types use the OTHER button on the tool bar.**

### Individual's Actions Section

Assault	Property Crime	Investigation
Vice	Location	Traffic

- **Assault— Choose a single Assault type which applies to the individual at the time of contact. For Multiple Assault types use the OTHER button on the tool bar**
- **Property Crime— Choose a single Property Crime type which applies to the individual at the time of contact. For Multiple Property Crime types use the OTHER button on the tool bar**
- **Investigation-- Choose a single Property Crime type which applies to the individual at the time of contact. For Multiple Property Crime types use the OTHER button on the tool bar**
- **Vice-- Choose a single Vice type which applies to the individual at the time of contact. For Multiple Vice types use the OTHER button on the tool bar**
- **Location-- Choose a single Location type which applies to the individual at the time of contact. For Multiple Location types use the OTHER button on the tool bar**
- **Traffic-- Choose a single Traffic type which applies to the individual at the time of contact. For Multiple Traffic types use the OTHER button on the tool bar.**

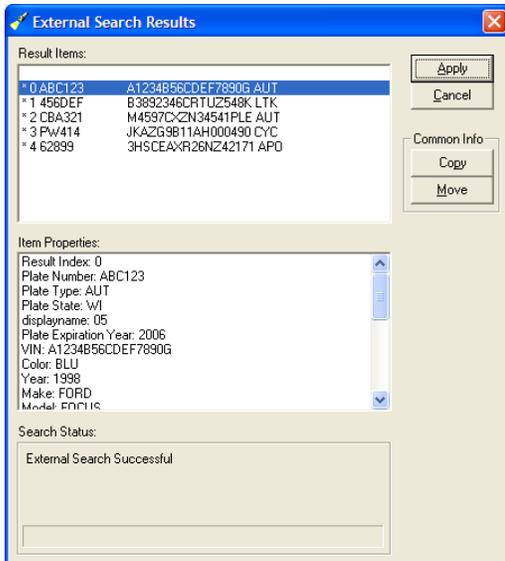
### Vehicle Section

License Plate Number		Plate Type	State	Exp Year	VIN	
Vehicle Year	Make		Model		Body Style	Vehicle Color

- **License Plate Number –**
  - **Click on Search to select the Vehicle data from the MDB responses, or Type plate number.**

If the Mobile Data Import functionality is programmed for your agency, and you click on Search, the External Search Results window appears listing the vehicle responses.

- **Click to highlight the entry you want to import from the Result Items pane.**
- **Click on Apply**
- **The vehicle data will be imported into the appropriate fields in the Citizen Contact form.**



- Plate Type—**Select type from the pick list.**
- Issuing State – **Select registration state from the pick list.**
- Plate Expiration Year – **Enter plate expiration year.**
- VIN-- **Enter Vehicle Identification Number.**
- Vehicle Year – **Enter vehicle manufacturer year.**
- Vehicle Make – **Select vehicle make from the pick list.**
- Vehicle Type – **Select vehicle type from the pick list.**
- Vehicle Color – **Select vehicle color from the pick list.**

#### Associates W/ Individual Section

Last Name		First Name		Middle Name	Suffix
Date of Birth	Street Address				P.O. Box
City		State	Zip Code	Phone Number	

- **Last Name**— if any Associates data has been entered in Common Information, a list of the individuals will come up when you enter this data field.

If your agency is set up to retrieve data from an external data source such as

through a Mobile Data Browser, key [Alt + S] or hit the *Search*  button on the databar to retrieve the Associates information or type Associates last name.

- First Name—**Enter Associates first name if not populated by Mobile Data Browser.**
- Middle Name— **Type Associates middle name or initial, if appropriate.**

- Suffix— **Select suffix from the pick list, if needed.**
- Date of Birth—**Enter date of birth**
- Street Address—**Enter street address, 40 characters max.**
- P.O. Box—**Enter PO Box**
- City—**Enter City**
- State—**Select State**
- Zip Code—**Enter Zip Code**
- Phone Number— **Enter telephone number and extension if known**

Parent / Guardian Information Section

Last Name	First Name	Middle Name	Suffix
Date of Birth			
Street Address			P.O. Box
City	State	Zip Code	Phone Number

- **Last Name**— If any Parent / Guardian data has been entered in Common Information, a list of the individuals will come up when you enter this data field.

If your agency is set up to retrieve data from an external data source such as

through a Mobile Data Browser, key [Alt + S] or hit the *Search*  button on the databar to retrieve the Parent / Guardian information or type Parents / Guardian last name.

- First Name—**Enter Parent / Guardian first name if not populated by Mobile Data Browser.**
- Middle Name— **Type Parent / Guardian middle name or initial, if appropriate.**
- Suffix— **Select suffix from the pick list, if needed.**
- Date of Birth—**Enter date of birth**
- Street Address—**Enter street address, 40 characters max.**
- P.O. Box—**Enter PO Box**
- City—**Enter City**
- State—**Select State**
- Zip Code—**Enter Zip Code**
- Phone Number— **Enter telephone number and extension if known**

## Law Enforcement Agency

Last Name <b>JOHN-SMITH</b>	First Name <b>System</b>	Middle Name	Officer ID <b>111</b>
LEA Number <b>SFSD</b>	Law Enforcement Agency Jurisdiction <b>ALBION</b>	Law Enforcement Agency type <b>City-Police</b>	
Law Enforcement Agency Name <b>ADAMS POLICE DEPARTMENT</b>			
Law Enforcement Agency Street Address <b>105 MAIN STREET</b>			
Law Enforcement Agency City <b>ADRIAN</b>	LEA State <b>WI</b>	Law Enforcement Agency Zip Code <b>11111</b>	
Law Enforcement Agency Phone Number <b>(232) 323-2323 Ext.</b>			

The Law Enforcement Agency section is grayed out but is auto populated based off of the User who is signed into TraCS. If there are fields not populated contact TraCS Administrator.

### Assisting Officer

Assist Officer ID	Assisting Officer Last Name	Assisting Officer First Name	Assisting Officer Middle	Assisting Officer Department
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- Assist Officer ID—**Enter officer's ID. 9 characters max.**
- Assisting Officer Last Name—**Enter Officer's last name. 30 characters max.**
- Assisting Officer First Name—**Enter Officer's first name. 15 characters max.**
- Assisting Officer Middle—**Enter Officer's middle name. 15 characters max.**
- Assisting Officer Department—**Enter Officer's Department. 30 characters max.**

Comments section

**User can enter up to 990 characters.**

### Attachment Section

Attached File	File Name
	Agency Space

- **Attached File** – Click the  attach file button. You will be prompted to enter the file name and path of the file you wish to attach to the form.
- **File Name** – Enter the name of the file.
- **Agency Space** – Enter any agency specific information required by your agency.

Transmitting

**After the form is validated, it is end-shifted into headquarters. The form will need to be changed to accepted status in the contact manager. After acceptance, the form may then be transmitted from TraCS utilities. The transmitted forms will go to the WIJIS Workflow, just like citations.**

# CNUM Form

# CNUM Form

## Installing ELCI Citation Numbers

Depending on the policies of your agency you may be asked to install citation numbers for the ELCI form when they run low.

If your agency start-shifts a CNUM form to you, follow these procedures to install the citations.

1. Perform a start-shift to bring in the CNUM form into your contact manager.
2. Go to the contact manager and open the CNUM form for edit.

ELCI Number Inventory Control Record				
Action <b>Install ELCI citation numbers on this machine.</b>			Create Date <b>09/29/2009</b>	Inventory Control Number <b>012001V0000113</b>
Unit Number	Quantity <b>000250</b>	Beginning Number <b>A100500</b>	Ending Number <b>A100749</b>	<a href="#">Perform Action</a>
Last Name <b>Admin</b>		First Name <b>System</b>	Middle Name	Officer ID
<b>Pending Allocation</b>				

3. Click the **search button** to install the citation numbers.
4. Close the form.
5. End-shift the CNUM form.

## Appendix A – Violation, Property and Insurance Shortcuts

The following lists of available shortcuts are the default shortcuts supplied with the Wisconsin TraCS Pack. Your agency may have modified these lists to reflect local conditions. Contact your TraCS coordinator for more information on local differences.

### ***Violation Shortcuts***

Enter the shortcut in the statute number field on any of the citation forms and the complete violation information will pre-fill for you.

<b>Shortcut</b>	<b>Statute</b>	<b>Description</b>
L	287.81(2)(a)	LITTERING-PUBLIC PROPERTY
ORS	341.03(1)	OPER VEH AFTER REV/SUS/CAN OF REG <=10000 LBS
RLX	341.04(1)	NON-REGISTRATION OF VEHICLE <=10000 LBS
RLM	341.04(1)	NON-REGISTRATION OF VEHICLE <=10000 LBS
IWR	341.04(1)	NON-REGISTRATION OF VEHICLE <=10000 LBS
ER	341.04(1)	NON-REGISTRATION OF VEHICLE <=10000 LBS
UV	341.04(1)	NON-REGISTRATION OF VEHICLE <=10000 LBS
RHM	341.04(1)	NON-REGISTRATION OF VEHICLE >10000 LBS
RLI	341.04(1)	NON-REGISTRATION OF VEHICLE <=10000 LBS
IVR	341.04(2)	IMPROPER REGISTRATION OF VEHICLE <=10,000 LBS
FCRC	341.11(4)	NO DISPLAY OF REGISTRATION CERTIFICATE
RCC	341.11(4)	NO DISPLAY OF REGISTRATION CERTIFICATE
RPM	341.15(1)	FAIL/DISPLAY VEHICLE LICENSE PLATES
FLP	341.15(1)	FAIL/DISPLAY VEHICLE LICENSE PLATES
IP	341.15(1)	FAIL/DISPLAY VEHICLE LICENSE PLATES
FDRD	341.15(1m)(a)	FAIL/ATTACH REAR REGIS. DECAL/TAG
IDLP	341.15(2)	IMPROPERLY ATTACHED LICENSE PLATES
LPC	341.15(2)	IMPROPERLY ATTACHED LICENSE PLATES
LPB	341.15(2)	IMPROPERLY ATTACHED LICENSE PLATES
RPA	341.15(2)	IMPROPERLY ATTACHED LICENSE PLATES

Shortcut	Statute	Description
FDLP	341.15(3)(a)	IMPROPER DISPLAY/PLATES (NO PLATES)
AV	341.335(1)	FAIL/NOTIFY DMV OF ADDRESS CHANGE
UDLP	341.61(2)	DISPLAY UNAUTH. VEH. REGISTRATION PLATE
RTT	342.15(2)	TRANSFEE FAIL/APPLY NEW TITLE
FTT	342.15(2)	TRANSFEE FAIL/APPLY NEW TITLE
DLX	343.05(3)(a)	OPERATE W/O VALID LICENSE (EXP W/IN 3 MTHS)
OWL	343.05(3)(a)	OPERATE W/O VALID LICENSE
EDL	343.05(3)(a)	OPERATE W/O VALID LICENSE (EXP W/IN 3 MTHS)
MCDL	343.05(3)(b)	OPERATE MOTORCYCLE W/O VALID LICENSE
OWE	343.05(3)(b)	OPERATE MOTORCYCLE W/O VALID LICENSE
FCDL	343.18(1)	OPERATE W/O CARRYING LICENSE
DLC	343.18(1)	OPERATE W/O CARRYING LICENSE
ADL	343.22(2)(b)	FAIL/NOTIFY ADDRESS CHANGE
VOR	343.43(1)(d)	LICENSE/PERMIT RESTRICTION VIOLATION
GDL P	343.43(1)(d)	VIOLATE GDL RESTRICTIONS - PASSENGER
GPV	343.43(1)(d)	VIOLATE GDL RESTRICTIONS - PASSENGER
GCV	343.43(1)(d)	VIOLATE GDL RESTRICTIONS - CURFEW
GDLC	343.43(1)(d)	VIOLATE GDL RESTRICTIONS - CURFEW
OAS3	343.44(1)(a)	OPERATING AFTER SUSPENSION (3RD)
OAS4	343.44(1)(a)	OPERATING AFTER SUSPENSION (4TH+)
OWS4	343.44(1)(a)	OPERATING AFTER SUSPENSION (4TH+)
OWS3	343.44(1)(a)	OPERATING AFTER SUSPENSION (3RD)
OAS2	343.44(1)(a)	OPERATING AFTER SUSPENSION (2ND)
OWS	343.44(1)(a)	OPERATING AFTER SUSPENSION
OAS	343.44(1)(a)	OPERATING AFTER SUSPENSION
OWS2	343.44(1)(a)	OPERATING AFTER SUSPENSION (2ND)
OAR	343.44(1)(b)	OPERATING AFTER REVOCATION

<b>Shortcut</b>	<b>Statute</b>	<b>Description</b>
OAR2	343.44(1)(b)	OPERATING AFTER REVOCATION (2ND)
OAR3	343.44(1)(b)	OPERATING AFTER REVOCATION (3RD)
OAR4	343.44(1)(b)	OPERATING AFTER REVOCATION (4TH+)
LOC	346.05(1)	OPERATING LEFT OF CENTER LINE
SVKR	346.05(3)	FAILURE OF SLOWER VEHICLE TO KEEP RIGHT
STKR	346.05(3)	FAILURE OF SLOWER VEHICLE TO KEEP RIGHT
PI	346.072(1)(a)	ILLEGALLY PASS CERTAIN STOPPED VEHICLES
ULD	346.13(1)	UNSAFE LANE DEVIATION
TLD	346.13(1)	UNSAFE LANE DEVIATION
FTC	346.14(1)	AUTOMOBILE FOLLOWING TOO CLOSELY
POE	346.16(2)(a)	PEDESTRIAN/BIKE ON EXPRESSWAY/PROHIBITED
POI	346.16(2)(a)	PEDESTRIAN/BIKE ON EXPRESSWAY/PROHIBITED
FYR	346.18(3)	FAIL/YIELD RIGHT/WAY FROM STOP SIGN
FYEV	346.19(1)	FAIL/YIELD TO STOP FOR EMERGENCY VEHICLE
ULC	346.34(1)(a)3	UNSAFE TURN-W/O REASONABLE SAFETY
FSLC	346.34(1)(b)	FAIL TO SIGNAL TURN
FST	346.34(1)(b)	FAIL TO SIGNAL TURN
FUTS	346.34(1)(b)	FAIL TO SIGNAL TURN
FOS	346.46(1)	FAIL/STOP AT STOP SIGN
TSS	346.46(1)	FAIL/STOP AT STOP SIGN
IS	346.57(2)	UNREASONABLE AND IMPRUDENT SPEED
FVC	346.57(2)	FAILURE TO KEEP VEHICLE UNDER CONTROL
TFC	346.57(3)	DRIVING TOO FAST FOR CONDITIONS
6125	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (35-39 MPH)
5325	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (25-29 MPH)
5425	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (25-29 MPH)
5825	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (30-34 MPH)

<b>Shortcut</b>	<b>Statute</b>	<b>Description</b>
5925	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (30-34 MPH)
5725	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (30-34 MPH)
5525	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (30-34 MPH)
5625	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (30-34 MPH)
6325	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (35-39 MPH)
6025	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (35-39 MPH)
6225	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (35-39 MPH)
6625	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (40-44 MPH)
6725	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (40-44 MPH)
6825	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (40-44 MPH)
6925	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (40-44 MPH)
6525	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (40-44 MPH)
7025	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (45+ MPH)
3425	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (1-10 MPH)
5225	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (25-29 MPH)
6425	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (35-39 MPH)
S25	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (1-10 MPH)
T25	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (1-10 MPH)
5125	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (25-29 MPH)
3525	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (1-10 MPH)
3725	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (11-15 MPH)
4025	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (11-15 MPH)
3825	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (11-15 MPH)
3625	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (11-15 MPH)
3925	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (11-15 MPH)
4125	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (16-19 MPH)
4325	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (16-19 MPH)

<b>Shortcut</b>	<b>Statute</b>	<b>Description</b>
4425	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (16-19 MPH)
4825	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (20-24 MPH)
4925	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (20-24 MPH)
4625	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (20-24 MPH)
4525	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (20-24 MPH)
4225	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (16-19 MPH)
5025	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (25-29 MPH)
4725	346.57(4)(e)	SPEEDING ON CITY HIGHWAY (20-24 MPH)
9965	346.57(4)(gm)	SPEEDING ON FREEWAY (30-34 MPH)
8965	346.57(4)(gm)	SPEEDING ON FREEWAY (20-24 MPH)
8665	346.57(4)(gm)	SPEEDING ON FREEWAY (20-24 MPH)
9265	346.57(4)(gm)	SPEEDING ON FREEWAY (25-29 MPH)
9365	346.57(4)(gm)	SPEEDING ON FREEWAY (25-29 MPH)
9165	346.57(4)(gm)	SPEEDING ON FREEWAY (25-29 MPH)
9465	346.57(4)(gm)	SPEEDING ON FREEWAY (25-29 MPH)
9065	346.57(4)(gm)	SPEEDING ON FREEWAY (25-29 MPH)
10065	346.57(4)(gm)	SPEEDING ON FREEWAY (35+ MPH)
9565	346.57(4)(gm)	SPEEDING ON FREEWAY (30-34 MPH)
9765	346.57(4)(gm)	SPEEDING ON FREEWAY (30-34 MPH)
9665	346.57(4)(gm)	SPEEDING ON FREEWAY (30-34 MPH)
8565	346.57(4)(gm)	SPEEDING ON FREEWAY (20-24 MPH)
7865	346.57(4)(gm)	SPEEDING ON FREEWAY (11-15 MPH)
9865	346.57(4)(gm)	SPEEDING ON FREEWAY (30-34 MPH)
7465	346.57(4)(gm)	SPEEDING ON FREEWAY (1-10 MPH)
S65	346.57(4)(gm)	SPEEDING ON FREEWAY (1-10 MPH)
8265	346.57(4)(gm)	SPEEDING ON FREEWAY (16-19 MPH)
7565	346.57(4)(gm)	SPEEDING ON FREEWAY (1-10 MPH)

<b>Shortcut</b>	<b>Statute</b>	<b>Description</b>
8765	346.57(4)(gm)	SPEEDING ON FREEWAY (20-24 MPH)
7765	346.57(4)(gm)	SPEEDING ON FREEWAY (11-15 MPH)
8065	346.57(4)(gm)	SPEEDING ON FREEWAY (11-15 MPH)
7965	346.57(4)(gm)	SPEEDING ON FREEWAY (11-15 MPH)
7665	346.57(4)(gm)	SPEEDING ON FREEWAY (11-15 MPH)
8165	346.57(4)(gm)	SPEEDING ON FREEWAY (16-19 MPH)
8465	346.57(4)(gm)	SPEEDING ON FREEWAY (16-19 MPH)
8365	346.57(4)(gm)	SPEEDING ON FREEWAY (16-19 MPH)
8865	346.57(4)(gm)	SPEEDING ON FREEWAY (20-24 MPH)
T65	346.57(4)(gm)	SPEEDING ON FREEWAY (1-10 MPH)
6955	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (11-15 MPH)
6555	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (1-10 MPH)
S55	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (1-10 MPH)
T55	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (1-10 MPH)
7055	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (11-15 MPH)
6855	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (11-15 MPH)
9255	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (35-39 MPH)
8955	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (30-34 MPH)
8855	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (30-34 MPH)
8555	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (30-34 MPH)
8755	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (30-34 MPH)
9355	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (35-39 MPH)
8655	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (30-34 MPH)
9155	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (35-39 MPH)
9055	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (35-39 MPH)
9955	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (40-44 MPH)
9755	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (40-44 MPH)

<b>Shortcut</b>	<b>Statute</b>	<b>Description</b>
9555	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (40-44 MPH)
9655	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (40-44 MPH)
10055	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (45+ MPH)
6655	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (11-15 MPH)
9455	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (35-39 MPH)
7455	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (16-19 MPH)
6755	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (11-15 MPH)
9855	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (40-44 MPH)
8355	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (25-29 MPH)
7355	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (16-19 MPH)
7155	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (16-19 MPH)
7955	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (20-24 MPH)
7555	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (20-24 MPH)
8255	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (25-29 MPH)
7755	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (20-24 MPH)
8055	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (25-29 MPH)
7855	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (20-24 MPH)
8455	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (25-29 MPH)
7655	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (20-24 MPH)
7255	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (16-19 MPH)
8155	346.57(4)(h)	SPEEDING IN 55 MPH ZONE (25-29 MPH)
31OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (30-34 MPH)
30OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (30-34 MPH)
32OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (30-34 MPH)
33OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (30-34 MPH)
28OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (25-29 MPH)
36OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (35-39 MPH)

<b>Shortcut</b>	<b>Statute</b>	<b>Description</b>
43OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (40-44 MPH)
25OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (25-29 MPH)
26OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (25-29 MPH)
34OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (30-34 MPH)
39OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (35-39 MPH)
37OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (35-39 MPH)
38OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (35-39 MPH)
35OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (35-39 MPH)
42OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (40-44 MPH)
40OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (40-44 MPH)
44OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (40-44 MPH)
29OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (25-29 MPH)
SI	346.57(5)	EXCEEDING SPEED ZONES, ETC. (11-15 MPH)
41OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (40-44 MPH)
17OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (16-19 MPH)
9OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (1-10 MPH)
10OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (1-10 MPH)
S	346.57(5)	EXCEEDING SPEED ZONES, ETC. (1-10 MPH)
11OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (11-15 MPH)
45OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (45+ MPH)
15OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (11-15 MPH)
14OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (11-15 MPH)
13OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (11-15 MPH)
27OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (25-29 MPH)
18OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (16-19 MPH)
16OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (16-19 MPH)
19OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (16-19 MPH)

Shortcut	Statute	Description
20OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (20-24 MPH)
21OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (20-24 MPH)
22OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (20-24 MPH)
23OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (20-24 MPH)
24OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (20-24 MPH)
SE	346.57(5)	EXCEEDING SPEED ZONES, ETC. (20-24 MPH)
12OVER	346.57(5)	EXCEEDING SPEED ZONES, ETC. (11-15 MPH)
OWI5	346.63(1)(a)	OPERATING WHILE INTOX. (5TH+)
OWI4	346.63(1)(a)	OPERATING WHILE INTOX. (4TH)
OWI	346.63(1)(a)	OPERATING WHILE INTOX.
OWI2	346.63(1)(a)	OPERATING WHILE INTOX. (2ND)
OWI3	346.63(1)(a)	OPERATING WHILE INTOX. (3RD)
DRUG	346.63(1)(am)	OPER W/DETECT LEVEL CONTROL SUBSTANCE
PAC3	346.63(1)(b)	OWI-(3RD) BAC .08%+
PAC4	346.63(1)(b)	OWI-(4TH) BAC >.02%+
PAC2	346.63(1)(b)	OWI-(2ND) BAC .08%+
PAC	346.63(1)(b)	OWI-""BAC .1%+""
PAC	346.63(1)(b)	OWI-""BAC .08 - .99%""
PAC5	346.63(1)(b)	OWI-(5TH+) BAC >.02%+
ABS	346.63(2m)	VIOLATE ABSOLUTE SOBRIETY LAW
UAO	346.63(2m)	VIOLATE ABSOLUTE SOBRIETY LAW
DSP	346.69	HIT AND RUN-PROPERTY ADJACENT TO HIGHWAY
FRA	346.70(1)	FAILURE TO NOTIFY POLICE OF ACCIDENT
VO	346.88(3)(b)	OBSTRUCTED DRIVERS VISION-FRONT VIEW
ID	346.89(1)	INATTENTIVE DRIVING
IIV	346.93(1)	MINOR TRANSPORTING INTOXICANTS IN MV
IVP	346.935(1)	DRINK OPEN INTOXICANTS IN MV-PASSENGER

Shortcut	Statute	Description
IVO	346.935(1)	DRINK OPEN INTOXICANTS IN MV-DRIVER
ERV	346.94(16)	ILLEGAL USE OF RADIO, ETC.
LHI	347.06(1)	OPERATION W/O REQUIRED LAMPS LIGHTED
DHL	347.06(1)	OPERATION W/O REQUIRED LAMPS LIGHTED
CL	347.06(3)	UNCLEAN/DEFECTIVE LIGHTS OR REFLECTORS
RL	347.06(3)	UNCLEAN/DEFECTIVE LIGHTS OR REFLECTORS
ICL	347.07(2)(b)	OPERATE VEHICLE W/ NONRED TAILLIGHTS
LBC	347.07(2)(b)	OPERATE VEHICLE W/ NONRED TAILLIGHTS
FDHL	347.12(1)(a)	APPROACHING OPERATOR FAIL/DIM MULTIBEAMS
LHD	347.12(1)(a)	APPROACHING OPERATOR FAIL/DIM MULTIBEAMS
DTL	347.13(1)	NO TAIL LAMP/DEFECTIVE TAIL LAMP-NIGHT
LTI	347.13(1)	NO TAIL LAMP/DEFECTIVE TAIL LAMP-NIGHT
DBL	347.14(1)	OPERATE VEHICLE W/O STOPPING LIGHTS
DSL	347.14(1)	OPERATE VEHICLE W/O STOPPING LIGHTS
LSI	347.14(1)	OPERATE VEHICLE W/O STOPPING LIGHTS
DTS	347.15(1)	SALE/OPERATE VEH. W/O DIRECTIONAL LIGHTS
LDI	347.15(1)	SALE/OPERATE VEH. W/O DIRECTIONAL LIGHTS
BL	347.25(4)	EQUIP NONPOLICE VEH. W/ BLUE LIGHTS
PBI	347.35(1a)	FAIL/EQUIP VEHICLE W/ PARKING BRAKE
DPB	347.35(1a)	FAIL/EQUIP VEHICLE W/ PARKING BRAKE
NM	347.39(1)	OPERATE MOTOR VEH. W/O ADEQUATE MUFFLER
IM	347.39(1)	OPERATE MOTOR VEH. W/O ADEQUATE MUFFLER
AE	347.39(2)	EQUIP MOTOR VEHICLE WITH ILLEGAL MUFFLER
VMR	347.40(1)	OPERATE VEHICLE W/O REARVIEW MIRROR
DS	347.41	DEFECTIVE SPEEDOMETER
SCI	347.47(3)	TOWING WITH IMPROPER SAFETY CHAINS
SBM	347.48(1)(a)	SELL/BUY MOTOR VEHICLE W/O SAFETY BELTS

<b>Shortcut</b>	<b>Statute</b>	<b>Description</b>
DSB	347.48(1)(a)	SELL/BUY MOTOR VEHICLE W/O SAFETY BELTS
SBW	347.48(2m)(b)	VEHICLE OPERATOR FAIL/WEAR SEAT BELT
FFS	347.48(2m)(b)	VEHICLE OPERATOR FAIL/WEAR SEAT BELT
SBP	347.48(2m)(d)	RIDE IN VEHICLE W/O WEARING SEAT BELT
FDDS	TR139.04(6)	USE MOTOR VEHICLE LABEL
TSC	TR305.09(4)	FAIL/MAINTAIN SIGNAL LENSES
DLPL	TR305.13(1)	PLATE LAMP NOT FUNCTION OR MISSING-IL
LRP	TR305.13(1)	PLATE LAMP NOT FUNCTION OR MISSING-IL
LSO	TR305.15(4)	COVER/OBSTRUCT STOP LAMP LENSES
BLC	TR305.15(4)	COVER/OBSTRUCT STOP LAMP LENSES
IHSL	TR305.15(5)	FAIL/MAINTAIN HIGH-MOUNTED STOP LAMP
TPTL	TR305.20(5)	TAIL PIPE NOT EXTEND PAST PASSNGR COMPART
MIM	TR305.26(1)	FAIL/EQUIP REQUIRED MIRRORS
LOM	TR305.26(1)	FAIL/EQUIP REQUIRED MIRRORS
ROM	TR305.26(1)	FAIL/EQUIP REQUIRED MIRRORS
DWNO	TR305.32(2)	FRONT DRIVERS SIDE WINDOW NOT OPERATE
TINT	TR305.32(4)(b)2	VENT/SIDE WINDOW EXCESSIVE TINTING
RRWT	TR305.32(5)(b)	REAR WINDOW EXCESSIVE TINTING
ERWT	TR305.32(5)(b)	REAR WINDOW EXCESSIVE TINTING
RRSWT	TR305.32(6)	REAR SIDE WINDOW EXCESSIVE TINTING
ERSWT	TR305.32(6)	REAR SIDE WINDOW EXCESSIVE TINTING
CW	TR305.34(3)	CRACKED/DAMAGED VEHICLE WINDSHIELD
TW	TR305.34(6)	ILLEGAL MATERIALS ON WINDSHIELD
TR2	TR326.01(1)	49 CFR PART 107 - GROUP 1
TR1	TR326.01(1)	49 CFR PART 107

### ***Property Owner Shortcuts***

Key these shortcuts in the property owner company name field on the crash form to bring back complete property owner information.

<b>Shortcut</b>	<b>Company</b>	<b>Location</b>
ALLIANT ENERGY	ALLIANT ENERGY	MADISON
ALLIANT	ALLIANT ENERGY	MADISON
SBC	SBC	WAUKESHA
AMERITECH	SBC	WAUKESHA
VERIZON TELEPHONE CO	VERIZON TELEPHONE CO	SUN PRAIRIE
VERIZON	VERIZON TELEPHONE CO	SUN PRAIRIE
NC - RHINELANDER	WISCONSIN DEPT OF TRANSPORTATION	RHINELANDER
NC - WIS RAPIDS	WISCONSIN DEPT OF TRANSPORTATION	WI RAPIDS
NE - GREEN BAY	WISCONSIN DEPT OF TRANSPORTATION	GREEN BAY
NW - EAU CLAIRE	WISCONSIN DEPT OF TRANSPORTATION	EAU CLAIRE
NW - SUPERIOR	WISCONSIN DEPT OF TRANSPORTATION	SUPERIOR
SW - LA CROSSE	WISCONSIN DEPT OF TRANSPORTATION	LA CROSSE
SW - MADISON	WISCONSIN DEPT OF TRANSPORTATION	MADISON
SE - WAUKESHA	WISCONSIN DEPT OF TRANSPORTATION	WAUKESHA
WEPCO	WISCONSIN ELECTRIC CLAIMS	MILWAUKEE
WISCONSIN ELECTRIC CLAIMS	WISCONSIN ELECTRIC CLAIMS	MILWAUKEE
WISCONSIN PUBLIC SERVICE	WISCONSIN PUBLIC SERVICE	GREEN BAY
WPS	WISCONSIN PUBLIC SERVICE	GREEN BAY
XCELL ENERGY	XCELL ENERGY	EAU CLAIRE
XCELL	XCELL ENERGY	EAU CLAIRE

### ***Insurance Shortcuts (Aliases)***

If you free key an insurance company on the crash form using Alt-O, TraCS will attempt to match it to an insurance company on this list.

<b>Shortcut</b>	<b>Company</b>
AAA	AUTO CLUB INS ASSOC
AARP	HARTFORD UNDERWRITERS INS CO
ACUITY	ACUITY, A MUTUAL INSURANCE CO
AFFIRMATIVE	AFFIRMATIVE INS CO
ALLIED	ALLIED PROPERTY AND CASUALTY INS CO
AMERICAN STANDARD	AMERICAN STANDARD INS CO OF WIS
AMERICAN STATES	AMERICAN STATES INS CO
AMFAM	AMERICAN FAMILY MUTUAL INS CO
ATLANTA CASUALTY	ATLANTA CASUALTY CO
AUTO OWNERS	AUTO OWNERS INS CO
BADGER	BADGER MUTUAL INS CO
CHUBB	CHUBB INDEMNITY INS CO
CINCINNATI	CINCINNATI INS CO
CNA	CONTINENTAL CASUALTY CO (C/O CNA-LPS CLAIMS)
COLONIAL	NATIONWIDE ASSURANCE CO
COLONIAL PENN	AIG CENTENNIAL INSURANCE CO
DAIRYLAND	DAIRYLAND INS CO
DEPOSITORS	DEPOSITORS INS CO
ECONOMY	ECONOMY FIRE & CASUALTY CO
ECONOMY PREFERRED	ECONOMY PREFERRED INS CO
EMASCO	EMCASCO INS CO
EMC	EMPLOYERS MUTUAL CASUALTY CO
ENCOMPASS	ENCOMPASS INSURANCE CO OF AMERICA
FEDERATED	FEDERATED MUTUAL INS CO

Shortcut	Company
GE PROPERTY & CASUALTY	AIG CENTENNIAL INSURANCE CO
GEICO	GOVERNMENT EMPLOYEES INS CO
GENERAL CASUALTY	GENERAL CASUALTY CO OF WISCONSIN
GLOBE AMERICAN	GLOBE AMERICAN CASUALTY CO
GO AMERICA	GLOBE AMERICAN CASUALTY CO
GRE	GLOBE AMERICAN CASUALTY CO
GREAT WEST	GREAT WEST CASUALTY CO
GREATWAY	GREATWAY INS CO
GRINNEL MUTUAL	GRINNELL MUTUAL REINSURANCE CO
HANOVER	HANOVER INS CO
HARTFORD	HARTFORD UNDERWRITERS INS CO
HERITAGE	ACUITY, A MUTUAL INSURANCE CO
IDS	IDS PROPERTY CASUALTY INS CO
INTEGRITY	INTEGRITY MUTUAL INS CO
KEMPER	KEMPER NATIONAL
LIBERTY	LIBERTY MUTUAL
MET LIFE	METROPOLITAN PROPERTY & CASUALTY INS CO
MIDWEST SECURITY	STATE AUTO INSURANCE CO OF WISCONSIN
MSI	MUTUAL SERVICE CASUALTY INS CO
NATIONWIDE	NATIONWIDE ASSURANCE CO
OMAHA P & C	BEAZLEY INSURANCE COMPANY, INC
PARTNERS	PARTNERS MUTUAL INS CO
PREMATIC SERVICE CORP	FARMERS INS EXCHANGE
PROGRESSIVE	PROGRESSIVE NORTHERN INS CO
PRUDENTIAL	LM PROPERTY AND CASUALTY INSURANCE CO
RURAL	RURAL MUTUAL INS CO (ATTN: CLAIMS DEPT)

Shortcut	Company
SAFECO	SAFECO INS CO OF AMERICA
SECURA	SECURA INS A MUTUAL CO
SELECTIVE	SELECTIVE INS CO OF AMERICA
SF	STATE FARM
ST PAUL	ST PAUL FIRE & CASUALTY INS CO
STATE AUTO	STATE AUTO INSURANCE CO OF WISCONSIN
TIG	TIG INS CO
TOWER	HAWKEYE-SECURITY INSURANCE
TRANSPORTATION	TRANSPORTATION INS CO (C/O CNA-LPS CLAIMS)
TRAVELERS	TRAVELERS INS CO
UNITED SERVICES	UNITED SERVICES AUTOMOBILE ASSN
UNITRIN	UNITRIN PREFERRED INS CO
USAA	UNITED SERVICES AUTOMOBILE ASSN
USF&G	UNITED STATES FIDELITY & GUARANTY CO
VALLEY FORGE	VALLEY FORGE INS CO (C/O CNA-LPS CLAIMS)
VIKING	VIKING INS CO OF WISCONSIN
WAUSAU	WAUSAU UNDERWRITERS INS CO
WEA	WEA PROPERTY & CASUALTY INS CO
ZURICH	ZURICH AMERICAN INS CO

## Appendix B - Vehicle Types Chart

VEHICLE TYPES				
UNIT TYPE	UNIT TYPE CODE	PLATE TYPE	VEHICLE TYPE	VEHICLE TYPE CODE
AUTO	1	AMA,ANT,AUT,BRV,CLS,COL,CVG,DMO,DLR,DIS,DUK,END,FIN,FRF,GLF,GOV,GST,HEG,HEM,HOB,HSV,KID,LDF,MDH,MEN,MFR,MGP,MLG,MUN,OFF,ONI,PAK,SES,SOV,SPT,SPX,TMP,TRP,VET,WHF,WHL,WNG,WSP,XPW	PASSENGER CAR	1
AUTO	1	AUT, BRV, MUN, OFF, LDF, MEN, ONI, SOV, WSP	POLICE EMERGENCY*	2
AUTO	1	SAME PLATES AS VEHICLE TYPE 1	SNOWPLOW	19
AUTO	1	SAME PLATES AS VEHICLE TYPE 1	FIREFGHTR/EMERGENCY*	24
TRUCK	2	AMA,ANT,BRV,CLS,COL,CVG,DIS,DLR,DMO,DUK,END,FIN,FRM,FRF,GLF,GOV,GST,HEG,HEM,HOB,HSV,KID,LDF,LTK,MDH,MEN,MFR,MGP,MLG,MUN,OFF,ONI,PAK,SES,SOV,SPT,SPX,TMP,TOR,TRP,VET,WHF,WHL,WNG,WSP,XPW	UTILITY TRUCK	3
TRUCK	2	ANT,APO,BRV,COL,DMO,DLR,FIN,GOV,HFM,HOB,HTK,LDF,MDH,MEN,MFR,MUN,OFF,ONI,SOV,SPX,TMP,TRP,XPW	STRAIGHT TRUCK (INSERT TRUCK)	4
TRUCK	2	ANT, APO, BRV, COL, DMO, DLR, FIN, GOV, LDF, MDH, MEN, MFR, MUN, OFF, ONI, SOV, SPX, TMP, TOR, TRP, XPW	TRUCK TRACTOR (Not Attached)	5
TRUCK	2	ANT, APO, BRV, COL, DMO, DLR, FIN, GOV, HTK, LDF, MDH, MEN, MFR, MUN, OFF, ONI, SOV, SPX, TMP, TOR, XPW	TRUCK TRACTOR (Semi Attached)	6
TRUCK	2	ANT, APO, BRV, COL, DMO, DLR, FIN, GOV, LDF, MDH, MEN, MFR, MUN, OFF, ONI, SOV, SPX, TMP, TOR, XPW	TRUCK TRACTOR (Double Bottom)	7
TRUCK	2	AMA, BRV, CLS, COL, CVG, DMO, DIS, DLR, DUK, END, FIN, FRF, GLF, GST, HEG, HEM, HOB, KID, LDF, MEN, MFR, MGP, MLG, MTM, ONI, PAK, SES, SPT, SOV, TMP, TRP, VET, WHF, WNG, XPW	MOTOR HOME	8
TRUCK	2	AUT, BRV, LDF, LTK, MEN, MUN, ONI, SPX	AMBULANCE/EMEGENCY*	9
TRUCK	2	BRV, LDF, MEN, MUN, ONI, SOV, SPX	FIRETRUK EMERGENCY*	10
TRUCK	2	SAME AS VEHICLE TYPE 3	POLICE EMERGENCY*	2

TRUCK	2	SAME AS VEHICLE TYPE 3	FIREFGHTR/EMERGENCY *	24
TRUCK	2	SAME AS PLATES ON VEHICLE TYPE 3 & 4	SNOWPLOW	19
MOTORCYCLE	3	AMC, BRV, CMC, CYC, DMC, DVC, GOV, HMC, LDF, MCD, MDC, MEN, MNC, ONI, SOV, TMP, TPD, TRP, VMC, WSC	MOTORCYCLE	11
MOTORCYCLE	3	SAME AS VEHICLE TYPE 11	POLICE EMERGENCY*	2
MOTORCYCLE	3	SAME AS VEHICLE TYPE 11	FIREFGHTR/EMERGENCY *	24
MOTORCYCLE	3	AMC, CMC, HMC, MDC, MNC, MPD, TRP, VMC	MOPED	12
BUS	4	BUS, SOV, GOV, TRP	SCHOOL BUS	13
BUS	4	BUS, SOV, GOV	PUPIL TRANS SCHOOL BS	14
BUS	4	ANT,APO,AUT,BRV,BUS,COL,GOV,HOB,HSV, LDF,MEN,MUN,OFF,ONI,SOV,SPX,TRP	PASSENGER BUS	15
EQUIPMENT	5		FARM TRACTOR/SELF PROPELLED **	16
EQUIPMENT	5		OTHER WRKNG MACH**	17
EQUIPMENT	5		RAILWAY TRAIN **	18
EQUIPMENT	5		SNOW PLOW**	19
EQUIPMENT	5		SNWMBLE/ATV/MINIBK **	20
EQUIPMENT	5		MISCELLANEOUS **	21
BICYCLE	6		BICYCLE	22
BICYCLE	6		POLICE EMERGENCY*	2
PEDESTRIAN	7		PEDESTRIAN	23

\* Use if 'On Emergency' bubble is marked.

\*\* If Unit Type = 5 then require entry of Vehicle Type Code 16-21.

# Appendix C – Sample Forms

## ELCI Violator Copy Sample

<b>You Are Notified to Appear</b>	<b>Date</b> NOV-04-2009	<b>Time</b> 02:31 PM	<b>Form No. and Version CTL</b> MV4017 0901	<b>CITATION NO.</b> A100000 5
<b>Appearance Required:</b> <input checked="" type="checkbox"/> YES				
BAYFIELD COUNTY CIRCUIT COURT 117 E 5TH STREET / PO BOX 536 WASHBURN, WI 54891			Estimated Points DEPOSIT	Cash - Card
			6	\$0.00 N N
Court Use				

<b>Defendant</b> (Last Name, First, Middle), Street Address, P.O. Box, City, State, Zip				<b>Birth Date</b>	<b>Sex</b>	<b>Race</b>
ZZEDOTIES, ROBERT J				3/2/1947	M	W
200 MAPLE ST MADISON, WI 537059876	<b>Telephone Number</b>	<b>HT</b>	<b>WT</b>	<b>Hair</b>	<b>Eyes</b>	
	(123) 456-7899 EXT.	601	225 lbs	BRO	BRO	
<b>Driver License/Identification Card Number</b>	<b>State</b>	<b>Exp. Yr.</b>	<b>OPERATING AS:</b>			
23327604708201	WI	2010	DRIVER			
<b>License Plate Number</b>	<b>Plate Type</b>	<b>State</b>	<b>Exp. Yr.</b>	<b>Vehicle Class</b>	<b>Vehicle Endorsements</b>	
456DEF	LTK	WI	2020	D		
<b>Vehicle Identification Number</b>	<b>US DOT No.</b>	<b>Hazmat No.</b>	<b>Holds CDL</b>	<b>CDL Waiver</b>		
B3892346CRTU2548K			N			
<b>Vehicle Year</b>	<b>Make</b>	<b>Type</b>	<b>Color</b>			
2003	TOYT	2D	RED			

<b>Plaintiff</b>	<b>Ordinance Violated</b>	<b>Adopting State Statute</b>
CITY OF DE PERE	BAC	346.04 (3)
<b>Violation Description</b>	Overweight	Agency Space
VEH. OPERATOR FLEE/ELUDE OFFICER-DEATH		1234567890-ABCDEFGHI
<b>Week Day</b>	<b>Date</b>	<b>Time</b>
WEDNESDAY	NOV-04-2009	02:28 PM
<b>Actual Speed</b>	<b>Legal</b>	<b>Over</b>
<b>County</b>	<b>City/Village/Town</b>	<b>Supervisor On Site</b>
BAYFIELD - 04	BAYFIELD - 53, CITY	SUPERVISOR ON SITE
<b>ON Hwy No. and/or Street Name</b>	<b>Estimate Distance</b>	
MAIN		
<b>From/AT Hwy No. and/or Street Name</b>	<b>GPS Coordinates</b>	<b>Minor Passenger</b>
HIGH		N
<b>Officer Name</b>	<b>Zone: RR - Utility - School - Const</b>	<b>Accident Severity</b>
SMITH JOHN	N N N N	FATAL ADD4J54
<b>Officer ID</b>	<b>Department</b>	<b>Date Citation Served</b>
1111	TEST POLICE DEPARTMENT	NOV-04-2009
		<b>Method</b>
		IN PERSON

**INSTRUCTIONS - READ CAREFULLY**

**COURT APPEARANCE REQUIRED** - If your citation is checked "yes" following "Appearance Required," you MUST appear in court. The "Court Appearance Not Required" instructions do not apply to you.

**COURT APPEARANCE NOT REQUIRED - IF YOU WISH TO DISPUTE THE CITATION**, you must either appear in court or enter a "not guilty" plea by mail prior to your court date. Please include a photocopy of your ticket and your correct mailing address OR your correct name and mailing address, citation number, court appearance date listed on the citation, offense, and arresting police agency. These should be mailed to the court address.

Your trial will be before a judge, unless you demand a jury trial in writing within 10 days of the court date on your citation and enclose the proper fee. Make check payable to the Clerk of Court and forward it to the address shown above. Jury demands in Municipal court can only be made for intoxicated driving charges.

**If you have a disability and need help in court, please contact the above Clerk of Court's office.**

**IF YOU DO NOT WISH TO DISPUTE THE CITATION**, mail the "deposit" amount, by your court date, with a photocopy of your citation OR your correct name and address, citation number, court appearance date listed on the citation, offense and arresting police agency. Make check payable to the Clerk of Court and mail it to the court address. You do not need to appear. The court will find you guilty and keep the "deposit" amount as payment for your citation.

**IF YOU DO NOTHING**, the court may issue a warrant for your arrest, or may find you guilty and suspend your driver license if you fail to pay your fine.

**DEMERIT POINT, SUSPENSION AND REVOCATION INFORMATION** - This charge may result in demerit points assessed against you. Accumulating 12 or more points within 12 consecutive months will be cause for suspending your driving privileges. If you have a probationary license, points for the second and subsequent convictions may be doubled. Depending on the circumstances and charge, conviction may result in a suspension or revocation of your driving privileges.

Attending Traffic Safety School prior to conviction may be used to reduce points. For more information, contact the DMV.

**WISCONSIN UNIFORM CITATION**  
T331 9/2001 WDOT s345.11 Wis. Stats



# ELCI Officer Copy Sample

<b>You Are Notified to Appear</b>	<b>Date</b> NOV-04-2009	<b>Time</b> 02:31 PM	<b>Form No. and Version CTL</b> MV4017 0901	<b>CITATION NO.</b> A100000-5
<b>Appearance Required:</b> YES				
BAYFIELD COUNTY CIRCUIT COURT 117 E 5TH STREET / PO BOX 536 WASHBURN, WI 54891			Estimated Points DEPOSIT 6 \$0.00	
			Cash - Card N N	
			Court Use DA Y	

<b>Defendant</b> (Last Name, First, Middle), Street Address, P.O. Box, City, State, Zip ZZZDOTIES, ROBERT J 200 MAPLE ST MADISON, WI 537059876	<b>Birth Date</b> 3/2/1947	<b>Sex</b> M	<b>Race</b> W
<b>Telephone Number</b> (123) 456-7899 EXT.	<b>HT</b> 601	<b>WT</b> 225 lbs	<b>Hair</b> BRN
	<b>Eyes</b> BRN		

<b>Driver License/Identification Card Number</b> 23327604708201	<b>State</b> WI	<b>Exp. Yr.</b> 2010	<b>OPERATING AS:</b> DRIVER	
<b>License Plate Number</b> 456DEF	<b>Plate Type</b> LTK	<b>State</b> WI	<b>Exp. Yr.</b> 2020	<b>Vehicle Class</b> D
<b>Vehicle Identification Number</b> B3892346CRTU2548K	<b>US DOT No.</b>	<b>Hazmat No.</b>	<b>Holds CDL</b> N	<b>CDL Waiver</b>
<b>Vehicle Year</b> 2003	<b>Make</b> TOYT	<b>Type</b> 2D	<b>Color</b> RED	

<b>Plaintiff</b> CITY OF DE PERE	<b>Ordinance Violated</b> BAC	<b>Adopting State Statute</b> 346.04 (3)
<b>Violation Description</b> VEH. OPERATOR FLEE/ELUDE OFFICER-DEATH	<b>Overweight</b>	<b>Agency Space</b> 1234567890-ABCDEFGHI
<b>Week Day</b> WEDNESDAY	<b>Date</b> NOV-04-2009	<b>Time</b> 02:28 PM
<b>Actual Speed</b> WEDNESDAY	<b>Legal</b> WEDNESDAY	<b>Over</b> WEDNESDAY
<b>County</b> BAYFIELD - 04	<b>City/Village/Town</b> BAYFIELD - 53, CITY	<b>Supervisor On Site</b> SUPERVISOR ON SITE
<b>ON Hwy No. and/or Street Name</b> MAIN	<b>Estimate Distance</b>	
<b>From/AT Hwy No. and/or Street Name</b> HIGH	<b>GPS Coordinates</b> -	<b>Minor Passenger</b> N

<b>Officer Name</b> SMITH JOHN	<b>Zone:</b> RR - Utility - School - Const N N N N	<b>Accident Severity</b> FATAL	<b>ADD4J54</b>
<b>Officer ID</b> 1111	<b>Department</b> TEST POLICE DEPARTMENT	<b>Date Citation Served</b> NOV-04-2009	<b>Method</b> IN PERSON

### POLICE RECORD

<b>Police #</b> 1234567890-ABCDEFGHI	<b>Traffic</b> H - HEAVY	<b>Light Condition</b> DARK-LIGHTED
<b>Lanes</b> 2	<b>Road Condition</b> DRY	
<b>Highway</b> DIVIDED-HIGHWAY-MEDIAN-STRIP-WITH-TRAFFIC-BARRIER	<b>Weather Condition</b> CLOUDY	
SEE ATTACHED MENU		



T331 9/2001 WDOT  
s345.11 Wis. Stats

WISCONSIN UNIFORM CITATION

# ELCI Court Copy Sample

You Are Notified to Appear

Date **NOV-04-2009** Time **02:31 PM**

Form No. and Version CTL **CITATION NO.**  
 MV4017 0901 **A100000** **5**

Appearance Required: **YES**

BAYFIELD COUNTY CIRCUIT COURT  
 117 E 5TH STREET / PO BOX 536  
 WASHBURN, WI 54891

Estimated Points DEPOSIT Cash - Card  
 6 \$0.00 N N

Court Use

Defendant (Last Name, First, Middle), Street Address, P.O. Box, City, State, Zip

Birth Date Sex Race  
 3/2/1947 M W

**ZZZDOTIES, ROBERT J**

200 MAPLE ST  
 MADISON, WI 537059876

Telephone Number HT WT Hair Eyes  
 (123) 456-7899 EXT. 601 225 lbs BRO BRO

Driver License/Identification Card Number	State	Exp. Yr.	OPERATING AS:		
23327604708201	WI	2010	DRIVER		
License Plate Number	Plate Type	State	Exp. Yr.	Vehicle Class	Vehicle Endorsements
456DEF	LTK	WI	2020	D	
Vehicle Identification Number	US DOT No.	Hazmat No.	Holds CDL	CDL Waiver	
B3892346CRTU2548K			N		
Vehicle Year	Make	Type	Color		
2003	TOYT	2D	RED		

Plaintiff

Ordinance Violated

Adopting State Statute

CITY OF DE PERE

BAC

**346.04 (3)**

Violation Description

Overweight

Agency Space

VEH. OPERATOR FLEE/ELUDE OFFICER-DEATH

1234567890-ABCDEFGHI

Week Day Date Time Actual Speed Legal Over

SUPERVISOR ON SITE

WEDNESDAY NOV-04-2009 02:28 PM

County City/Village/Town  
 BAYFIELD - 04 BAYFIELD - 53, CITY

ON Hwy No. and/or Street Name  
 MAIN

Estimate Distance

From/AT Hwy No. and/or Street Name  
 HIGH

GPS Coordinates

Minor Passenger

Officer Name  
 SMITH JOHN

Zone: RR - Utility - School - Const Accident Severity  
 N N N N FATAL ADD4J54

Officer ID Department  
 1111 TEST POLICE DEPARTMENT

Date Citation Served, Method  
 NOV-04-2009 IN PERSON

## REPORT OF COURT DISPOSITION

Adjudicating Court

Adjudicating Court Code

Adjudication Date

Judge Code

Amended Charge and Description

Speed amended to:

Adjudication:

Plea

Describe other Disposition/Comments

Vacate refusal



T331 9/2001 WDOT  
 s345.11 Wis. Stats

replicated copy of issued  
 WISCONSIN UNIFORM CITATION

If you have a disability and need help in court,  
 please contact the above Clerk of Court's office.

## ***ELCI Parental Notification Sample***

### **NOTIFICATION TO PARENTS/GUARDIAN**

MOGDIEL S ZZZSANCHEZ  
200 MAPLE ST  
MADISON WI 53705

Re: ZZZSMITH, JACOB J

DOB: 04/23/1994

Dear Parent/Guardian,

As a requirement of WI statute 343.15(5), I am notifying you that **ZZZSMITH, JACOB J** has been identified as being involved in an incident on **01/06/2011** for:

Ordinance:  
Statute: **346.05(3)** **FAILURE OF SLOWER VEHICLE TO KEEP RIGHT**  
Citation No: **A100004 - 2**  
Police Case #

The Court appearance information has been set for:

Court Date: **01/06/2011**  
Court Time: **10:38 AM**  
Court: **DANE COUNTY CIRCUIT COURT - INTAKE**  
**215 S HAMILTON ST RM 1A**  
**MADISON, WI 53703**

If you have any questions, please contact me at **DANE COUNTY SHERIFF**  
Phone:

Sincerely,

**CAPT TEST TESTER**

cc: File

# NTC Violator Copy Sample

<b>You Are Notified to Appear</b> Appearance Required: <b>NO</b> ASHLAND COUNTY CIRCUIT COURT 201 W MAIN ST RM 307 ASHLAND, WI 54806	Date <b>NOV-04-2009</b>	Time <b>02:39 PM</b>	Form No. and Version CTL MUN1 0405	CITATION NO. <b>0120011</b>
	Juvenile DEPOSIT Cash - Card \$5.00 N N			Court Use

Defendant (Last Name, First, Middle), Street Address, P.O. Box, City, State, Zip <b>ZZZDOTIES, ROBERT J</b> 200 MAPLE ST MADISON, WI 537059876	Birth Date 3/2/1947	Sex M	Race W
HT 601	WT 225 lbs	Hair BRO	Eyes BRO

Driver License/Identification Card 23327604708201	State WI	Exp. Yr. 2010	Name and Address of Parent/Guardian/Legal Custodian (If minor defendant)
Other Identification Number	ID Type		
License Plate Number CBA321	Plate Type AUT	State WI	
Defendant Telephone Number	Telephone Number of Parent/Guardian/Legal Custodian		

Plaintiff CITY OF DE PERE	Ordinance Violated <b>1234</b>	Adopting State Statute <b>287.81 (2) (b)</b>
------------------------------	-----------------------------------	---

Violation Description PERMIT WASTE THROWING/VEHICLE (>30 GAL.)	Agency Space 1234567890-ABCDEFGH
---	-------------------------------------

Ordinance Description TEST	THRID SHIFT
-------------------------------	-------------

Week Day WEDNESDAY	Date NOV-04-2009	Time 02:36 PM
At Location 232 MAIN STREET		
County ASHLAND - 02	City/Village/Town CHIPPEWA - 03, TOWN	

Officer Name SMITH JOHN	Date Citation Served, NOV-04-2009	Method IN PERSON
----------------------------	--------------------------------------	---------------------

Officer ID 1111	Department TEST POLICE DEPARTMENT	Residence Contact Name JANE DOE	Age 33
(If left with person at defendant's address)			

### INSTRUCTIONS - READ CAREFULLY

**MANDATORY APPEARANCE?**  
 If your citation is marked as a mandatory court appearance, you **MUST** appear in court. The "appearance not mandatory" instructions do not apply to you.

**APPEARANCE NOT MANDATORY?**  
**IF YOU WISH TO DISPUTE THE CITATION**, you must either appear in court or enter a "not guilty" plea by mail prior to your court date. You may do so even if you have already paid the deposit or posted a bond. Please include either:

- a photocopy of your citation, **OR**
- your correct name and mailing address, citation number, court appearance date listed on the citation, offense, and arresting police agency.

These should be mailed to the court address written under "YOU ARE NOTIFIED TO APPEAR". The court will schedule another court date and/or a trial before a judge without a jury.

**IF YOU DO NOT WISH TO DISPUTE THE CITATION**, simply mail in the deposit amount on the citation by the court date, with a statement saying you do not wish to contest the citation. Please include either:

- a photocopy of your citation, **OR**
- your correct name and mailing address, citation number, court appearance date listed on the citation, offense, and arresting police agency.

Make check payable to the clerk of court and mail it to the court address written under "YOU ARE NOTIFIED TO APPEAR". You do not need to appear. The court will either:

- accept your nonappearance as a plea of no contest, find you guilty and keep the deposit amount as payment for your citation; **OR**
- decline to accept the deposit and order you to appear in court by summons or warrant.

**IF YOU DO NOTHING**, the court may either:

- issue a warrant for your arrest, **OR**
- issue a summons for you to appear in court, **OR**
- find you guilty for failing to appear in court and order you to pay the forfeiture and costs imposed by the court.

## WISCONSIN NON TRAFFIC CITATION AND COMPLAINT

# NTC Officer Copy Sample

<b>You Are Notified to Appear</b> Appearance Required: <b>NO</b> ASHLAND COUNTY CIRCUIT COURT 201 W MAIN ST RM 307 ASHLAND, WI 54806	Date <b>NOV-04-2009</b>	Time <b>02:39 PM</b>	Form No. and Version CTL MUNI 0405	CITATION NO. <b>0120011</b>
	Juvenile DEPOSIT Cash - Card \$5.00 N N		Court Use DA N	

<b>Defendant</b> (Last Name, First, Middle), Street Address, P.O. Box, City, State, Zip <b>ZZZDOTIES, ROBERT J</b> 200 MAPLE ST MADISON, WI 537059876	Birth Date 3/2/1947	Sex M	Race W
HT 601	WT 225	Hair 1bs	Eyes BRO

Driver License/Identification Card 23327604708201	State WI	Exp. Yr. 2010	Name and Address of Parent/Guardian/Legal Custodian (If minor defendant)     Telephone Number of Parent/Guardian/Legal Custodian	
Other Identification Number	ID Type			
License Plate Number CBA321	Plate Type AUT	State WI		Exp. Yr. 2008
Defendant Telephone Number				

<b>Plaintiff</b> CITY OF DE PERE	Ordinance Violated <b>1234</b>	Adopting State Statute <b>287.81(2)(b)</b>
<b>Violation Description</b> PERMIT WASTE THROWING/VEHICLE (>30 GAL.)	Agency Space 1234567890-ABCDEFGHI	
<b>Ordinance Description</b> TEST	THRID SHIFT	
Week Day WEDNESDAY	Date NOV-04-2009	Time 02:36 PM
At Location 232 MAIN STREET		
County ASHLAND - 02	City/Village/Town CHIPPEWA - 03, TOWN	

Officer Name SMITH JOHN	Date Citation Served, NOV-04-2009	Method IN PERSON
Officer ID 1111	Department TEST POLICE DEPARTMENT	Residence Contact Name JANE DOE
		Age 33
(If left with person at defendant's address)		

**POLICE RECORD**  
 Police # 1234567890-ABCDEFGHI  
 SEE ATTACHMENT

WISCONSIN NON TRAFFIC CITATION

# NTC Court Copy Sample

<b>You Are Notified to Appear</b> Appearance Required: <b>NO</b> ASHLAND COUNTY CIRCUIT COURT 201 W MAIN ST RM 307 ASHLAND, WI 54806	Date <b>NOV-04-2009</b>	Time <b>02:39 PM</b>	Form No. and Version CTL MUNI 0405	CITATION NO. <b>0120011</b>
	Juvenile DEPOSIT Cash - Card \$5.00 N N			Court Use

Defendant (Last Name, First, Middle), Street Address, P.O. Box, City, State, Zip <b>ZZZDOTIES, ROBERT J</b> 200 MAPLE ST MADISON, WI 537059876	Birth Date 3/2/1947	Sex M	Race W
	HT 601	WT 225 lbs	Hair BRO
			Eyes BRO

Driver License/Identification Card 23327604708201	State WI	Exp. Yr. 2010	Name and Address of Parent/Guardian/Legal Custodian (If minor defendant)
Other Identification Number	ID Type		
License Plate Number CBA321	Plate Type AUT	State WI	Exp. Yr. 2008
Defendant Telephone Number	Telephone Number of Parent/Guardian/Legal Custodian		

<b>Plaintiff</b> CITY OF DE PERE	<b>Ordinance Violated</b> 1234	<b>Adopting State Statute</b> 287.81(2)(b)
<b>Violation Description</b> PERMIT WASTE THROWING/VEHICLE (>30 GAL.)		Agency Space 1234567890-ABCDEFGHI
<b>Ordinance Description</b> TEST		THRID SHIFT
Week Day WEDNESDAY	Date NOV-04-2009	Time 02:36 PM
At Location 232 MAIN STREET		
County ASHLAND - 02	City/Village/Town CHIPPEWA - 03, TOWN	

Officer Name SMITH JOHN	Date Citation Served, NOV-04-2009	Method IN PERSON
Officer ID 1111	Department TEST POLICE DEPARTMENT	Residence Contact Name JANE DOE
		Age 33
(If left with person at defendant's address)		

<b>REPORT OF COURT DISPOSITION</b>		
Adjudicating Court	Adjudicating Court Code	Adjudication Date
		Judge Code
<b>Amended Charge and Description</b>		
Adjudication:		Plea
Describe other Disposition/Comments		

replicated copy of issued  
**WISCONSIN NON TRAFFIC CITATION**

# NTC Spanish Sample

## Usted Está Informado de Comparecer

Comparecencia Mandatoria:	<input type="checkbox"/> NO	Fecha	NOV-04-2009	Hora	02:39 PM	Número de Formulario	MUNI 0405	<b>NUMERO DE CITACION</b>	0120011
ASHLAND COUNTY CIRCUIT COURT						Menor de Edad	Depósito	En Efectivo - Tarjeta	
201 W MAIN ST RM 307							\$5.00	N N	
ASHLAND, WI 54806						Para Uso de la Corte			

<b>Acusado</b> (Apellido(s), Primer Nombre, Segundo), Domicilio Residencial, Apartado Postal, Ciudad, Estado, Código Postal	Fecha de Nacimiento	Sexo	Raza
<b>ZZZDOTIES, ROBERT J</b> 200 MAPLE ST MADISON, WI 537059876	3/2/1947	M	W
	Estatura	Peso libras	Cabello Ojos
	601	225 lbs	BRO BRO

Número de Licencia de Conducir / Tarjeta de Identificación	Estado	Vencimiento Año	Nombre y Domicilio de Padre/Tutor/Tutor Legal (si el acusado es menor de edad)
Z3327604708201	WI	2010	
Otro Número de Identificación	Tipo de Identificación		
Número de Placas	Tipo de Placa	Estado	Vencimiento Año
CBA321	AUT	WI	2008
Número Telefónico del Acusado	Número Telefónico de Padre/Tutor/Tutor Legal		

<b>Demandante</b>	Ordenanza Violada	Estatuto que Se Aplica
CITY OF DE PERE	1234	287.81(2)(B)
<b>Descripción de la Infracción</b>	Espacio para Uso de la Agencia	
PERMIT WASTE THROWING/VEHICLE (>30 GAL.)	THRID SHIFT	
<b>Descripción de la Ordenanza</b>		
TEST		
Día de la Semana	Fecha	Hora
WEDNESDAY	NOV-04-2009	02:36 PM
Donde		
232 MAIN STREET		
Condado	Ciudad/Aldea/Pueblo	
ASHLAND - 02	CHIPPEWA - 03, TOWN	

Nombre del Oficial	Fecha que Notifico de la Citación	Método
SMITH JOHN	NOV-04-2009	IN PERSON
Número de Identificación	Departamento	Nombre de Contacto del Domicilio
1111	TEST POLICE DEPARTMENT	JANE DOE
		Edad
		33

(si dejó notificación con otra persona en el domicilio del acusado)

### INSTRUCCIONES- LEA CUIDADOSAMENTE

**¿COMPARECENCIA MANDATORIA?**  
Si su multa especifica que debe presentarse en corte de manera mandatoria, usted DEBE comparecer en corte. La instrucción de "Comparecencia no mandatoria" no le aplica a usted.

**¿COMPARECENCIA NO MANDATORIA?**  
**SI USTED DESEA DISPUTAR SU MULTA**, usted puede presentarse en corte o mandar su declaración de "no culpable" por correo antes de su fecha de comparecencia. Usted puede hacer esto aun si ya ha pagado su multa o ha presentado un bono de fianza. Por favor incluya la siguiente información:

- Una fotocopia de su multa, ó
- Su nombre y domicilio correcto, su número de multa, fecha de comparecencia en la corte establecida en su multa, ofensa y la agencia de policía que efectuó el arresto.

Esta información debe ser mandada por correo a la dirección que aparece debajo del término "USTED ESTA INFORMADO DE COMPARECER". La corte programará otra fecha de corte y/o juicio ante un juez sin un jurado presente.

## WISCONSIN NON TRAFFIC CITATION AND COMPLAINT

Copia de Cortesia

**SI USTED NO DESEA DISPUTAR LA MULTA**  
Simplemente mande por correo la cantidad anotada en el espacio "depósito permitido" del otro lado de la multa por la fecha de corte y escriba una explicación diciendo que usted no desea disputar la multa. Por favor incluya:

- Una fotocopia de su multa, ó
- Su nombre y domicilio correcto, su número de multa, fecha de comparecencia en la corte establecida en su multa, ofensa y la agencia de policía que efectuó el arresto.

Haga el cheque a nombre de "clerk of court" y mándelo por correo a la corte a la dirección que aparece debajo del término "USTED ESTA INFORMADO DE COMPARECER". Usted no necesita presentarse. La corte:

- Aceptará su acción de no presentarse como una declaración "no disputa", lo declarará culpable y utilizará la cantidad enviada en el "depósito permitido" como pago de su multa; ó
- No aceptará su depósito y ordenará a que comparezca en corte por medio de citatorios judiciales.

**SI USTED NO HACE NADA**, la corte puede:

- Levantar una orden de arresto contra usted, ó
- Ordenar un citatorio judicial para que comparezca ante la corte, ó
- Declararlo culpable por no presentarse ante la corte y ordenarle a que pague la multa y los costos impuestos por la corte.

## ***NTC Parental Notification Sample***

### **NOTIFICATION TO PARENTS/GUARDIAN**

**Re: ZZZDOTIES, ROBERT J**

**DOB: 03/02/1947**

Dear Parent/Guardian,

As a requirement of WI statute 938.17(2)(c), I am notifying you that **ZZZDOTIES, ROBERT J** has been identified as being involved in an incident on **11/04/2009** for:

Ordinance: **1234**            **TEST**  
Statute:    **287.81(2)(B)**    **PERMIT WASTE THROWING/VEHICLE (>30 GAL.)**  
Citation No: **0120011**

The Court appearance information has been set for:

Court Date: **11/4/2009**  
Court Time: **02:39 PM**  
Court:      **ASHLAND COUNTY CIRCUIT COURT**  
              **201 W MAIN ST RM 307**  
              **ASHLAND, WI 54806**

If you have any questions, please contact me at **TEST POLICE DEPARTMENT**  
Phone: **(608) 267-1847**

Sincerely,

**SMITH JOHN**

cc: File

# Traffic/Equipment Warning for Individual Sample

## TRAFFIC WARNING / EQUIPMENT VIOLATION NOTICE TEST

Date 11/04/09	Time 2:10 PM	Name ZZZDOTKLR, KENDRA A									
Mailing Address 300 JENIFER ST		PO Box	City MADISON					St WI	Zip 53705-4567		
Phone Number (123) 456-7899 EXT.											
Drivers License Number Z3325125896408		St WI	Expire 2011	Oper	DOB 12/24/58	Sex F	Race W	Ht 504	Wt 145	Hair BLK	Eyes BRO
License Plate / VIN ABC123		A1234B56CDEF7890G			AUT WI 2006		Vehicle Description BLU 1998 FORD FOCUS			2D	
County BROWN - 05				City/Village/Town DENMARK - 51, VILLAGE							
Location MAIN / HIGH											
Issuing Officer SMITH JOHN						Officer ID Number 1111			Form ID Number 012001W1		
Agency Space TRAVELING IN MIUD											

This warning was issued to you to call your attention to a violation of a Wisconsin Traffic Regulation. We hope that it will serve to enlist your voluntary compliance with all traffic regulations in the future. It is only with your cooperation and the cooperation of all motorists that we can hope to reduce the loss of life, injury and property damage caused by traffic crashes.

**YOU HAVE VIOLATED WISCONSIN TRAFFIC REGULATIONS AS INDICATED BELOW:**

SECTION No.(s)	VIOLATION(S)
23.33(2)(a)	GIVE PERMISSION/OPERATE ATV W/O REGISTR

**No Further Action Required**

**Correct by Date: NOVEMBER 8, 2009**

# Traffic/Equipment Warning for Non-Individual Sample

## TRAFFIC WARNING / EQUIPMENT VIOLATION NOTICE TEST

Date 11/04/09	Time 2:10 PM	Name JOHNSON STUMPS			
Mailing Address 300 JENIFER ST		PO Box	City MADISON	St WI	Zip 53705-4567
Phone Number (123) 456-7899 EXT.					
License Plate / VIN ABC123		A1234B56CDEF7890G	AUT WI 2006	Vehicle Description BLU 1998 FORD FOCUS 2D	
County BROWN - 05			City/Village/Town DENMARK - 51, Village		
Location MAIN / HIGH					
Issuing Officer SMITH JOHN			Officer ID Number 1111	Form ID Number 012001W1	
Agency Space TRAVELING IN MIUD					

**Correct Before  
Next Dispatch**

This warning was issued to you to call your attention to a violation of a Wisconsin Traffic Regulation. We hope that it will serve to enlist your voluntary compliance with all traffic regulations in the future. It is only with your cooperation and the cooperation of all motorists that we can hope to reduce the loss of life, injury and property damage caused by traffic crashes.

**YOU HAVE VIOLATED WISCONSIN TRAFFIC REGULATIONS AS INDICATED BELOW:**

SECTION No.(s) VIOLATION(S)

23.33(2)(a) GIVE PERMISSION/OPERATE ATV W/O REGISTR

No Further Action Required

Correct by Date: **NOVEMBER 8, 2009**

# WARNING Non-Traffic Sample

## WARNING / VIOLATION NOTICE TEST

Date 11/04/09	Time 2:10 PM	Name JOHNSON STUMPS									
Mailing Address 300 JENIFER ST		PO Box	City MADISON					St WI	Zip 53705-4567		
Phone Number (123) 456-7899 EXT.											
Drivers License Number	St	Expire	Ty	DOB	Sex	Race	Ht	Wt	Hair	Eyes	
License Plate / VIN ABC123		A1234B56CDEF7890G			AUT WI 2006		Vehicle Description BLU 1998 FORD FOCUS 2D				
County BROWN - 05			City/Village/Town DENMARK - 51. Village								
Location MAIN / HIGH											
Issuing Officer SMITH JOHN					Officer ID Number 1111			Form ID Number 012001W1			
Agency Space TRAVELING IN MIUD											

**YOU HAVE VIOLATED STATUTES AND/OR ORDINANCES AS INDICATED BELOW:**  
SECTION No.(s) VIOLATION(S)

23.33(2)(a)	GIVE PERMISSION/OPERATE ATV W/O REGISTR
-------------	---

**No Further Action Required**

**Correct by Date: NOVEMBER 8, 2009**

# WARNING Officer Copy Sample

## WARNING / EQUIPMENT VIOLATION NOTICE TEST

Date 11/04/09	Time 2:10 PM	Name JOHNSON STUMPS									
Mailing Address 300 JENIFER ST		PO Box	City MADISON					St WI	Zip 537054567		
Phone Number (123) 456-7899 EXT.											
Drivers License Number	St	Expire	Oper	DOB	Sex	Race	Ht	Wt	Hair	Eyes	
License Plate / VIN ABC123      A1234B56CDEF7890G				AUT WI 2006		Vehicle Description BLU 1998 FORD FOCUS      2D					
County BROWN - 05			City/Village/Town DENMARK - 51, VILLAGE								
Location MAIN / HIGH						Police # 123456789-ABCDEFGHIJ					
Issuing Officer SMITH JOHN						Officer ID Number 1111			Form ID Number 012001W1		
Agency Space TRAVELING IN MIUD											

**YOU HAVE VIOLATED WISCONSIN TRAFFIC REGULATIONS AS INDICATED BELOW:**

SECTION No.(s) 23.33(2)(a)	VIOLATION(S) GIVE PERMISSION/OPERATE ATV W/O REGISTR
-------------------------------	---

Equipment, Registration or Miscellaneous Violations	<b>REPORT IN PERSON</b>	Days to Correct 4
<input type="checkbox"/> The violations indicated must be corrected at once. <i>All future operation without correction is illegal.</i>	<input checked="" type="checkbox"/> Bring proof of compliance with the law for violations listed to any law enforcement officer for certification by.	Correct Date 11/08/09
Comments <b>VEHICLE CAME FROM DUMP</b>		

# WARNING Report in Person Copy Sample

## TRAFFIC WARNING / EQUIPMENT VIOLATION NOTICE TEST AGENCY

Date 10/28/09	Time 5:02 PM	Name SMITH, HASLDF									
Mailing Address ASDFJKL		PO Box	City MADISON					State	Zip WI 53705-0000		
Phone Number											
Drivers License Number	State	Expire	Oper D	DOB 10/08/88	Sex F	Race	Ht	Wt	Hair	Eyes	
License Plate / VIN					Vehicle Description						
County DANE - 13			City/Village/Town MADISON - 73, City								
Location FHAWEKLJR / ASKLJDFLKEJ											
Issuing Officer OFCR SYSTEM ADMIN						Officer ID Number 0123		Form ID Number 012001W68			
Agency Space											

### Equipment, Registration or Miscellaneous Violations



The violations indicated must be corrected at once.

All future operation without correction is illegal.

This warning was issued to you to call your attention to a violation of a Wisconsin Traffic Regulation. We hope that it will serve to enlist your voluntary compliance with all traffic regulations in the future. It is only with your cooperation and the cooperation of all motorists that we can hope to reduce the loss of life, injury and property damage caused by traffic crashes.

### YOU HAVE VIOLATED WISCONSIN TRAFFIC REGULATIONS AS INDICATED BELOW:

SECTION No.(s) VIOLATION(S)

347.48(2m)(b)	FAILURE TO FASTEN SEAT BELT-DRIVER
---------------	------------------------------------

#### REPORT IN PERSON

You must bring this notice together with proof of compliance with the law for the violations indicated above to any law enforcement officer for certification by:

**NOVEMBER 9, 2009**

Then mail certification.

*Failure to comply may result in court action.*

#### OFFICER CERTIFICATION

The owner or driver has complied as directed and the violations have been corrected.

**X**

(Officer Signature)

(Badge Number)

(Employing Agency)

(Date)

#### MAIL TO:

TEST POLICE DEPARTMENT

PO BOX 7919

MADISON, WI 53707-0000

# WARNING Mail-In Sample

## TRAFFIC WARNING / EQUIPMENT VIOLATION NOTICE TEST AGENCY

Date 10/28/09	Time 5:02 PM	Name SMITH, HASLDF									
Mailing Address ASDFJKL		PO Box	City MADISON					State	Zip WI 53705-0000		
Phone Number											
Drivers License Number	State	Expire	Oper D	DOB 10/08/88	Sex F	Race	Ht	Wt	Hair	Eyes	
License Plate / VIN						Vehicle Description					
County DANE - 13			City/Village/Town MADISON - 73, City								
Location FHAWEKLJR / ASKLJDFLKEJ											
Issuing Officer OFCR SYSTEM ADMIN						Officer ID Number 0123		Form ID Number 012001W68			
Agency Space											

### Equipment, Registration or Miscellaneous Violations



The violations indicated must be corrected at once.  
All future operation without correction is illegal.

This warning was issued to you to call your attention to a violation of a Wisconsin Traffic Regulation. We hope that it will serve to enlist your voluntary compliance with all traffic regulations in the future. It is only with your cooperation and the cooperation of all motorists that we can hope to reduce the loss of life, injury and property damage caused by traffic crashes.

### YOU HAVE VIOLATED WISCONSIN TRAFFIC REGULATIONS AS INDICATED BELOW: SECTION No.(s) VIOLATION(S)

347.48(2m)(b)	FAILURE TO FASTEN SEAT BELT-DRIVER
---------------	------------------------------------

### Equipment, Registration or Miscellaneous Violations

Check the appropriate box to the right and personally certify that the violations described above have been corrected.

THEN MAIL CERTIFICATION BY

**November 9, 2009**

*Failure to comply may result in court action.*

### OWNER or DRIVER

Indicate corrective action taken and SIGN certification.

- Equipment defects or miscellaneous violations have been corrected.
- Current registration has been applied for:

\$

(Application Date)

(Remittance Amount)

I certify to the correction of the violations described above.

**X**

(Signature of Owner or Driver)

(Date)

### MAIL TO:

TEST POLICE DEPARTMENT  
PO BOX 7919  
MADISON, WI 53707-0000

# Natural Resources Citation Violator Sample

## Natural Resources Citation State of Wisconsin

Form 4100-070E Rev. 5-08  
Section 23.54, Wis. Stats.

<b>Defendant:</b> Customer ID _____ Telephone Number (123) 456-7891 EXT. 234 Birth Date 3/4/1987 Sex <b>M</b> Race <b>WHITE</b> Height <b>510</b> Weight <b>160</b> Hair <b>GRAY</b> Eye <b>BLUE</b> Driver License Number <b>B1234567890123</b> State of Issuance <b>FL</b>  <b>BLOW, JOSEPH K</b> <b>123 MAIN ST</b> <b>PODUNK, WI 54768</b>		<b>Citation No.</b> <b>012001R73</b> <b>Deposit Permitted:</b> <b>\$310.40</b>	
		Date of Violation <b>10/13/2010</b> Day of Week <b>WEDNESDAY</b> Time of Violation <b>04:57 PM</b>	
		County of Violation <b>DANE - 13</b> Town-City-Village <b>MADISON - 73, CITY</b>	
In violation of _____ Section 29.024(1) Ordinance			
Violation: <b>Hunt with improper license</b>		Offense Code <b>H02</b>	
On the Above Stated Time, Date and Location, the Defendant: <b>THIS IS THE PROBABLE CAUSE STATEMENT.</b>			
Officer Name <b>SGT FRANCES WILLIAMS-SMITH</b> Officer ID Number <b>123456789</b> Officer Department <b>ST. CROIX COUNTY SHERIFFS DEPT</b>		Date Issued <b>10/13/2010</b>	
Assisting Officer _____ Officer ID Number _____ Department _____			
You are notified to Appear Date <b>12/12/2010</b> Time <b>10:00 AM</b>		Maximum Penalty for this Violation <b>\$343.50</b> The court may also revoke approvals, confiscate evidence and require restitution or restoration of any environmental damage.	
Court Name / Address <b>DANE COUNTY CIRCUIT COURT - INTAKE</b> <b>215 S HAMILTON ST RM 1A</b> <b>MADISON, WI 53703</b>			
Appearance Required <b>NO</b> (Read Instruction Sheet for Details)			
<b><u>Stipulation</u></b> I, the undersigned, am the defendant named on this citation, and do stipulate no contest to the offense and waive my rights to a trial. I understand that if the court accepts this stipulation, it may find me guilty and impose the "Deposit Permitted" amount indicated on the citation. I further understand that any equipment, wild animal or objects seized as evidence may be confiscated by the court. I have read and understand these instructions.			
_____ <b>Signature of Defendant</b>		_____ <b>Date Signed</b>	
<b><u>To Mail a Deposit</u></b> A deposit of <b>\$310.40</b> may be made by mailing a check or money order to: <b>CLERK OF COURT, DANE COUNTY CIRCUIT COURT - INTAKE</b> <b>215 S HAMILTON ST RM 1A</b> <b>MADISON, WI 53703</b>			

# Natural Resources Citation Court Sample

## Natural Resources Citation State of Wisconsin

Form 4100-070E Rev. 5-08  
Section 23.54, Wis. Stats.

COURT

<b>Defendant:</b> Customer ID _____ Telephone Number (123) 456-7891 EXT. 234		<b>Citation No.</b> <b>Deposit Permitted:</b>	
Birth Date 3/4/1987 Sex <b>M</b> Race <b>WHITE</b> Height 510 Weight 160 Hair <b>GRAY</b> Eye <b>BLUE</b> Driver License Number <b>B1234567890123</b> State of Issuance <b>FL</b>		Date of Violation <b>10/13/2010</b> Day of Week <b>WEDNESDAY</b> Time of Violation <b>04:57 PM</b>	
<b>BLOW, JOSEPH K</b> 123 MAIN ST PODUNK, WI 54768		County of Violation <b>DANE - 13</b> Town-City-Village <b>MADISON - 73, CITY</b>	
IN VIOLATION OF Section Ordinance 29.024(1)			
Violation: <b>Hunt with improper license</b>			Offense Code <b>H02</b>
On the Above Stated Time, Date and Location, the Defendant: <b>THIS IS THE PROBABLE CAUSE STATEMENT.</b>			
Officer Name <b>SGT FRANCES WILLIAMS-SMITH</b> Officer ID Number <b>123456789</b> Officer Department <b>ST. CROIX COUNTY SHERIFFS DEPT</b>		Date Issued <b>10/13/2010</b>	
Assisting Officer _____ Officer ID Number _____ Department _____			
You are notified to Appear Date <b>12/12/2010</b> Time <b>10:00 AM</b>		Maximum Penalty for this Violation <b>\$343.50</b> The court may also revoke approvals, confiscate evidence and require restitution or restoration of any environmental damage.	
Court Name / Address <b>DANE COUNTY CIRCUIT COURT - INTAKE</b> <b>215 S HAMILTON ST RM 1A</b> <b>MADISON, WI 53703</b> Appearance Required <b>N</b>			

**Penalties included in the Deposit Permitted:**

Fortiature: <b>40.00</b>	Comm. Fish Prot. Sur:	<b>Wild Animal Protection Assessment: \$43.75 Each</b>
Penalty Sur: <b>10.40</b>	Great Lakes Res. Sur:	<b>For: 2 LAKE STURGEON</b>
NR Sur: <b>30.00</b>	Fish Shelter Removal Sur:	<b>Wildlife Violator Compact Surcharge: 5.00</b>
Weapons Sur:	Fish Net Rmvl Act Cost:	<b>Restitution:</b>
Environmental Sur:	Fish Net Rmvl Surcharge:	<b>For:</b>

SUBSCRIBED AND SWORN TO before me this date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_

# Natural Resources Citation Officer Sample

OFFICER COPY

## Natural Resources Citation State of Wisconsin

Form 4100-070E Rev. 5-08  
Section 23.54, Wis. Stats.

<b>Defendant:</b> Customer ID _____ Telephone Number (123) 456-7891 EXT. 234 Birth Date 3/4/1987 Sex <b>M</b> Race <b>WHITE</b> Height 510 Weight 160 Hair <b>GRAY</b> Eye <b>BLUE</b> Driver License Number <b>B1234567890123</b> State of Issuance <b>FL</b>  <b>BLOW, JOSEPH K</b> 123 MAIN ST PODUNK, WI 54768	<b>Citation No.</b> <span style="border: 1px solid black; padding: 2px;">012001R73</span> <b>Deposit Permitted:</b> <span style="border: 1px solid black; padding: 2px;">\$310.40</span>  Date of Violation <b>10/13/2010</b> Day of Week <b>WEDNESDAY</b> Time of Violation <b>04:57 PM</b>  County of Violation <b>DANE - 13</b> Town-City-Village <b>MADISON - 73, CITY</b>
IN VIOLATION OF Section <b>29.024(1)</b> Ordinance	
Violation: <b>Hunt with improper license</b>	
Offense Code <b>H02</b>	
On the Above Stated Time, Date and Location, the Defendant: <b>THIS IS THE PROBABLE CAUSE STATEMENT.</b>	
Officer Name <b>SGT FRANCES WILLIAMS-SMITH</b> Officer ID Number <b>123456789</b> Officer Department <b>ST. CROIX COUNTY SHERIFFS DEPT</b> Date Issued <b>10/13/2010</b>	
Assisting Officer _____ Officer ID Number _____ Department _____	
You are notified to Appear Date <span style="border: 1px solid black; padding: 2px;">12/12/2010</span> Time <span style="border: 1px solid black; padding: 2px;">10:00 AM</span> Court Name / Address <b>DANE COUNTY CIRCUIT COURT - INTAKE</b> <b>215 S HAMILTON ST RM 1A</b> <b>MADISON, WI 53703</b> Appearance Required <b>N</b>	<b>Maximum Penalty for this Violation</b> <b>\$343.50</b> The court may also revoke approvals, confiscate evidence and require restitution or restoration of any environmental damage.

**Penalties included in the Deposit Permitted:**

Fortitude: <b>40.00</b> Penalty Sur: <b>10.40</b> NR Sur: <b>30.00</b> Weapons Sur: Enviromental Sur:	Comm. Fish Prot. Sur: Great Lakes Res. Sur: Fish Shelter Removal Sur: Fish Net Rmvl Act Costs: Fish Net Rmvl Surcharge:	Wild Animal Protection Assessment: <b>\$43.75</b> Each For <b>2</b> LAKE STURGEON Wildlife Violator Compact Surcharge: <b>5.00</b> Restitution: For
---	---	---

# ALCOHOL Informing the Accused Copy Sample

## INFORMING THE ACCUSED

SP4197 4/2010 s.343.305(4) Wis. Stats.

Wisconsin Department of Transportation

Police Number  
**SF5DF**

Under Wisconsin's Implied Consent Law, I am required to read this notice to you:

You have either been arrested for an offense that involves driving or operating a motor vehicle while under the influence of alcohol or drugs, or both, or you are the operator of a vehicle that was involved in an accident that caused the death of, great bodily harm to, or substantial bodily harm to a person, or you are suspected of driving or being on duty time with respect to a commercial motor vehicle after consuming an intoxicating beverage.

This law enforcement agency now wants to test one or more samples of your breath, blood or urine to determine the concentration of alcohol or drugs in your system. If any test shows more alcohol in your system than the law permits while driving, your operating privilege will be suspended. If you refuse to take any test that this agency requests, your operating privilege will be revoked and you will be subject to other penalties. The test results or the fact that you refused testing can be used against you in court.

If you take all the requested tests, you may choose to take further tests. You may take the alternative test that this law enforcement agency provides free of charge. You also may have a test conducted by a qualified person of your choice at your expense. You, however, will have to make your own arrangements for that test.

If you have a commercial driver license or were operating a commercial motor vehicle, other consequences may result from positive test results or from refusing testing, such as being placed out of service or disqualified.

In addition, your operating privileges will also be suspended if a detectable amount of a restricted controlled substance is in your blood.

Will you submit to an evidentiary chemical test of your

**BLOOD**

?

Defendant Response

**YES**

I certify that I have read the above information to

**DUE, JOHN ALAN II**

who has been arrested for a violation of

**346.63(1)(A) OPERATING WHILE INTOX.**

and have provided him/her a copy of this form. He/She was identified by

**DRIVER LICENSE**

**A 100028 - 5**

(City Number)

a.m. / p.m.

(Date and Time Signed)

**ADAMS POLICE DEPARTMENT**

(Agency)

**X**

(Law Enforcement Office)

# ALCOHOL Blood Urine Analysis Copy Sample



STATE OF WISCONSIN  
 BLOOD / URINE ANALYSIS  
 ALCOHOL / OTHER DRUGS  
 WISCONSIN STATUTE 343.305(3)

<b>A. AGENCY INFORMATION</b>		<b>B. SUBJECT INFORMATION</b>	
Officer: <b>SYSTEM JOHII-SMITH</b>	Agency & Address: <b>ADAMS POLICE DEPARTMENT 105 MAIN STREET ADAMS WI 53910</b>	Name: <b>DUE, JOHII ALAN II</b> (Last, First, MI) Address: <b>101 MAIN STREET / PO BOX 101 TESTTOWN, AL 53588</b>	Date of Birth: <b>01/06/1911</b> Sex: <b>MALE</b>
Agency Telephone: _____			
<b>C. OFFENSE INFORMATION</b>			

Driver License No: **R454554545454545454545454** DL Issuing State: **AL** Citation No: **A100028 - 5**  
 Violation Date: **01/06/2011** Violation Time: **08:29 AM** Comments: \_\_\_\_\_  
 Traffic Statute: **346.63(1)(a)** Police Number: **SFSDP**

<b>D. SPECIMEN COLLECTION</b>			
Specimen Type: <input type="checkbox"/> Blood <input type="checkbox"/> Urine	Collection Date: _____	Collection Time: _____	A.M. P.M.
Specimen Collected by: <input type="checkbox"/> Med. Tech. <input type="checkbox"/> R.N. <input type="checkbox"/> P.A. <input type="checkbox"/> Physician <input type="checkbox"/> Person acting under the direction of a Physician <input type="checkbox"/> Officer			
Name (Print): _____		Signature: _____	

<b>E. ANALYSIS REQUESTED FOR</b>		
<input type="checkbox"/> Alcohol Only	<input type="checkbox"/> Cancel Drug Testing If BAC is over: _____	Suspected Drugs: _____
<input type="checkbox"/> Alcohol & THC Only		_____
<input type="checkbox"/> Alcohol & Cocaine Only		_____
<input type="checkbox"/> Alcohol and Drug Panel		_____

<b>F. LABORATORY INFORMATION</b>	
Specimen Received By: _____	Date: _____
Specimen Condition / Seal / Label / Comments: _____	Time: _____

<b>G. RESULT</b>		
Date of Analysis: _____	Date Reported: _____	Analyst Cert. No. _____
Results of Analysis: _____		
Analyst Signature: _____		<div style="border: 1px solid black; padding: 5px;"> <b>Analysis Number</b>    </div>
Reviewed by: _____ (Name and Title)		

# ALCOHOL Notice of Intent to Revoke Front Side Copy Sample

Law Enforcement Agency Name <b>ADAMS POLICE DEPARTMENT</b>	<b>NOTICE OF INTENT TO REVOKE OPERATING PRIVILEGE</b> Wisconsin Department of Transportation MV3396 6/2010	Date of Notice <b>01/06/2011</b>	Time of Notice <b>08:30 AM</b>
		Date of Refusal of Demand <b>01/06/2011</b>	

Name: Last, First, Middle Initial <b>DUE, JOHN ALAN II</b>		Birth Date <b>01/06/1911</b>	Gender <b>MALE</b>	<b>SFSDF</b> Police Number	
Address <b>101 MAIN STREET / PO BOX 101</b>		City, State, Zip <b>TESTTOWN, AL 53588</b>			
Driver License Number <b>R454-5545-4545-54</b>	State of License <b>AL</b>	Expires <b>2012</b>	Class Number <b>A 100028 - 5</b>		Criminal Complaint Issued <b>YES</b>
Vehicle Class <b>D - CLASS D VEHICLE</b>		Vehicle Endorsement			
Vehicle Year <b>2001</b>	Vehicle Make <b>CADI</b>	Plate Number <b>131G</b>	Vehicle Identification Number		

I, a law enforcement officer, requested you, the above-named person, to submit to one or more chemical tests under s.343.305(9) Wisconsin Statutes. Unless s.346.63(7) is displayed below, prior to the request, an officer placed you under arrest for a violation of the following Wisconsin state statute or a local ordinance conforming to that statute:

Statute Number <b>346.63(1)(a)</b>	Statute Description <b>OPERATING WHILE INTOX.</b>
---------------------------------------	--

**Commercial Motor Vehicle Violations**  **YES** This box indicates if I issued an out-of-service order to you, which specified the date and time it was issued, for the 24 hours after you refused the test.

I complied with s.343.305(4) Wis. Stats., by reading you form SP4197, the Informing the Accused form, and provided a copy of that form to you. You refused a request to submit to a test or tests under 343.305(3) Wis. Stats. Because of this refusal, your operating privilege may be revoked.

You have 10 days from the date of this notice to file a request for a hearing on the revocation with the court named below. (See page 2 of this form for details regarding hearings.) If you do not request a hearing, the court must revoke your operating privileges 30 days from the date of this notice. Address any hearing request to:

Judicial District/Circuit Court Name <b>BAYFIELD COUNTY CIRCUIT COURT</b>
Court Street Address <b>117 E 5TH STREET / PO BOX 536</b>
City, State, ZIP Code <b>WASHBURN, WI 54891</b>

<u>Distribution</u>
One Copy: Court
One Copy: WDOT DSP Chemical Test PO Box 7912 Madison, WI 53707-7912
One Copy: Person Refusing Test
One Copy: District Attorney

Enforcing Officer Name <b>SYSTEM JOHN-SMITH</b>
--

See page 2 for additional information.

# **ALCOHOL Notice of Intent to Revoke Back Side Copy Sample**

(MV3396 Page 2)

## **Additional Information About Your Chemical Test Refusal**

If it is determined that you refused a test you will be ordered to comply with assessment and a driver safety plan unless you were arrested for a violation of s.346.63(2m) or (7), Wis. Stats. See s.343.305(10)(em), Wis. Stats.

### **Commercial Motor Vehicle Absolute Sobriety Violation Provisions**

If you refused chemical tests and I have indicated on the front side of this notice that you were suspected of violating s.346.63(7), Wis. Stats., at the time you were asked to submit to a test, I was not required to place you under arrest before asking you to submit to a chemical test. See s.343.305(3)(am), Wis. Stats. In that case, the issues at a court hearing on your refusal revocation are limited to the following:

- a. Whether an officer detected any presence of alcohol, controlled substance, controlled substance analog or other drug, or a combination thereof, on you or had reason to believe that you were violating or had violated s.346.63(7), Wis. Stats.
- b. Whether an officer complied with s.343.305(4), Wis. Stats.
- c. Whether you refused to permit the test. You shall not be considered to have refused the test if it is shown by a preponderance of evidence that the refusal was due to a physical inability to submit to the test due to a physical disability or disease unrelated to the use of alcohol, controlled substances, controlled substance analogs or other drugs.

### **All Other Persons**

If you were arrested for a violation of s.346.63(1), (2m), or (5), Wis. Stats., or a local ordinance in conformity therewith, or for a violation of s.346.63(2) or (6), 940.09 or 940.25, Wis. Stats., the issues at a court hearing on your refusal revocation are limited to the following:

- a. Whether an officer had probable cause to believe you were driving or operating a motor vehicle while under the influence of alcohol, a controlled substance or a controlled substance analog or any combination of alcohol, a controlled substance and a controlled substance analog, under the influence of any other drug to a degree which renders you incapable of safely driving, or under the combined influence of alcohol and any other drug to a degree which renders you incapable of safely driving, having a restricted controlled substance in your blood, or having a prohibited alcohol concentration or, if you were driving or operating a commercial motor vehicle, an alcohol concentration of 0.04 or more and whether you were lawfully placed under arrest for violation of s.346.63(1), (2m) or (5), Wis. Stats., or a local ordinance in conformity therewith or s.346.63(2) or (6), 940.09(1) or 940.25, Wis. Stats.
- b. Whether an officer complied with s.343.305(4), Wis. Stats.
- c. Whether you refused to permit the test. You shall not be considered to have refused the test if it is shown by a preponderance of evidence that the refusal was due to a physical inability to submit to the test due to a physical disability or disease unrelated to the use of alcohol, controlled substances, controlled substance analogs or other drugs.

Beginning June 1, 2010 no person may operate a motor vehicle in this State unless the owner or driver of the vehicle has liability insurance in effect for the vehicle being operated and carry proof of insurance whenever driving. Law Enforcement may ask for proof of insurance at any traffic stop or accident. Failure to have insurance could result in up to a \$500 fine. Failure to have proof, when requested could result in a \$10 fine. You do not need proof of insurance when registering a vehicle or obtaining a driver license, unless DMV specifically requested proof of financial responsibility (SR-22) after a revocation or suspension. Refer to Wis Stat 344.61-344.65 for full detail.

This form drafted to comply with the requirements of State v. Gautschi, 2000 WI. App. 274 (Nov. 9, 2000)

# ALCOHOL Notice of Intent to Suspend Copy Sample

<b>NOTICE OF INTENT TO SUSPEND OPERATING PRIVILEGE</b>	
Wisconsin Department of Transportation MV3519 6/2010	

	<b>NOTICE DATE</b> <b>01/06/2011</b>
--	---

**IN THE MATTER OF THE SUSPENSION OF:**

Driver Name <b>DUE, JOHN ALAN II</b>	Driver License No. <b>R4545545454545454545454</b>	State of Issuance <b>AL</b>
Address <b>101 MAIN STREET / PO BOX 101</b>	Birth Date <b>01/06/1911</b>	Sex <b>M</b>
City, State Zip Code <b>TESTTOWN, AL 53588</b>		

CITATION NUMBER	STATUTE NUMBER	Date of Violation	Time of Violation	SFSDF Police Number
<b>A 100028 - 5</b>	<b>346.63(1)(a)</b>	<b>01/06/2011</b>	<b>08:29 AM</b>	
-		County Where Violation Occurred <b>BAYFIELD - 04</b>		
-		Operating Commercial Motor Vehicle at Time of Violation <b>NO</b>	Transporting Hazardous Material <b>NO</b>	
-		Title Notice (MV3519) Issued <b>IN PERSON</b>	MV3530 Issued <b>YES</b>	
-		Criminal Complaint Issued <b>YES</b>		

<b>ADAMS POLICE DEPARTMENT</b>	<b>0152</b>
(Arresting Agency)	(Agency Code)
<b>SYSTEM JOHN-SMITH</b>	<b>111</b>
(Officer)	(Badge Number)

On the above date you submitted to chemical testing administered in accordance with s.343.305 Wis. State. The test result indicated a prohibited alcohol concentration or a detectable amount of restricted controlled substance. Your operating privilege will be administratively suspended for six months. You have a right to obtain administrative and judicial review of the suspension under the provisions of s.343.305(8) Wis. Stats.

Thirty (30) days from the Notice Date listed in the box above your operating privilege is suspended and a formal Order of Suspension will be mailed to you by the Department of Transportation.

Within 10 days after this notification or within 13 days if this notice was mailed to you, you may request, in writing, that the suspension be reviewed. If such a request is made a review shall be held within 30 days of this notice. You may present evidence and you may be represented by counsel at the review.

Arresting Agency submit to: **DMV Driver Services  
Wisconsin Dept. of Transportation  
PO Box 7930  
Madison, WI 53707-7930**

	Date DOT Received

# ALCOHOL Administrative Review Request Copy Sample

## ADMINISTRATIVE REVIEW REQUEST

Wisconsin Department of Transportation  
MV3530 2/2008

### IMPORTANT NOTICE - RESPOND WITHIN TEN (10) DAYS

#### REQUESTING AN ADMINISTRATIVE REVIEW IS OPTIONAL

- This form, (MV3530) SHOULD NOT be completed if you DO NOT want a review.
- If you DO NOT request a review within ten (10) days you have waived your right to a review.
- This IS NOT a review to get an occupational license.

If you choose to request an administrative review of the loss of your operating privileges:

1. Fill in the information below and mail this form (MV3530) to the DMV address shown below.
2. Your request for a review must be postmarked within ten (10) days of the notice date on the "Notice of Intent To Suspend..."; or within 13 days if the notice was mailed to you.

#### THE ADMINISTRATIVE REVIEW IS LIMITED TO THE FOLLOWING ISSUES

1. The correct identity of the person.
2. Whether the person was informed of the options regarding tests under s.343.305 Wis. Stats.
3. Whether the person had a prohibited alcohol concentration or a detectable amount of a restricted controlled substance in his or her blood at the time of the offense.
4. Whether one or more of the tests were administered in accordance with s.343.305 Wis. Stats.
5. Whether each of the test results indicates the person had a prohibited alcohol concentration or a detectable amount of a restricted controlled substance in his or her blood.
6. Whether probable cause existed for the arrest.
7. Whether the person was driving or operating a commercial motor vehicle when the offense allegedly occurred.
8. Whether the person had a valid prescription for methamphetamine.

#### GENERAL REVIEW INFORMATION

1. If you request a review, you will be notified of the time and location of the review.
2. The review will be held within 30 days of the notice date on the "Notice of Intent To Suspend..." form MV3519.
3. Types of Reviews:

**Telephone Review** — You will be instructed to call a DMV office in Madison or another location at a specific time and date. The hearing examiner will take testimony and discuss exhibits with witnesses, including you or your attorney, by telephone.

**Written Review** — You or your attorney may submit written arguments with this request. Written arguments must address one or more of the above issues only. The hearing examiner deciding the matter may be in Madison or at any DMV location. Written reviews are restricted to a review of the paperwork submitted by the police agency in connection with the arrest and written arguments about that evidence submitted by you or your attorney.

**In-Person Review** — You or your attorney will be instructed to appear in person at a DMV location. You may subpoena witnesses and examine witnesses in-person before a hearing examiner.

#### REVIEW REQUEST

I request a (check one) <input type="checkbox"/> TELEPHONE <input type="checkbox"/> WRITTEN <input type="checkbox"/> IN-PERSON administrative review of the suspension of my operating privileges resulting from an arrest for operation of a motor vehicle with a prohibited alcohol concentration or a detectable amount of a restricted controlled substance. If I have requested a telephone or written review, I hereby waive my right to subpoena or confront witnesses at the hearing and consent to the hearing being conducted at a location other than the nearest DMV office to the county where the violation occurred.	Name - Last, First, Middle Initial		
	Birth Date	Sex	Daytime Area Code - Telephone Number
	Driver License Number		State of Issuance
	Citation Number A1000000 - 5	Arresting Agency Name TEST POLICE DEPARTMENT	
	Date of Violation 11/5/2009	County of Violation BAYFIELD - 04	Notice Date 11/5/2009
	See page 2 of form for all attorney and address information.		
Mail to: DMV Driver Services, Wisconsin Dept. of Transportation, PO Box 7930, Madison, WI 53707-7930			

# Influence Report Sample

## ALCOHOL/DRUG INFLUENCE REPORT

Agency Case # 123456789 ABCDE Document # 012001N5

eSP4005 1/2010 Wisconsin Department of Transportation

Name <b>ZZZDOTIES, ROBERT J</b> 200 MAPLE ST MADISON, WI 537059876	Citation # <b>K1234567</b>	Arrest Time <b>01:08 PM</b>	Arrest Date <b>11/4/2009</b>	Incident Time <b>01:09 PM</b>	Incident Date <b>11/4/2009</b>
Department <b>TEST DEPARTMENT</b>					

Condition Of Other Occupants

**JOHN SMITH**

Describe Clothing: Type, Color, Condition

**GOOD**

Breath, Odor of Alcohol Beverage

**MODERATE**

Attitude

**UNCOOPERATIVE**

Speech

**LOUD**

Signs or Complaints of Illness or Injury

**NONE**

What first led you to suspect alcohol or drug influence?

**SMELL**

Opinions: Is the subject under the influence of intoxicants?

**YES**

Is the subject abilities to operate a motor vehicle impaired?

**YES**

Witness(es)

**JAMES JOHNSON**

Pre-Interrogation Warning: Before we ask you any questions, you must understand your right. You have the right to remain silent. Anything you say can and will be used against you in court. You have the right to talk to a lawyer before questioning and to have the lawyer with you during questioning. If you cannot afford a lawyer and want one, a lawyer will be appointed for you without charge prior to any questioning. If you decide to start answering questions at this time, you can stop anytime during the questioning.

Waiver of Rights: I have read, or have had read to me this statement of my rights. I understand what my rights are. I am willing to answer questions at this time. I do not want a lawyer at this time. I understand and know what I am doing.

Date **11/4/2009**

Time **01:10 PM**

Signature

Notes **NONE**

Witness **JOHN SMITH**

1. Were you operating a motor vehicle?

**YES**

2. What street or highway were you on?

**MAIN**

3. Where were you going?

**HOME**

4. Where you coming from?

**WORK**

5. What is Todays date?

**DON'T KNOW**

6. Time?

**AFTER 6 PM**

7. When did you sleep last?

**YESTERDAY**

8. How much sleep did you have?

**A COUPLE OF HOURS**

9. Is that your normal amount?

**YES**

10. Are you under a doctors Care?

**NO**

11. For What?

12. Have you taken any prescriptions medication/drugs in the last 24 hours?

**YES**

13. For what?

**BACK PAIN**

14. Time of last use?

**NOON**

15. Have you been to a dentist in the past 24 hours?

**YES**

16. What time? **4:30 YESTERDAY**

17. What kind of dental care receive?

**CLEANING**

18. Do you have epilepsy?

**NO**

19. Diabetes?

**NO**

20. Are you taking insulin?

**NO**

21. Last dose?

**NONE**

22. Were you injured recently?

**NO**

23. Describe?

24. Do you have any physical defects?

**SEE COMMENTS**

25. Describe?

26. Have you been drinking?

**YES**

27. How much?

**A COUPLE OF DRINKS**

28. Time Starte

**DON'T KNOW**

29. Time Stopped?

**LAST HOUR**

# ***Influence Interrogation Report Sample***

## ALCOHOL / DRUG INFLUENCE REPORT

Pre-Interrogation Warning: Before we ask you any questions, you must understand your right. You have the right to remain silent. Anything you say can and will be used against you in court. You have the right to talk to a lawyer before questioning and to have the lawyer with you during questioning. If you cannot afford a lawyer and want one, a lawyer will be appointed for you without charge prior to any questioning. If you decide to start answering questions at this time, you can stop anytime during the questioning.

Waiver of Rights: I have read, or have had read to me this statement of my rights. I understand what my rights are. I am willing to answer questions at this time. I do not want a lawyer at this time. I understand and know what I am doing.

Date \_\_\_\_\_ Time \_\_\_\_\_ Signature \_\_\_\_\_

Notes \_\_\_\_\_ Witness \_\_\_\_\_

# CRASH Sample

Wisconsin Motor Vehicle **9M5LX61**  
 Accident Report MV4000e 01/2005  
 PK2009

Page 1 of 4

POLICE # 1234567890-ABCDEFGHI  
 ACCIDENT # 455FDD444

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number 9M5LX61		Document Override Number	
Agency Accident Number 455FDD444				Police Number 1234567890-ABCDEFGHI					
4 - Accident Date 11/04/2009		5 - Time of Accident (Military Time) 0900		6 - Total Units 02		7 - Total Injured 00		8 - Total Killed 00	
2 - County BAYFIELD - 04		3 - Municipality BAYFIELD - 53, CITY				11 - Accident Location INTERSECTION			
14 - On Hwy No.		14 - On Street Name MAIN		14 - Bus/Fmt/Rmp		15 - Est. Dist Ft/Mi		15 - Hwy. Dir	
16 - Fr/At Hwy No.		16 - From/At Street Name HIGH		16 - Business/Frontage/Ramp					
17 - Structure Type HOUSE #		17 - Structure Number 11		12 - Latitude			13 - Longitude -		
80 - First Harmful Event MOTOR VEHICLE IN TRANSPORT				93 - Manner of Collision REAR TO REAR					
112 - Access Control NO CONTROL		113 - Road Curvature STRAIGHT		113 - Road Terrain LEVEL/FLAT		Surface Type			
115 - Traffic Way DIVIDED-HIGHWAY-MEDIAN-STRIP-WITH-TRAFFIC-BARRIER									
117 - Relation To Roadway ON-ROADWAY									
114 - Light Condition DARK-LIGHTED			116 - Road Surface Condition DRY			118 - Weather CLOUDY			
9 <input type="checkbox"/> Hit and Run		9 <input type="checkbox"/> Government Property		9 <input type="checkbox"/> Fire		9 <input type="checkbox"/> Photos Taken		9 <input type="checkbox"/> Trailer or Towed	
9 <input type="checkbox"/> Truck, Bus, or Hazardous Materials			9 <input type="checkbox"/> Load Spillage		9 <input type="checkbox"/> Construction Zone			9 <input type="checkbox"/> Names Exchanged	
101 <input type="checkbox"/> Supplemental Reports		102 <input type="checkbox"/> Witness Statements		103 <input type="checkbox"/> Measurements Taken			79 - E M S Number		

## Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel SOUTH		24 - Speed Limit 20	
36 - Operating as Classified D CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle			
29 - Driver's License Number Z3327604708201		30 - State WI	31 - Expiration Year 2010		34 - On Duty Accident		
25 - Operator/Pedestrian Last Name ZZZDOTIES			25 - First Name ROBERT		25 - Middle Initial J	25 - Suffix	
32 - Date Of Birth 03/02/1947		33 - Sex MALE					
26 - Address- Street & Number 200 MAPLE ST					26 - PO Box		
27 - City MADISON		27 - State WI	27 - Zip Code 537059876		28 - Telephone Number (111) 111-1111 EXT. 11111		
39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)				40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED			
38 - Injury Severity N - NO APPARENT INJURY		41 - Airbag NON-DEPLOYED		42 - Ejected NOT-EJECTED		44 <input type="checkbox"/> Medical Transport	
43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action			
119 - What Driver Was Doing GOING-STRAIGHT			120 - Traffic Control NO-CONTROL			62 - No. of Citations Issued 2	
64 - 1st Statute No. 346.04(3)	64 - 2nd Statute No. 287.81(2)(B)	64 - 3rd Statute No.		64 - 4th Statute No.		64 - 5th Statute No.	
122 - Driver Factors EXCEEDING-SPEED-LIMIT							
88 - Driver or Pedestrian Cond APPEARED NORMAL		89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT					
90 - Alcohol Test TEST NOT GIVEN		90 - Alcohol Content			91 - Drug Test TEST-NOT-GIVEN		

91 - Drugs Reported
124 - Highway Factors NOT-APPLICABLE

**Vehicle**

<b>VEHICLE 01</b>	21 - Unit Type <b>AUTOMOBILE</b>		Vehicle Type <b>PASSENGER-CAR</b>			22 - Total Occupants <b>1</b>
	56 - License Plate Number <b>CBA321</b>		57 - Plate Type <b>AUT</b>	58 - State <b>WI</b>	59 - Exp Year <b>2008</b>	55 - Vehicle Identification Number <b>M4597CXZN34541PLE</b>
	50 - Year <b>2004</b>	51 - Make <b>TOYT</b>	52 - Model <b>PRIUS</b>	53 - Body Style <b>2D</b>	54 - Color <b>GRN</b>	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage <b>FRONT DRIVER SIDE</b>					
	95 - Extent Of Damage <b>VERY-MINOR</b>		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By <b>OWNER</b>	
123 - Vehicle Factors <b>TIRES</b>						

**Vehicle Owner**

<b>VEH OWNER 01</b>	45 <input type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name <b>BLOW</b>		46 - First Name <b>JOE</b>	46 - Middle Initial	46 - Suffix	Date Of Birth
	46 - Company Name					
	47 - Address Street & Number <b>300 MAIN ST</b>			47 - PO Box <b>1234</b>		
	48 - City <b>MADISON</b>	48 - State <b>WI</b>	48 - Zip Code <b>53705</b>	49 - Telephone Number <b>(454) 545-4545 EXT.</b>		

**Insurance**

<b>INS 01</b>	63 - Liability Insurance Company <b>ACADIA-INSURANCE-COMPANY</b>		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name <b>BLOW</b>		61 - Policy Holder First Name <b>JOE</b>
	61 - Policy Holder Company		

**School Bus**

<b>BUS 01</b>	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

**Operator/Pedestrian**

Unit Status		81 - Most Harmful Event: Collision With <b>MOTOR VEHICLE IN TRANSPORT</b>		23 - Dir Of Travel <b>WEST</b>	24 - Speed Limit <b>25</b>
36 - Operating as Classified <b>D CLASS</b>		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
29 - Driver's License Number <b>Z3325125896406</b>		30 - State <b>WI</b>	31 - Expiration Year <b>2011</b>	34 - On Duty Accident	
25 - Operator/Pedestrian Last Name <b>ZZDOTKLR</b>		25 - First Name <b>KENDRA</b>		25 - Middle Initial <b>A</b>	25 - Suffix
32 - Date Of Birth <b>12/24/1958</b>		33 - Sex <b>FEMALE</b>			

**Wisconsin Motor Vehicle Accident Report** 9M5LX61  
 MV4000e 01/2005

PK2009

<b>OPERATOR/PEDESTRIAN 02</b>	26 - Address Street & Number <b>300 JENIFER ST</b>				26 - PO Box	
	27 - City <b>MADISON</b>		27 - State <b>WI</b>	27 - Zip Code <b>537054567</b>	28 - Telephone Number <b>(878) 787-8787 EXT.</b>	
	39 - Seat Position <b>FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)</b>			40 - Safety Equipment <b>SHOULDER-BELT-AND-LAP-BELT-USED</b>		
	38 - Injury Severity <b>N - NO APPARENT INJURY</b>		41 - Airbag <b>NON-DEPLOYED</b>	42 - Ejected <b>NOT-EJECTED</b>	44 <input type="checkbox"/> Medical Transport	
	43 - Trapped/Extricated <b>NOT-TRAPPED</b>		92 - Pedestrian Location	92 - Pedestrian Action		
	119 - What Driver Was Doing <b>GOING-STRAIGHT</b>		120 - Traffic Control <b>NO-CONTROL</b>		62 - No. of Citations Issued <b>0</b>	
	64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.	
	122 - Driver Factors <b>EXCEEDING-SPEED-LIMIT</b>					
	88 - Driver or Pedestrian Cond <b>APPEARED NORMAL</b>		89 - Substance Presence <b>NEITHER-ALCOHOL-NOR-DRUGS-PRESENT</b>			
	90 - Alcohol Test <b>TEST NOT GIVEN</b>		90 - Alcohol Content		91 - Drug Test <b>TEST-NOT-GIVEN</b>	
	91 - Drugs Reported					
	124 - Highway Factors <b>NOT-APPLICABLE</b>					

**Vehicle**

<b>VEHICLE 02</b>	21 - Unit Type <b>AUTOMOBILE</b>			Vehicle Type <b>PASSENGER-CAR</b>		22 - Total Occupants <b>1</b>
	56 - License Plate Number <b>456DEF</b>		57 - Plate Type <b>LTK</b>	58 - State <b>WI</b>	59 - Exp Year <b>2020</b>	55 - Vehicle Identification Number <b>B3892346CRTUZ548K</b>
	50 - Year <b>2003</b>	51 - Make <b>TOYT</b>	52 - Model	53 - Body Style <b>2D</b>	54 - Color <b>RED</b>	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage <b>REAR PASSENGER SIDE</b>					
	95 - Extent Of Damage <b>VERY-MINOR</b>		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By <b>OWNER</b>	
	123 - Vehicle Factors <b>NOT-APPLICABLE</b>					

**Vehicle Owner**

<b>VEH OWNER 02</b>	45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name <b>ZZZDOTKLR</b>		46 - First Name <b>KENDRA</b>		46 - Middle Initial <b>A</b>	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number <b>300 JENIFER ST</b>				47 - PO Box	
	48 - City <b>MADISON</b>		48 - State <b>WI</b>	48 - Zip Code <b>537054567</b>	49 - Telephone Number <b>(878) 787-8787 EXT.</b>	

**Insurance**

<b>INS 02</b>	63 - Liability Insurance Company <b>1ST-AUTO-&amp;-CASUALTY-INS-CO</b>		60 <input checked="" type="checkbox"/> <b>Policy Holder Same As Owner</b>
	61 - Policy Holder Last Name <b>ZZZDOTKLR</b>		61 - Policy Holder First Name <b>KENDRA</b>
	61 - Policy Holder Company		

**School Bus**

<b>BUS 02</b>	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

**Diagram and Narrative**

<b>DIAGRAM AND NARRATIVE</b>	105 - PHOTOS BY
DIDN'T SEE THE 2ND VEHICLE	

**Officer Information**

<b>OFFICER INFORMATION</b>	125 - Officer Last Name <b>JOHN</b>		125 - First Name <b>SMITH</b>		125 - Middle Initial		131 - Officer ID <b>1111</b>	
	129 - Law Enforcement Agency No. <b>101</b>		130 - Law Enforcement Agency Name <b>TEST POLICE DEPARTMENT</b>					
	126 - Law Enforcement Agency Address Street & Number <b>PO BOX 7919</b>							
	127 - City <b>MADISON</b>		127 - State <b>WI</b>		127 - Zip Code <b>53707</b>		128 - Telephone Number <b>(608) 267-1847 EXT.</b>	
	132 - Date Notified <b>11/04/2009</b>		133 - Time Notified (Military Time) <b>1111</b>		134 - Time Arrived (Military Time) <b>1133</b>		135 - Date Of Report <b>11/04/2009</b>	
	Agency Accident Number <b>455FDD444</b>		Police Number <b>1234567890-ABCDEFGHI</b>			19 - Special Study		
	18 - Agency Space <b>3RD SHIFT</b>							

# Crash Report Office Version Sample

Wisconsin Motor Vehicle Accident Report  
 MV4000e 01/2005  
 PK2007

9M5LX61

Page 1 of 4

POLICE # 1234567890-ABCDEFGHI  
 ACCIDENT # 455FDD444

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number 9M5LX61		Document Override Number	
Agency Accident Number 455FDD444				Police Number 1234567890-ABCDEFGHI					
4 - Accident Date 11/04/2009		5 - Time of Accident (Military Time) 0900		6 - Total Units 02		7 - Total Injured 00		8 - Total Killed 00	
2 - County 04		3 - Municipality 0453				11 - Accident Location 1			
14 - On Hwy No.		17 - Street Name MAIN			14 - Bus/Fmt/Rmp		15 - Est. Dist Ft/Mi	15 - Hwy. Dir	
16 - Fr/At Hwy No.		16 - From/At Street Name HIGH			16 - Business/Frontage/Ramp				
17 - Structure Type H		17 - Structure Number 11		12 - Latitude			13 - Longitude -		
80 - First Harmful Event 01				93 - Manner of Collision 04					
112 - Access Control 01		113 - Road Curvature 01		113 - Road Terrain 03		Surface Type			
115 - Traffic Way 03									
117 - Relation To Roadway 01									
114 - Light Condition 03			116 - Road Surface Condition 01			118 - Weather 02			
9 <input type="checkbox"/> Hit and Run		9 <input type="checkbox"/> Government Property		9 <input type="checkbox"/> Fire		9 <input type="checkbox"/> Photos Taken		9 <input type="checkbox"/> Trailer or Towed	
9 <input type="checkbox"/> Truck, Bus, or Hazardous Materials			9 <input type="checkbox"/> Load Spillage		9 <input type="checkbox"/> Construction Zone		9 <input type="checkbox"/> Names Exchanged		
101 <input type="checkbox"/> Supplemental Reports		102 <input type="checkbox"/> Witness Statements			103 <input type="checkbox"/> Measurements Taken		79 - E M S Number		

## Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With 01		23 - Dir Of Travel S		24 - Speed Limit 20		
36 - Operating as Classified D		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle				
29 - Driver's License Number Z3327604708201			30 - State WI	31 - Expiration Year 2010		34 - On Duty Accident		
25 - Operator/Pedestrian Last Name ZZZDOTIES			25 - First Name ROBERT		25 - Middle Initial J	25 - Suffix		
32 - Date Of Birth 03/02/1947		33 - Sex M						
26 - Address Street & Number 200 MAPLE ST					26 - PO Box			
27 - City MADISON			27 - State WI	27 - Zip Code 537059876		28 - Telephone Number (111) 111-1111 EXT. 11111		
39 - Seat Position 01				40 - Safety Equipment 01				
38 - Injury Severity N		41 - Airbag 02		42 - Ejected 02		44 <input type="checkbox"/> Medical Transport		
43 - Trapped/Extricated 02		92 - Pedestrian Location		92 - Pedestrian Action				
119 - What Driver Was Doing 01			120 - Traffic Control 01			62 - No. of Citations Issued 2		
64 - 1st Statute No. 346.04(3)		64 - 2nd Statute No. 287.81(2)(B)		64 - 3rd Statute No.		64 - 4th Statute No.		64 - 5th Statute No.
122 - Driver Factors 01								
88 - Driver or Pedestrian Cond 01			89 - Substance Presence 05					
90 - Alcohol Test 10			90 - Alcohol Content			91 - Drug Test 14		

91 - Drugs Reported
124 - Highway Factors 77

**Vehicle**

<b>VEHICLE 01</b>	21 - Unit Type 1	Vehicle Type 01			22 - Total Occupants 1
	56 - License Plate Number CBA321	57 - Plate Type AUT	58 - State WI	59 - Exp Year 2008	55 - Vehicle Identification Number M4597CXZN34541PLE
	50 - Year 2004	51 - Make TOYT	52 - Model PRIUS	53 - Body Style 2D	54 - Color GRN
	94 - Vehicle Damage 08				
	95 - Extent Of Damage 1	96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By OWNER	
	123 - Vehicle Factors 02				

**Vehicle Owner**

<b>VEH OWNER 01</b>	45 <input type="checkbox"/> Vehicle Owner Same As Operator				
	46 - Vehicle Owner Last Name BLOW	46 - First Name JOE	46 - Middle Initial	46 - Suffix	Date Of Birth
	46 - Company Name				
	47 - Address Street & Number 300 MAIN ST		47 - PO Box 1234		
	48 - City MADISON	48 - State WI	48 - Zip Code 53705	49 - Telephone Number (454) 545-4545 EXT.	

**Insurance**

<b>INS 01</b>	63 - Liability Insurance Company ACADIA INSURANCE COMPANY	60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name BLOW	61 - Policy Holder First Name JOE
	61 - Policy Holder Company	

**School Bus**

<b>BUS 01</b>	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

**Operator/Pedestrian**

Unit Status	81 - Most Harmful Event: Collision With 01	23 - Dir Of Travel W	24 - Speed Limit 25
36 - Operating as Classified D	37 - Endorsements	35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
29 - Driver's License Number Z3325125896406	30 - State WI	31 - Expiration Year 2011	34 - On Duty Accident
25 - Operator/Pedestrian Last Name ZZDOTKLR	25 - First Name KENDRA	25 - Middle Initial A	25 - Suffix
32 - Date Of Birth 12/24/1958	33 - Sex F		

**Wisconsin Motor Vehicle Accident Report** **9M5LX61**  
 MV4000e 01/2005

PK2007

<b>OPERATOR/PEDESTRIAN 02</b>	26 - Address Street & Number <b>300 JENIFER ST</b>				26 - PO Box	
	27 - City <b>MADISON</b>		27 - State <b>WI</b>	27 - Zip Code <b>537054567</b>	28 - Telephone Number <b>(878) 787-8787 EXT.</b>	
	39 - Seat Position <b>01</b>			40 - Safety Equipment <b>01</b>		
	38 - Injury Severity <b>N</b>		41 - Airbag <b>02</b>	42 - Ejected <b>02</b>		44 - <input type="checkbox"/> Medical Transport
	43 - Trapped/Extricated <b>02</b>		92 - Pedestrian Location		92 - Pedestrian Action	
	119 - What Driver Was Doing <b>01</b>		120 - Traffic Control <b>01</b>		62 - No. of Citations Issued <b>0</b>	
	64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.	
	122 - Driver Factors <b>01</b>					
	88 - Driver or Pedestrian Cond <b>01</b>		89 - Substance Presence <b>05</b>			
	90 - Alcohol Test <b>10</b>		90 - Alcohol Content		91 - Drug Test <b>14</b>	
91 - Drugs Reported						
124 - Highway Factors <b>77</b>						

**Vehicle**

<b>VEHICLE 02</b>	21 - Unit Type <b>1</b>		Vehicle Type <b>01</b>			22 - Total Occupants <b>1</b>
	56 - License Plate Number <b>456DEF</b>		57 - Plate Type <b>LTK</b>	58 - State <b>WI</b>	59 - Exp Year <b>2020</b>	55 - Vehicle Identification Number <b>B3892346CRTUZ548K</b>
	50 - Year <b>2003</b>	51 - Make <b>TOYT</b>	52 - Model	53 - Body Style <b>2D</b>	54 - Color <b>RED</b>	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage <b>04</b>					
	95 - Extent Of Damage <b>1</b>		96 - <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By <b>OWNER</b>	
	123 - Vehicle Factors <b>77</b>					

**Vehicle Owner**

<b>VEH OWNER 02</b>	45 - <input checked="" type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name <b>ZZZDOTKLR</b>		46 - First Name <b>KENDRA</b>		46 - Middle Initial <b>A</b>	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number <b>300 JENIFER ST</b>				47 - PO Box	
	48 - City <b>MADISON</b>		48 - State <b>WI</b>	48 - Zip Code <b>537054567</b>		49 - Telephone Number <b>(878) 787-8787 EXT.</b>

**Insurance**

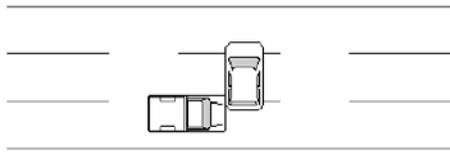
PK2007

<b>INS 02</b>	63 - Liability Insurance Company <b>1ST AUTO &amp; CASUALTY INS CO</b>		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name <b>ZZZDOTKLR</b>		61 - Policy Holder First Name <b>KENDRA</b>
	61 - Policy Holder Company		

**School Bus**

<b>BUS 02</b>	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

**Diagram and Narrative**

<b>DIAGRAM AND NARRATIVE</b>	105 - PHOTOS BY
	
DIDN'T SEE THE 2ND VEHICLE	

**Officer Information**

<b>OFFICER INFORMATION</b>	125 - Officer Last Name <b>JOHN</b>		125 - First Name <b>SMITH</b>		125 - Middle Initial		131 - Officer ID <b>1111</b>	
	129 - Law Enforcement Agency No. <b>101</b>		130 - Law Enforcement Agency Name <b>TEST POLICE DEPARTMENT</b>					
	126 - Law Enforcement Agency Address Street & Number <b>PO BOX 7919</b>							
	127 - City <b>MADISON</b>		127 - State <b>WI</b>		127 - Zip Code <b>53707</b>		128 - Telephone Number <b>(608) 267-1847 EXT.</b>	
	132 - Date Notified <b>11/04/2009</b>		133 - Time Notified (Military Time) <b>1111</b>		134 - Time Arrived (Military Time) <b>1133</b>		135 - Date Of Report <b>11/04/2009</b>	
	Agency Accident Number <b>455FDD444</b>		Police Number <b>1234567890-ABCDEFGHI</b>			19 - Special Study		
	18 - AGENCY SPACE <b>3RD SHIFT</b>							

# DRIVER EXCHANGE of Information Sample

## Wisconsin Motor Vehicle Driver Exchange Of Crash Information

Page 1 of 1

BDS331 01/2005

	<input checked="" type="checkbox"/> Reportable Accident	Agency Accident Number 455FDD444	Police Number 1234567890-ABCDEFGH	DOT Document Number 9M5LX61
OFFICER INFO	125 - Officer Last Name JOHN	125 - First Name SMITH	125 - Middle Initial	131 - Officer ID 1111
	129 - Law Enforcement Agency No. 101	130 - Law Enforcement Agency Name TEST POLICE DEPARTMENT		
	126 - Law Enforcement Agency Address Street & Number PO BOX 7919			
	127 - City MADISON	127 - State WI	127 - Zip Code 53707	128 - Telephone Number (608) 267-1847 EXT.
GENERAL INFO	4 - Accident Date WEDNESDAY, 11/04/2009	6 - Total Units 02		
	2 - County BAYFIELD - 04	3 - Municipality BAYFIELD - 53, CITY		
	14 - On Hwy No.	14 - On Street Name MAIN	15 - Est. Dist.	Ft/Mi
	15 - Hwy. Dir			
	16 - Fr/At Hwy No.	16 - From/At Street Name HIGH		
	17 - Structure Type House #	17 - Structure Number 11		
UNIT 01	29 - Driver's License Number Z3327604708201	30 - State WI	31 - Expiration Year 2010	
	25 - Operator/Pedestrian Last Name ZZZDOTIES	25 - First Name ROBERT	25 - MI J	25 - Suffix
	32 - Date Of Birth 03/02/1947	33 - Sex M		
	26 - Address Street & Number 200 MAPLE ST	26 - PO Box		
	27 - City MADISON	27 - State WI	27 - Zip Code 537059876	28 - Telephone Number (111) 111-1111 Ext. 11111
	56 - License Plate Number CBA321	57 - Plate Type AUT	55 - Vehicle Identification Number M4597CXZN34541PLE	
	50 - Year 2004	51 - Make TOYT	52 - Model PRIUS	
	63 - Liability Insurance Company ACADIA-INSURANCE-COMPANY			
UNIT 02	29 - Driver's License Number Z3325125896406	30 - State WI	31 - Expiration Year 2011	
	25 - Operator/Pedestrian Last Name ZZZDOTKLR	25 - First Name KENDRA	25 - MI A	25 - Suffix
	32 - Date Of Birth 12/24/1958	33 - Sex F		
	26 - Address Street & Number 300 JENIFER ST	26 - PO Box		
	27 - City MADISON	27 - State WI	27 - Zip Code 537054567	28 - Telephone Number (878) 787-8787 Ext.
	56 - License Plate Number 456DEF	57 - Plate Type LTK	55 - Vehicle Identification Number B3892346CRTUZ548K	
50 - Year 2003	51 - Make TOYT	52 - Model		
63 - Liability Insurance Company 1ST-AUTO-&-CASUALTY-INS-CO				

# DEER CRASH Sample

## Wisconsin Motor Vehicle Abbreviated Car/Deer Accident Report

9M5LX62

Page 1 of 1

MV4000deer 01/2004

PK2009

<b>GENERAL INFORMATION</b>	<input checked="" type="checkbox"/> Reportable Accident		DOT Document Number 9M5LX62				
	4 - Accident Date 11/04/2009		5 - Time of Accident (Military Time) 0900		6 - Total Units 01		
	2 - County BAYFIELD - 04		3 - Municipality BAYFIELD - 53, CITY		11 - Accident Location INTERSECTION		
	14 - On Hwy No.	14 - On Street Name MAIN		14 - Bus/Frnt/Rmp	15 - Est. Dist	Ft/Mi	15 - Hwy. Dir
	16 - Fr/At Hwy No.	16 - From/At Street Name HIGH		16 - Business/Frontage/Ramp			
	17 - Structure Type	17 - Structure Number	12 - Latitude		13 - Longitude		
	<input checked="" type="radio"/> Deer <input type="radio"/> Non-domesticated Animal		Animal Hit		80 - FIRST HARMFUL EVE DEER		

### Operator

<b>OPERATOR</b>	Unit Status		81 - Most Harmful Event: Collision With DEER		23 - Dir Of Travel NORTH	24 - Speed Limit 25	
	36 - Operating As Classified D CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle		
	29 - Driver's License Number Z3320005205208		30 - State WI	31 - Expiration Year 2008	34 - On Duty Accident		
	25 - Operator Last Name ZZZDOTIES		25 - First Name ANTHONY		25 - Middle Initial L	25 - Suffix JR	
	32 - Date Of Birth 02/12/1952	33 - Sex M					
	26 - Address Street & Number 100 MAIN ST			26 - PO Box 123			
	27 - City MADISON		27 - State WI	27 - Zip Code 537051234	28 - Telephone Number (878) 877-8787 EXT. 87777		
	21 - Unit Type AUTOMOBILE		22 - Total Occupants 1				

### Vehicle

<b>VEHICLE</b>	56 - License Plate Number	57 - Plate Type	58 - State	59 - Exp Year	55 - Vehicle Identification Number	
	50 - Year	51 - Make	52 - Model	53 - Body Style	54 - Color	
	94 - Vehicle Damage					
	95 - Extent Of Damage					

### Officer Information

<b>OFFICER INFORMATION</b>	125 - Officer Last Name JOHN		125 - First Name SMITH		125 - Middle Initial	131 - Officer ID 1111
	129 - Law Enforcement Agency No. 101		130 - Law Enforcement Agency Name TEST POLICE DEPARTMENT			
	126 - Law Enforcement Agency Address Street & Number PO BOX 7919					
	127 - City MADISON		127 - State WI	127 - Zip Code 53707	128 - Telephone Number (608) 267-1847 EXT.	
	132 - Date Notified 11/04/2009	133 - Time Notified (Military Time)	134 - Time Arrived (Military Time)		135 - Date Of Report 11/04/2009	
	Agency Accident Number DSFDS334343		Police Number 1234567890-ABCDEFGHI		19 - Special Study	
	18 - AGENCY SPACE					

# DEER CRASH Office Version Sample

Wisconsin Motor Vehicle  
Abbreviated Car/Deer Accident Report  
MV4000deer 01/2004

9M5LX62  
PK2007

Page 1 of 1

<b>GENERAL INFORMATION</b>	<input checked="" type="checkbox"/> Reportable Accident		DOT Document Number 9M5LX62				
	4 - Accident Date 11/04/2009		5 - Time of Accident (Military Time) 0900		6 - Total Units 01		
	2 - County 04		3 - Municipality 0453			11 - Accident Location 1	
	14 - On Hwy No.	14 - On Street Name MAIN		14 - Bus/Frnt/Rmp	15 - Est. Dist	Ft/Mi	15 - Hwy. Dir
	16 - Fr/At Hwy No.	16 - From/At Street Name HIGH			16 - Business/Frontage/Ramp		
	17 - Structure Type	17 - Structure Number	12 - Latitude		13 - Longitude		
	<input checked="" type="radio"/> Deer <input type="radio"/> Non-domesticated Animal		Animal Hit		80 - FIRST HARMFUL EVE 03		

## Operator

<b>OPERATOR</b>	Unit Status		81 - Most Harmful Event: Collision With 03		23 - Dir Of Travel N	24 - Speed Limit 25
	36 - Operating As Classified D		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
	29 - Driver's License Number Z3320005205208		30 - State WI	31 - Expiration Year 2008	34 - On Duty Accident	
	25 - Operator Last Name ZZZDOTIES		25 - First Name ANTHONY		25 - Middle Initial L	25 - Suffix JR
	32 - Date Of Birth 02/12/1952	33 - Sex M				
	26 - Address Street & Number 100 MAIN ST			26 - PO Box 123		
	27 - City MADISON		27 - State WI	27 - Zip Code 537051234	28 - Telephone Number (878) 877-8787 EXT. 87777	
	21 - Unit Type 1		22 - Total Occupants 1			

## Vehicle

<b>VEHICLE</b>	56 - License Plate Number	57 - Plate Type	58 - State	59 - Exp Year	55 - Vehicle Identification Number	
	50 - Year	51 - Make	52 - Model	53 - Body Style	54 - Color	
	94 - Vehicle Damage					
	95 - Extent Of Damage					

# DRIVER CONDITION / BEHAVIOR Sample

## Wisconsin Motor Vehicle DRIVER CONDITION OR BEHAVIOR REPORT

012001D1

Page 1 of 1

MV3141 05/2005

090106

MV3141

Last Name <b>ZZZDOTKLR</b>		First Name <b>KENDRA</b>		Middle Name <b>A</b>	Suffix Name
Street Address <b>300 JENIFER ST</b>				P.O. Box	
City <b>MADISON</b>		State <b>WI</b>	Zip Code <b>53705-4567</b>		
Driver License Number <b>Z3325125896406</b>	State of Issuance <b>WI</b>	Gender <b>F</b>	Date of Birth <b>12/24/1958</b>	Phone Number <b>(454) 545-4545 EXT.</b>	
Driver Condition <b>OBSTRUCTING TRAFFIC</b>					
STOPPED CAR IN MIDDLE OF LANE					
Type of Enforcement Action Taken		Incident Date <b>11/04/2009</b>		Incident Time <b>02:28 PM</b>	
Agency Space <b>A1040</b>	ELCI Document <b>A100000</b>	Crash Document <b>9M5LX62</b>	Warning Document		
Last Name <b>JOHN</b>	First Name <b>SMITH</b>	Middle Name	Officer ID <b>1111</b>		
Law Enforcement Agency Number <b>101</b>	Law Enforcement Agency Jurisdiction <b>MADISON</b>		Law Enforcement Agency type <b>CITY-POLICE</b>		
Law Enforcement Agency Name <b>TEST POLICE DEPARTMENT</b>					
Law Enforcement Agency Street Address <b>PO BOX 7919</b>					
Law Enforcement Agency City <b>MADISON</b>	LEA State <b>WI</b>	LEA Zip Code <b>53707</b>	LEA Phone Number <b>(608) 267-1847 EXT.</b>		

# FATAL SUPPLEMENT Sample

**Wisconsin Motor Vehicle  
Fatal Accident Supplement Form MV3480**

Fatality Document Number  
**012001F1**

Page 1 of 1

2 Accident Date 11/5/2009	Accident Time 0900	Total Units 1	Total Killed 1	1 Document Number (From MV4000) A12345455454454
Ambulance Notification 1 - AMBULANCE NOTIFIED, TIME KNOWN				4 Time Notified 0910
Ambulance Arrival at Scene 2 - AMBULANCE ARRIVED, TIME UNKNOWN				5 Time Arrived at Scene
Ambulance Arrival at Hospital 1 - AMBULANCE ARRIVED AT HOSPITAL, TIME KNOWN				6 Time Arrived at Hospital 0930

### ACCIDENT INFORMATION

3 No. of Travel Lanes 1	7 Roadway Surface Type BRICK OR BLOCK - 3	8 Roadway Profile LEVEL - 1
9 Special Jurisdiction	10 Relation To Roadway ON-ROADWAY	11 Trafficway Flow NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)

### UNIT INFORMATION

12 Special Use	13 Emergency Use <input type="checkbox"/> Y/N	14 Fire <input type="checkbox"/> Y/N	15 Est. Travel Speed 31
16 Driver Last Name ZZDOTIES	Driver First Name ROBERT	Middle Initial J	Suffix
19 Alcohol Test Given TEST GIVEN	20 Alcohol Test Results 01 BAC LEVEL	21 Alcohol Test Type 1C - EVIDENTIAL TEST (URINE)	
22 Drug Test Given TEST-NOT-GIVEN	24 Drug Test Results	23 Drug Test Type	
Driver Injury Severity C - POSSIBLE INJURY	Unit Status	17 Ejected	18 Extricated

UNIT 01

### FATALITY INFORMATION

Unit No. 1	25 Last Name ZZHOLMES	First Name MIKE	Middle Initial A	Suffix IV
26 Ejected NOT-EJECTED	27 Extricated TRAPPED/EXTRICATED	28 Date of Death 11/5/2009	29 Time of Death 0940	

FATALITY 01

### LAW ENFORCEMENT AGENCY

30 Officer Last Name JOHN	Officer First Name SMITH	
31 Officer ID Number 1111	32 Law Enforcement Agency Name TEST POLICE DEPARTMENT	33 Report Date 11/5/2009
Agency Accident Number 123456789899	Police Number 1234567890	

# ATTACHMENT Sample

Document Number 012001AT0000001
------------------------------------

<F2> Field Level Help

Law Enforcement Agency

<b>LAW ENFORCEMENT</b>	125 - Last Name <b>JOHN</b>	125 - First Name <b>SMITH</b>	125 - Middle Name	<b>1111</b>
	129 - LEA Number <b>101</b>	<b>MADISON</b>		
	130 - Law Enforcement Agency Name <b>TEST POLICE DEPARTMENT</b>			
	126 - Law Enforcement Agency Street Address <b>PO BOX 7919</b>			
	127 - Law Enforcement Agency City <b>MADISON</b>	<b>WI</b>	127 - Law Enforcement Agency Zip Code <b>53707</b>	
	<b>(608) 267-1847 EXT.</b>			

Attachment

<b>Attachment 01</b>	Attached File	File Name <b>27OCT09S</b>				
		Form Type <b>WARN</b>	Form Reference Number <b>T687</b>			
	Accident Number	Police Number <b>1234567890-ABCDEFGHI</b>		Unit Number <b>1</b>		
	Driver License Number <b>Z3325125896406</b>	Last Name <b>ZZZDOTKLR</b>		First Name <b>KENDRA</b>		
	Middle Name <b>A</b>	Suffix name	Sex <b>F</b>	Date of Birth <b>12/24/1958</b>		
	License Plate Number <b>456DEF</b>	Plate Type <b>LTK</b>	Plate State <b>WI</b>	Exp Year <b>2020</b>	Vehicle Identification Number <b>B3892346CRTUZ548K</b>	
	Agency Space <b>A1001</b>					

# Traffic Stop Sample

## WISCONSIN TRAFFIC STOP DATA COLLECTION FORM

TSDC01

Document Number 012001S248	Police Number	Report Date 01/04/2011
-------------------------------	---------------	---------------------------

3 - Date of Stop 01/04/2011	4 - Time of Stop 02:50 PM
--------------------------------	------------------------------

5 - County DANE - 13	6 - Municipality MADISON - 73, CITY
-------------------------	--

7 - On Hwy #	7 - On Hwy Dir	7 - On Street Name MAIN ST	Est. Dist	Est. Dist. Dir
--------------	----------------	-------------------------------	-----------	----------------

8 - From/At Highway #	8 - From/At Hwy Dir	8 - From/At Street Name OAK AV
-----------------------	---------------------	-----------------------------------

9 - Roadway Type CITY STREET
---------------------------------

10 - Latitude	11 - Longitude
---------------	----------------

Agency Space
--------------

12 - License Plate # AAAAAA	13 - Plate Type AUT	14 - State WI	15 - Expiration Year 2012	16 - Body Style 2D - 2DR	17 - Color BLU	18 - Vehicle Year 2008
--------------------------------	------------------------	------------------	------------------------------	-----------------------------	-------------------	---------------------------

19 - Make Code FORD	19 - Make Description FORD	20 - Model Code 161179	20 - Model Description TAURUS
------------------------	-------------------------------	---------------------------	----------------------------------

21 - # Of Passengers Observed (Driver Excluded) 1	Tot Pass Searched/Consent Req 1	22 - At Least One Non-White Passenger Observed YES
--	------------------------------------	---

23 - Driver Zip Code 53705	24 - Driver Date of Birth 10/11/1988	Driver Age 22	25 - Driver Sex M	26 - Driver Race/Ethnicity WHITE
-------------------------------	---	------------------	----------------------	-------------------------------------

27 - Reason for Stop MOVING VIOLATION	28 - Detailed Reason SPEED
--	-------------------------------

27 - Other Reason for Stop	28 - Other Detailed Reason
----------------------------	----------------------------

29 - Event Outcome CITATION	30 - Event Duration 11 TO 20 MINUTES
--------------------------------	---

<b>Vehicle Search</b>	31 - Consent Requested YES	34 - Search Basis CONSENT
	32 - Consent Received YES	
	33 - Search Conducted YES	34 - Other Search Basis
	35 - Contraband Found ILLICIT DRUG(S)/PARAPHERNALIA, INTOXICANT(S)	
35 - Other Contraband		

<b>Driver Search</b>	36 - Consent Requested YES	39 - Search Basis CONSENT
	37 - Consent Received YES	
	38 - Search Conducted YES	39 - Other Search Basis
	40 - Contraband Found NONE	
	40 - Other Contraband Found	

**WISCONSIN TRAFFIC STOP DATA COLLECTION FORM**

**TSDC01**

Document Number 012001S248	Police Number	Report Date 01/04/2011
-------------------------------	---------------	---------------------------

<b>Passenger Search 001</b>	41 - Consent Requested <b>YES</b>	44 - Search Basis		
	42 - Consent Received <b>NO</b>			
	43 - Search Conducted <b>NO</b>	44 - Other Search Basis		
	45 - Contraband Found			
	45 - Other Contraband Found			
				46 - Passenger Race/Ethnicity <b>BLACK</b>
	Last Name <b>WILLIAMS-SMITH</b>	First Name <b>FRANCES</b>	Middle Name	Officer ID 333
	LEA Number 1234	Law Enforcement Agency Jurisdiction <b>ST CROIX</b>	Law Enforcement Agency type <b>COUNTY-SHERIFF</b>	
	Law Enforcement Agency Name <b>DANE COUNTY SHERIFF</b>			
	Law Enforcement Agency Street Address <b>115 WEST DOTY ST</b>			
Law Enforcement Agency City <b>MADISON</b>	LEA State <b>WI</b>	Law Enforcement Agency Zip Code <b>53705</b>		
Law Enforcement Agency Phone Number <b>(608) 284-6800 EXT.</b>			User ID 333	

## Citizen Contact Sample

Citizen Contact (Open)						
Document Number <b>012001C4</b>	Date of Contact <b>01/06/2011</b>	Time of Contact <b>08:17 AM</b>	Police Number			
Individual Identified	Vehicle Involved	Associate Involved	Reason For Contact			
Agency Space						
County			City/Village/Town			
On Highway Type	On Highway Name	On Highway Dir	On Street Location			
At Distance From		At Direction	At Highway Type	At Highway Name	At Highway Dir	
At Street Location				GPS Latitude	GPS Longitude	
Structure Type			Structure Number			
Juvenile	Last Name		First Name		Middle Name	Suffix
Street Address					P.O. Box	
City			State		Zip Code	
Date of Birth	Gender	Race	Height	Weight (lbs)	Hair Color	Eye Color
Driver License Number		State of Issuance		DL Expire Year		
Other ID Type			Other ID Number			
Phone Number	Description Y/N	Aliases				
Appearance		Speech		Demeanor		
Scars, Marks, Tattoos						
Build		Facial Hair		Hair Style		
Clothing Description		Other Clothing Description				
On Parole/Probation Y/N		Parole/Probation #	Employer/School			
Employer/School Address					Employer/School Phone Number	
Gang Act?	Gang Affiliation			Gang Involvement		
<b>Individual's Actions</b>						
Assault		Property Crime		Investigation		
Vice		Location		Traffic		

**Vehicle**

License Plate Number	Plate Type	State	Exp Year	MN
Vehicle Year	Make	Model	Body Style	Vehicle Color

**Associates W / Individual**

Last Name	First Name	Middle Name	Suffix
Date of Birth	Street Address		P.O. Box
City	State	Zip Code	Phone Number

**Parent/Guardian Information: (if minor individual)**

Last Name	First Name	Middle Name	Suffix
Date of Birth	Street Address		P.O. Box
City	State	Zip Code	Phone Number

**Law Enforcement Agent**

Last Name <b>JOHN-SMITH</b>	First Name <b>System</b>	Middle Name	Officer ID <b>111</b>
LEA Number <b>SFSD</b>	Law Enforcement Agency Jurisdiction <b>ALBION</b>	Law Enforcement Agency type <b>City-Police</b>	
Law Enforcement Agency Name <b>ADAMS POLICE DEPARTMENT</b>			
Law Enforcement Agency Street Address <b>105 MAIN STREET</b>			
Law Enforcement Agency City <b>ADRIAN</b>	LEA State <b>WI</b>	Law Enforcement Agency Zip Code <b>11111</b>	
Law Enforcement Agency Phone Number <b>(232) 323-2323 Ext.</b>			

**Assisting Officer**

Assist Officer ID	Assisting Officer Last Name	Assisting Officer First Name	Assisting Officer Middle	Assisting Officer Department
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**Comments**

--

**Attachment**

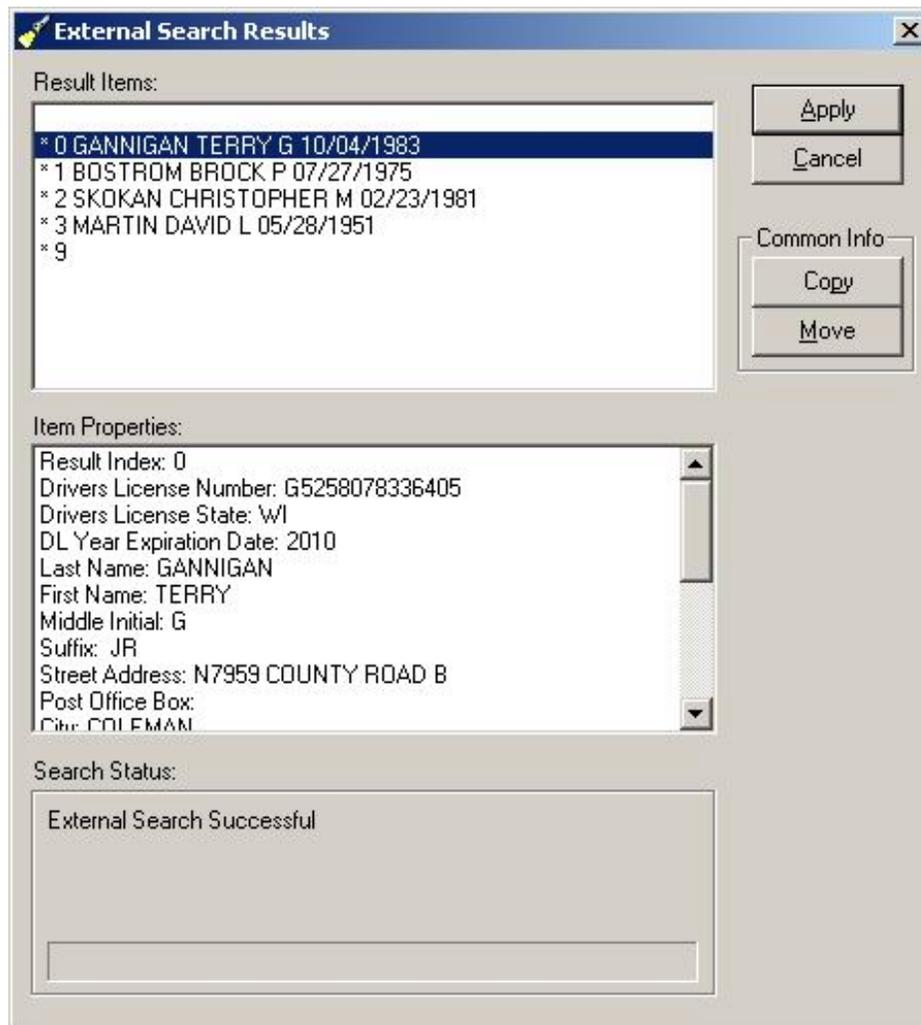
Attached File	File Name
	Agency Space

## Appendix D – Using a Mobile Data Browser

### *Searching MDB for Driver's License Records*

While the cursor focus is on the **Last Name** field, select the person from the listing of persons in the Common Information Manager.

If a custom DLL has been written by/for the local agency, TraCS can be configured to search the MDB for the last five driver's license records queried. To search, select the **Search** button, or press **ALT-S**.



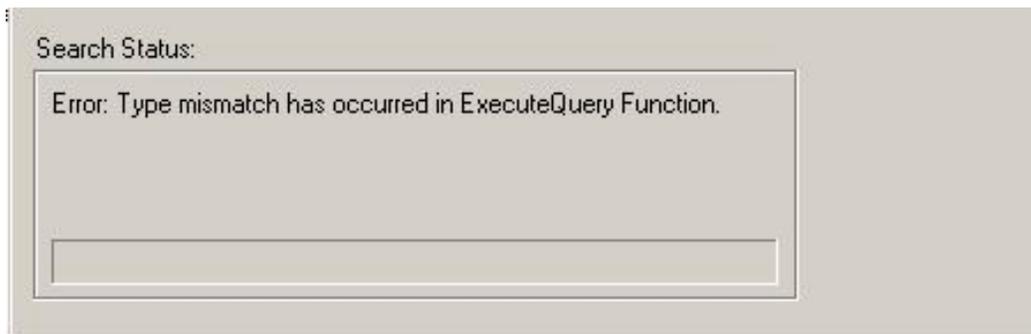
TraCS will attempt to read the MDB Inbox for the last five driver's license records. If the Search is successful, the Search Status will display "**External Search Successful.**"

If highlight the desired name and select the **Apply** button.

Currently, the custom dll written by State Patrol for the HTE mobile data browser will attempt to recognize driver's license records from 26 States. The States include California, Illinois, Indiana, Iowa, Kentucky, Michigan, Minnesota, Missouri, Nebraska, New York, Ohio, Texas and Wisconsin. If the Search routine does not recognize the driver's license State, the driver's license information will have to be manually entered into the Warning form. Your agency's situation may be different.

### ***MDB Driver's License Search Routine Error***

If the Search routine encounters a problem reading the MDB Inbox, the Search Status will display "**Error: Type mismatch has occurred in ExecuteQuery Function.**" and no Search records will be displayed. The driver's license information will have to be manually entered into the form.



### ***Searching For License Plate Records***

While the cursor focus is on the License Plate field, TraCS can also search the MDB for license plate records queried if your agency has the custom dll written. To search, select the **Search** button, or press **ALT-S**.

TraCS will attempt to read the MDB Inbox for the license plate records queried. If the Search is successful, the Search Status will display "**External Search Successful.**"

Highlight the desired license plate and select the **Apply** button.

Currently, TraCS in connection with the HTE Mobile Data Browser will attempt to recognize license plate records from 26 States. The States include California, Illinois, Indiana, Iowa, Kentucky, Michigan, Minnesota, Missouri, Nebraska, New York, Ohio, Texas and Wisconsin. Your situation may be different depending on what type of MDB your agency uses. If the Search routine does not recognize the license plate State, the vehicle information will have to be manually entered into the form.

### **MDB License Plate Search Routine Error**

If the Search encountered problems reading the MDB Inbox, the Search Status will display "**Error: Type mismatch has occurred in ExecuteQuery Function.**" and no Search records will be displayed. The vehicle information will have to be manually entered into the form.

## Appendix E – Using the Barcode Reader

TraCS can be configured to use a Barcode Reader \ Imager to read 2D bar-coded information. Information from Drivers License and Certificates of Registration can be imported into TraCS if the issuing state followed the AAMVA (American Association of Motor Vehicle Administrator) standards.

The following states are known to provide complete information:

- Alaska
- Tennessee
- Iowa
- Wisconsin
- Indiana
- Oregon
- Other states have not been tested with TraCS

The following states provide limited data:

- Illinois:
  - Last Name
  - First Name
  - Middle Name
  - License Number
  - License Expiration Year
  - Date of Birth
  - State of Issuance
- Minnesota
  - Last Name
    - Field contains First, Middle and Last Name
  - License Number
  - Date of Birth
  - State of Issuance

### ***Reading a License:***

It is preferable to read bar-coded information once the contact is opened. Data read at this time is placed in the Common Information Manager. This data is available to all forms opened in the contact.

### ***Procedure:***

Aim the barcode reader at the 2D barcode on the license. Hold the license at a slight angle and pull the trigger moving the red light onto the barcode until a beep is heard. This signifies that the data has been read. Repeat the procedure if additional licenses need to be read.

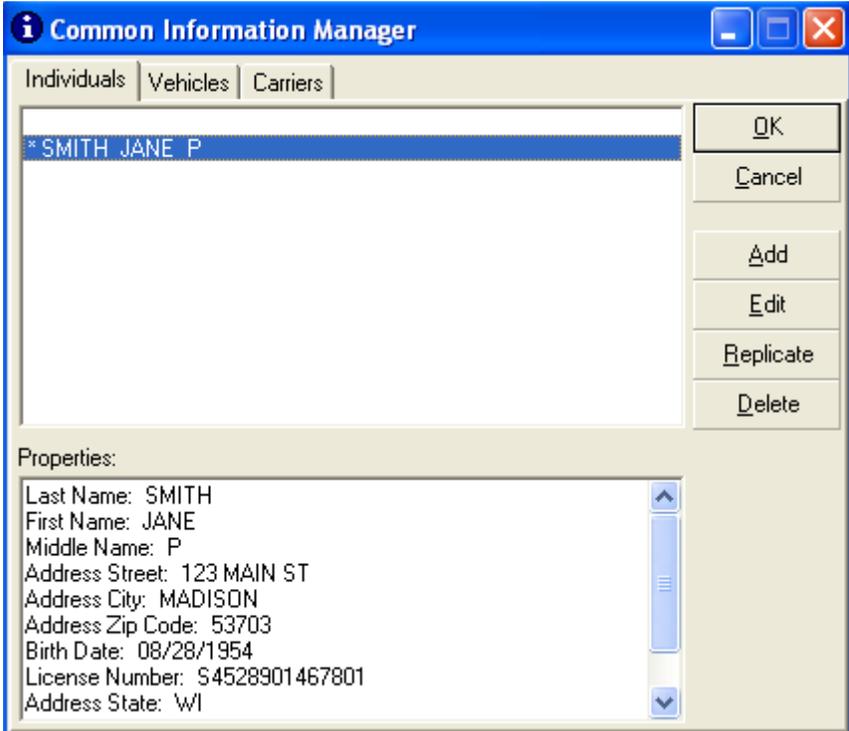
**Checking Data in the Common Information Manager:**

Data read by the barcode reader can be checked in the Common Information Manager.

Click the Common Icon on the toolbar to open the manager.



The dialog box opens showing the scanned individuals name.



Clicking on the name will place the data in the bottom box for review. When checking an Out of State driver's license, be sure that the data contained in the fields is the correct data for that field. Some states switch First and Last Name around, some put the entire name in the Last Name field. Click OK when done with the review.

## Populating Data Fields:

Data in the Common Information Manager is used to populate data fields on the accident report. Place the cursor on the Driver's License Number field.

29 - Driver's License Number

36 - Classification			37 - Endorsements		
A - Class A					
21 - Unit Type			92 - Pedestrian Location		92 - Pedestrian Action
29 - Driver's License Number	30 - St	31 - Expiration Year			
25 - Last Name	25 - First Name	25 - Middle Initial	25 - Suffix	32 - DOB	33 - Sex

09/13/2004 16:54  
WisDOT Crash Report (Open)

<Ctrl-D> Driver Section  
<Ctrl-W> Vehicle Within Unit  
<Ctrl-I> VIII  
<CTRL-SHIFT-D> Prime DID  
<Ctrl-C> Color  
<Ctrl-V> Vehicle Owner Within Unit  
<Ctrl-F> Telephone Within Unit

Notice that a List icon appears on the databar. Click on the List icon to show a listing of individuals in the Common Information Manager.

29 - Driver's License Number

\* GANGER MARILYN F

Previous Next Common  
Edit/New Search  
New/Edit Value

Click on the person desired and then hit the <Enter> key. The data will be imported into the appropriate driver fields.

29 - Driver's License Number

36 - Classification			37 - Endorsements		
A - Class A					
21 - Unit Type			92 - Pedestrian Location		92 - Pedestrian Action
29 - Driver's License Number	30 - St	31 - Expiration Year			
6562958		2007			
25 - Last Name	25 - First Name	25 - Middle Initial	25 - Suffix	32 - DOB	33 - Sex
GANGER	MARILYN	F		11/03/1984	F
28 - Street Address	26 - PO Box	27 - City	27 - St	27 - Zip Code	28 - Telephone Num
PO BOX 143406		ANCHORAGE	AK	99514	

09/13/2004 16:54  
WisDOT Crash Report (Open)

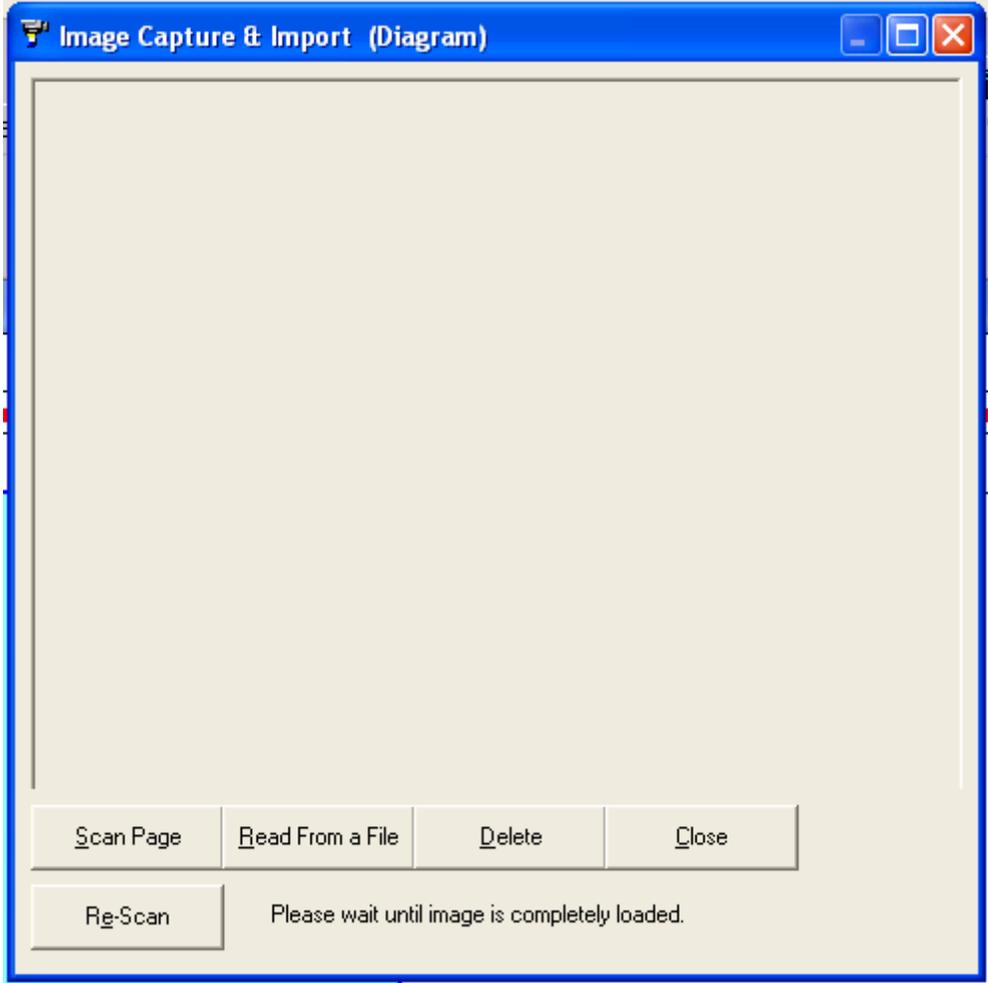
<Ctrl-D> Driver Section  
<Ctrl-W> Vehicle Within Unit  
<Ctrl-I> VIII  
<CTRL-SHIFT-D> Prime DID  
<Ctrl-C> Color  
<Ctrl-V> Vehicle Owner Within Unit  
<Ctrl-F> Telephone Within Unit  
<Ctrl-S> School Bus Within Unit

**Using the Barcode Reader as an Imager:**

The barcode reader is also an imager. It can be used in the Diagram section to take a picture of a drawing, license or other items and be placed in the diagram area. When in the Diagram field click on the Image Capture & Import icon.



The Image Capture & Import (Diagram) dialog box opens.



Hold the object to be scanned, point the imager at it, pull the trigger moving the red light to the desired location and wait for the beep that signifies the image have been captured. If the image is not correct, click the Re-Scan button to clear the image. Closing the dialog box inserts the image into the diagram field.

09/13/2004 16:54

WisDOT Crash Report (Open)

82 - Striking Unit	82 - Struck Object
--------------------	--------------------

**Description**

105 - Photos By

90 - Diagram



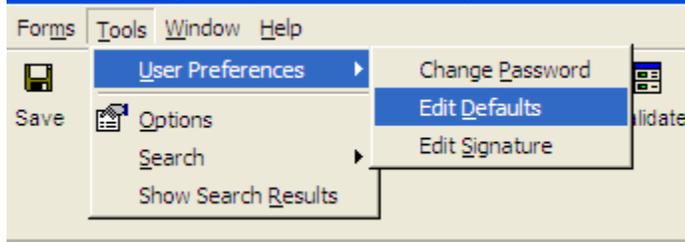

Scan Page    Read From a File    Delete    Close

Re-Scan    Please wait until image is completely loaded.

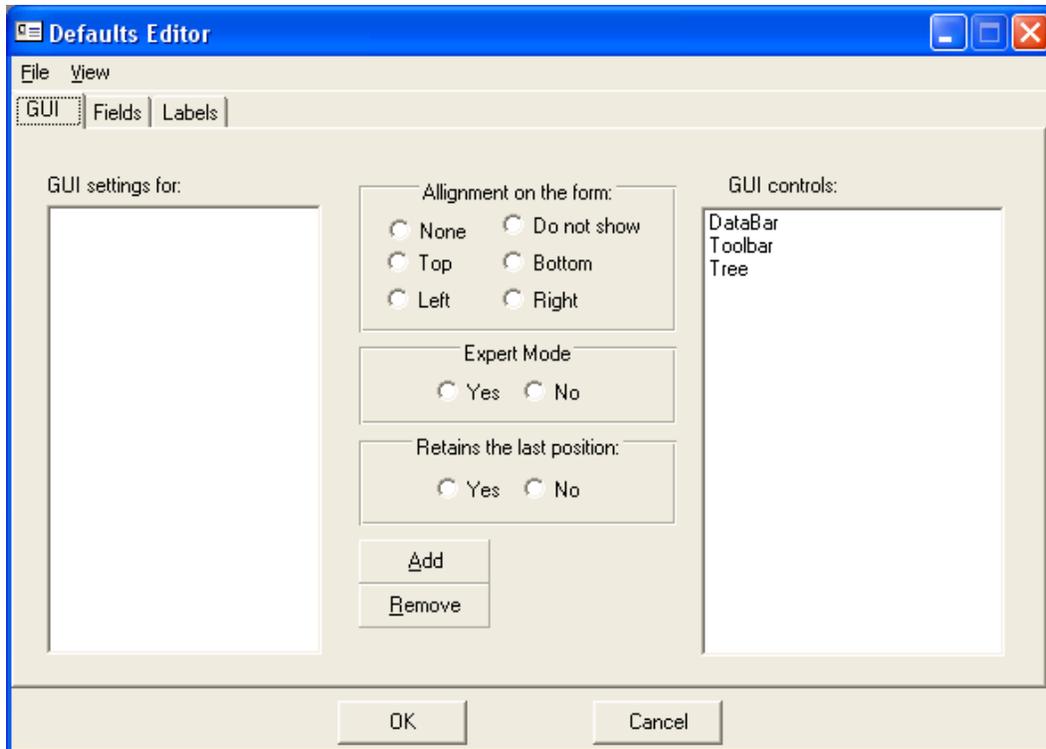
- Crash (Open)
  - DocumentNum
  - LawEnforcem
  - AccidentHeac
  - accident2
  - Unit 1
    - Driver
    - Vehicle
    - VehicleOw
    - VehicleOw
    - VehicleOw
    - VehicleOw
    - VehicleOw
    - PolicyHold
  - Trailer 1
  - Occupant 1
  - Witness 1
  - Conclusion
  - PropertyOwne
  - Description
  - TruckBus 1

## Appendix F - Setting User Defaults

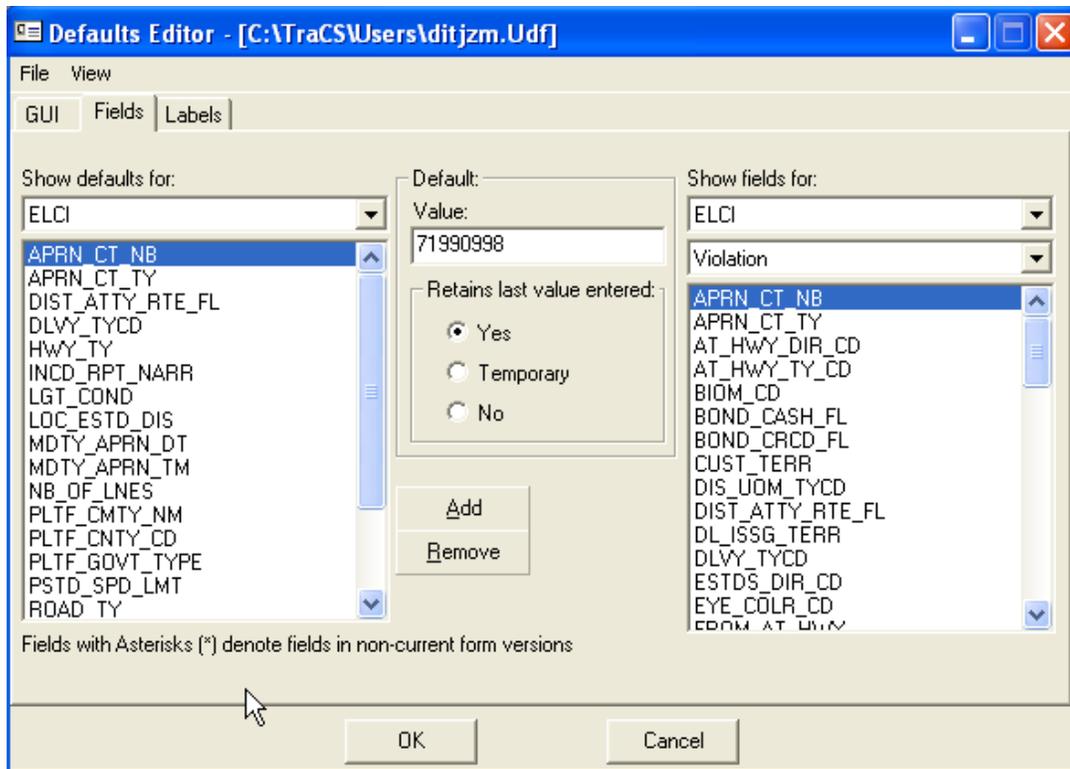
1. Open TraCS and log in as yourself.
2. Click **Tools | User Preferences | Edit Defaults** menu.



3. The Defaults Editor will appear.



4. Click the **GUI** tab.
5. Add the DataBar control to the left pane by double clicking DataBar in the GUI controls panel.
6. Select the Alignment option you prefer.
7. Select your Expert Mode preference.  
**Note:** New Users should set the Expert Mode to NO. After you are familiar with the pick lists and forms, you can set the Expert Mode to YES which makes the databar area smaller.
8. Click the **Fields** tab.



9. In the Show Fields For: field - choose the form you want to set defaults for.  
**Note:** Defaults do not carry from Form to Form and must be set for each Form.
10. Choose the fields in the right pane that you want to set with defaults, either double click each of them or single click the entry and click the add button to add them to the left pane.
11. Enter the default value for the field in the value field. **Note:** If you are unsure what the default value should be, leave the value field blank and set the Retains last value entered radio button to YES. After you complete a form and select values in the associated fields you can come back to the defaults editor and see what default value is stored for each of the fields.
12. Choose the type of default button.
  - A. **YES** means that whatever the user has entered on the form will be the default value until he or she changes it, either through the Default Editor or by Entering\Selecting a different value on the form. It will carry over between sessions of TraCS.
  - B. If you select **Temporary**, the default will be the last value entered in that field when the TraCS application is open. If the user changes the value in the field that new value will become the default value. If the user closes the TraCS application the default will revert back to the original default value.
  - C. If you select **NO**, the default value will always be what is indicated in the value field. Some field values need to be reference by their underlying code. County name is not stored as the text value of the name but rather the numeric value in the underlying tables.

13. Field names for each of the forms may be written in a way that is very intuitive. Unfortunately the field names for the ELCI form are not intuitive. The following lists of ELCI fields are configured to accept defaults although which fields you choose is up to you.

### ***ELCI or NTC Fields Highly Recommended for Defaults***

- APRN\_CT\_NB = Court Name. (8-digit number).
- APRN\_CT\_TY = Court type. (M, C, or T)
- DLVY\_TYCD = Delivery method. (P, M)
- MDTY\_APRN\_DT = Court appearance date. (MM/DD/YYYY)
- MDTY\_APRN\_TM = Court time. (HH:MM) Military time.
- PLTF\_CMTY\_NM = Plaintiff Municipality. (4 digit number)
- PLTF\_CNTY\_CD = Plaintiff County (2 digit number)
- PLTF\_GOVT\_TY = Plaintiff Type (1 digit number)
- VLTN\_CMTY\_NM = Violation Municipality (4 digit number)
- VLTN\_CNTY\_CD = Violation County (2 digit number)

### ***Other ELCI Fields Available to Set Defaults***

- AT\_HWY\_DIR\_CD = At Highway Direction. (N, S, E, W)
- AT\_HWY\_TY\_CD = At Highway Type (H, I)
- BIOM\_CD = Biometric Code (F, R)
- BOND\_CASH\_FL = Cash Bond Flag (Y, N)
- BOND\_CRCD\_FL = Credit Card Bond Flag (Y, N)
- CUST\_TERR = Violator Address State (i.e. WI)
- DIS\_UOM\_TYCD = Distance Unit of Measurement (FT, MI)
- DIST\_ATTY\_RTE\_FL = District Attorney Routing Flag (Y, N)
- DL\_ISSG\_TERR = Driver License State of Issuance (i.e. WI)
- ESTDS\_DIR\_CD = Estimated Distance Direction (N, S, E, W)
- EYE\_COLR\_CD = Eye Color (i.e. BLU)
- FROM\_AT\_HWY = At Highway Name (3 character length)
- FROM\_AT\_STR = At Street Location
- HAIR\_COLR\_CD = Hair Color (i.e. BRO)
- HWY\_TY = On Highway Type (H, I)
- INCD\_RPT\_NARR = Narrative (990 characters)
- INDV\_DOB = Date of Birth (Agency.adf defaults the century to 19)
- INDV\_NNDV\_RB = Defendant Type (I, N)
- LENF\_AGCY\_CM = Agency Space (200 character length)
- LGT\_COND = Light Conditions (2 digits)
- LICD\_AS\_CLS\_CD = Licensed As DL Class (A, B, C, D, M, O)
- LOC\_ESTD\_DIS = Location Estimated Distance (Number field)
- LOR\_DESC = Ordinance Description (Text Field)
- LOR\_NB = Ordinance Number
- MINR\_VEH\_FL = Underage Passenger (Y, N)

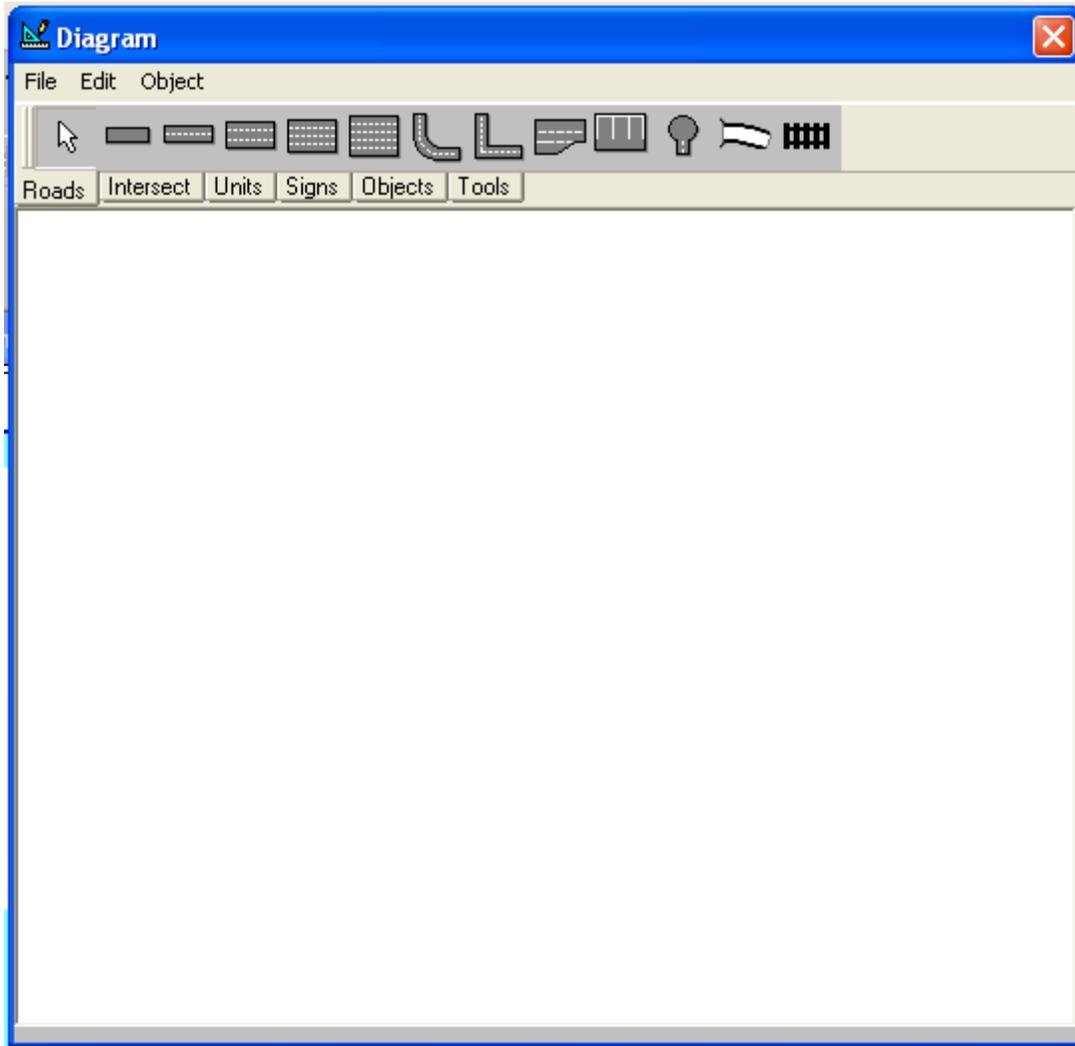
- NB\_OF\_LNES = Number of Lanes (1, 2, 3, 4, 5, 6, 7, 8, 9)
  - ON\_HWY = On Hwy Name (3 character length)
  - ON\_HWY\_DIR\_CD = On Hwy Direction (N, S, E, W)
  - ON\_HWY\_TY\_CD = On Hwy Type (I, H)
  - ON\_STR = Street Location
  - OPAS\_CLS\_CD = Operating As DL Class (A, B, C, D, M, O)
  - PLT\_EXP\_N\_YEAR = Plate Expiration Year (4 digits)
  - PLT\_TYCD = License Plate Type (i.e. AUT)
  - PSTD\_SPD\_LMT = Posted Speed Limit (3 digit number)
  - RACE\_CD = Race (A, B, H, I, W)
  - RDWY\_ZONE\_CD = Roadway Zones (C, R, S, U,)
  - REG\_ISSG\_TERR = Plate Issuing State (i.e. WI)
  - ROAD\_TY = Road Conditions (2 digit length)
  - SEX\_TYCD = Gender (M, F)
  - TRFC\_TY = Traffic Conditions (L, M, H)
  - VEH\_COLR\_TYCD = Vehicle Color (i.e. BLU)
  - VEH\_MAKE\_TYCD = Vehicle Make (i.e. CHEV)
  - VEH\_STYL\_TYCD = Vehicle Type (i.e. 4D)
  - WI\_CIT\_LAE\_CD = License Endorsements (F, H, N, P, S, T)
  - WTHR\_TY = Weather Conditions (2 digit number)
14. Click OK to save the default settings.

You will have to close TraCS and then re-open TraCS to see the default changes you have saved.

**NOTE:** The defaults set in the Agency.adf file will override any settings the user tries to default in their personal user defaults.

## Appendix G – Using the TraCS Diagram Tool

Launch the TraCS Diagram tool by clicking the  icon on the databar. The Diagram dialog box displays.



The toolbars that are included are shown at the top of the dialog box. Select which toolset you want to use by clicking on the appropriate tab. The contents of each tab are shown below.

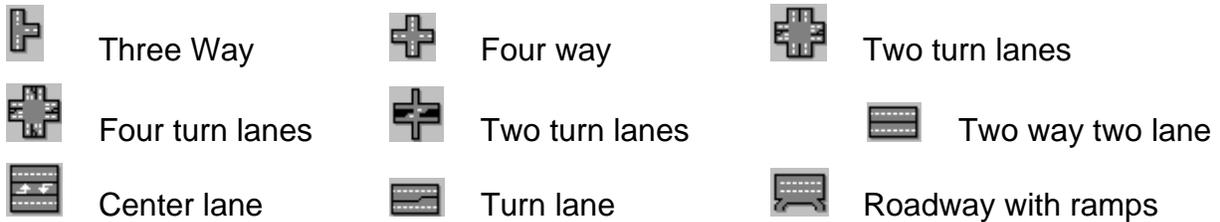
## Roads

The roads tab contains the following tools:



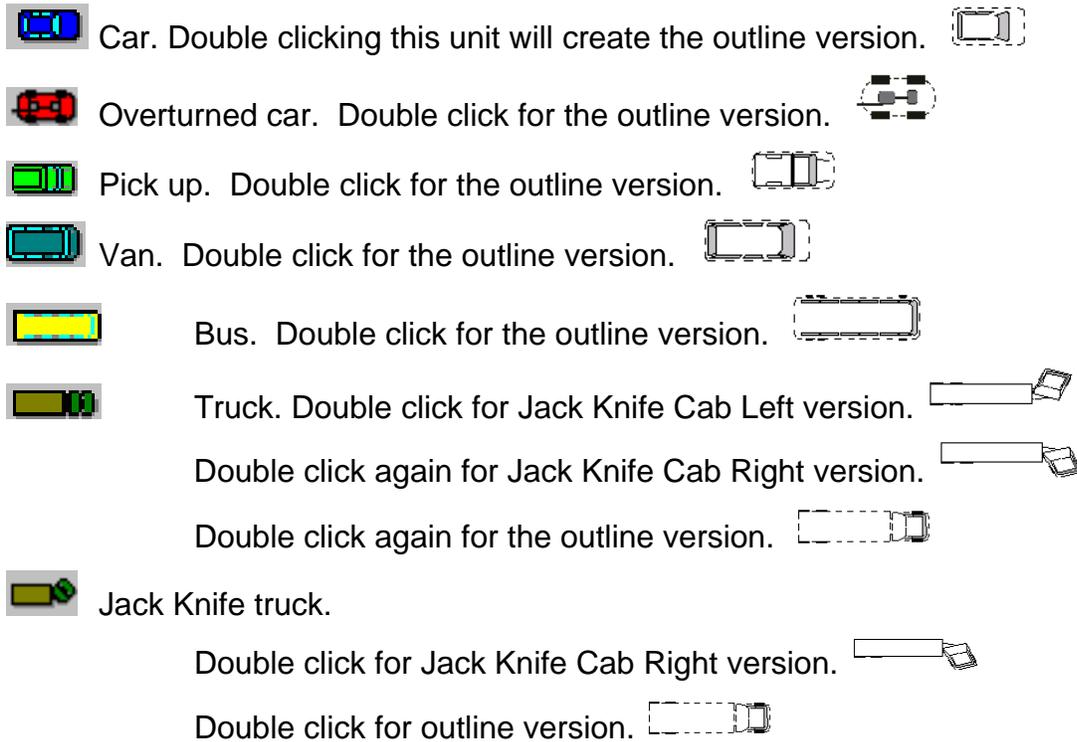
## Intersect:

The intersect tab contains the following tools:



## Units:

The units tab contains the following tools:



Double click for Truck. 

 Tractor. Double click image to create the outline version. 

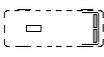
 Train. Double click to reverse the image. 

 Motorcycle.

 Bicycle. Double click image to reverse the image. 

 Horse and rider.

 Pedestrian.

 Other vehicle. Double click image to create the outline version. 

### Signs:

The Signs tab contains the following tools.

 Traffic Signal. Double click image to change light to Yellow. 

Double click again to change light to Green. 

Double click again to change light to Red. 

 Stop sign.  Yield sign.  Rail Road crossing

 One way. Double click on image to create the reverse image. 

 No U turn  No Parking  Compass

### Objects:

The Objects tab contains the following tools.

 Shrubs  Building  Debris  Guardrail

 Median barrier  Pole  Skid marks

 Cone  Fence  River

 Animal. Double click to create the reverse image. 

 Deer  Other object.

## **Tools:**

The Tools tab contains the following tools.

 Text. Used to add text to the diagram

 Horizontal line.

Double click to create a left pointing arrow. ←

Double click again to create a right pointing arrow. →

Double click again to return to a horizontal line.

 Vertical line.

Double click to create an upward pointing arrow. ↑

Double click again to create a downward pointing arrow. ↓

Double click again to return to a vertical line.

 Draw Ink. Used to add freehand drawing.

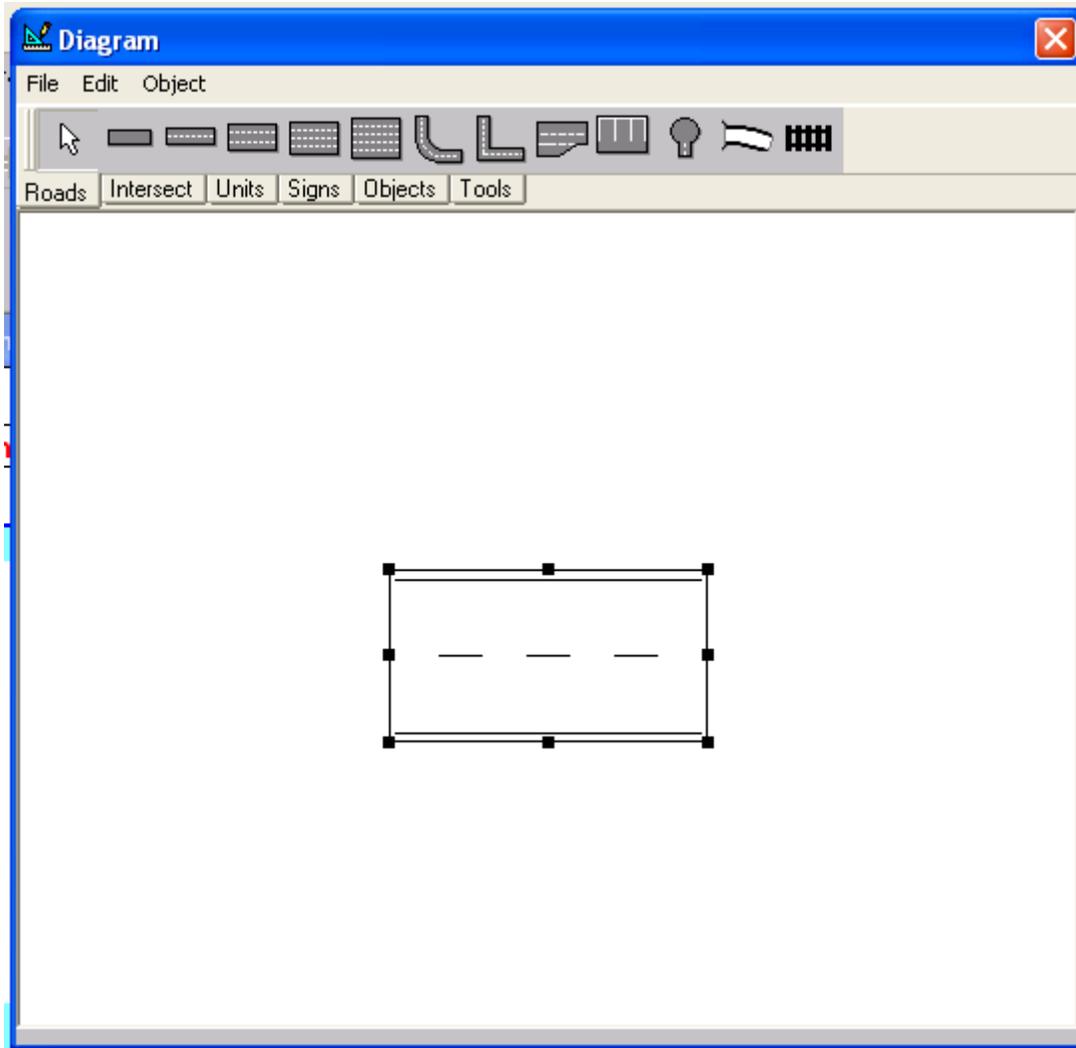
 Erase Ink. Used to erase portions of freehand drawing.

 Erase All Ink. Used to erase entire freehand drawing.

 Rotate tool. When this tool is used, the selected object in the diagram will have green handles. Grabbing a handle with the mouse and dragging will rotate the object in the direction of the drag.

## Diagramming

Click the desired tab to display the tools desired. Click the appropriate icon and then click once in the white space in the Diagram dialog box. This will move the icon into the diagram space. It should look something like this.



To move the object, position the cursor inside the object, hold the left mouse button down and move the object to the desired location. The object can be sized by clicking and dragging the black boxes on the corners or middle of the object. Clicking on the corners will resize the object while keeping the proper proportions (height and width change at the same time). Clicking on the black boxes in the middle will stretch to object while not retaining the proportions (only height or width will change).

Closing the Diagram dialog box inserts the diagram into the TraCS form. Diagrams may be reopened for further work by clicking the tool button that was used to create the diagram.

## ***Backgrounds***

Diagrams of intersections can be used as background images in the diagram. Images drawn with other graphic packages must be saved as a bmp file to the C:\TraCS\Backgrnd sub-directory. Drawings done within the TraCS diagram tool can also be saved for later use. Select Object from the toolbar then click on Save Background. Saved backgrounds can be retrieved much the same way. Select Object from the toolbar then click on Load, then select the appropriate object. This will bring the background into the diagram tool. You only need to add the vehicles.

## ***Other Drawing Packages***

TraCS has built in interfaces for MS VISIO, Quick Scene, and Easy Street Draw. Follow the manufacturers' instructions for use.

# Appendix H - Driver Exchange Form

Wisconsin Motor Vehicle  
 Driver Exchange Of Crash Information  
 BDS331 01/2005

Page 1 of 1

	<input checked="" type="checkbox"/> Reportable Accident		Agency Accident Number		Police Number		DOT Document Number	
<b>OFFICER INFO</b>	125 - Officer Last Name			125 - First Name		125 - Middle Initial		131 - Officer ID
	129 - Law Enforcement Agency No.		130 - Law Enforcement Agency Name					
	126 - Law Enforcement Agency Address Street & Number							
	127 - City			127 - State	127 - Zip Code		128 - Telephone Number	
<b>GENERAL INFO</b>	4 - Accident Date			6 - Total Units				
	2 - County			3 - Municipality				
	14 - On Hwy No.	14 - On Street Name			15 - Est. Dist	Ft/Mi	15 - Hwy. Dir	
	16 - Fr/At Hwy No.	16 - From/At Street Name						
	17 - Structure Type		17 - Structure Number					
<b>UNIT 01</b>	29 - Driver's License Number			30 - State	31 - Expiration Year			
	25 - Operator/Pedestrian Last Name		25 - First Name		25 - MI	25 - Suffix	32 - Date Of Birth	33 - Sex
	26 - Address Street & Number					26 - PO Box		
	27 - City			27 - State	27 - Zip Code		28 - Telephone Number	
	56 - License Plate Number							57 - Plate Type
	63 - Liability Insurance Company							

# Appendix I - Using GPS within TraCS

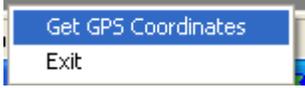
To get GPS coordinates into the accident form, place the cursor on the Latitude field. The GPS databar is shown.

The screenshot shows the WisDOT Crash Report form with a tool bar at the top right. The tool bar contains buttons for 'Previous', 'Next', 'GPS', and 'Stored'. The form fields are as follows:

12 - Latitude:		Latitude	Longitude
09/13/2004 16:54		WisDOT Crash Report (Open)	
<input type="checkbox"/> On Emergency 4 - Accident Date    5 - Time    6 - Total Units    7 - Total Injured    8 - Total Killed    79 - E M S Number		<Ctrl-K> Total Film#s <Ctrl-U> Unit <Ctrl-O> Occupant <Ctrl-R> Property Owner <Ctrl-L> Law Enforcement <Ctrl-T> Trailer <Ctrl-B> Truck/Bus	
<input type="checkbox"/> Hit and Run <input type="checkbox"/> Government Property <input type="checkbox"/> Fire <input type="checkbox"/> Photos Taken <input type="checkbox"/> Trailer or Towed			
<input type="checkbox"/> Load Spillage <input type="checkbox"/> Construction Zone <input type="checkbox"/> Names Exchanged			
101 Supplemental Reports    102 Witness Statement    103 Measurements Taken    09/13/2004    16:54			
Processor    Machine    123 <input type="checkbox"/> Truck Or Bus    136 <input type="checkbox"/> Truck with at least two axes and six tires		<Ctrl-Shift-K> To Enable Top of Form	
136 <input type="checkbox"/> Truck with hazardous materials placard    136 <input type="checkbox"/> Bus designed to carry 16 or more persons, including driver			
136 Towed    136 Fatal Injury    136 Medical Transport			
2 - County		3 - Municipality	
11 - Accident Location			
14 - On Hwy #		14 - On Street Name	
14 - Hwy Type		15 - Est. Dist	
Ft/M		15 - Hwy. Dir	
16 - Fr/Ac Hwy		16 - From/Ac Street Name	
16 - Highway Type			
17 - Structure Type		17 - Structure Number	
18 - Agency Space			
12 - Latitude		13 - Longitude	
		<Ctrl-Shift-K> Enable Top of Form <Ctrl-H> Structure Fields <Ctrl-G> Lat/Long Fields	

Clicking the GPS button will populate the fields with the current GPS coordinates. The Stored button will bring in the GPS coordinates that were previously stored.

To update stored coordinates, right click on the Globe Icon  in the tool tray at the

bottom of the screen. Select Get GPS Coordinates  from the menu. This will store the current coordinates for retrieval later. These coordinates will not be updated until you repeat the process.

# Appendix J - Examples of Location Information in TraCS Crash Report

## State and federal highways

Please also see additional notes at the end of this document regarding entering highways.

1. On eastbound IH 94 0.5 miles east of STH 73.

2 - County <b>DANE - 13</b>		3 - Municipality <b>DEERFIELD - 12, Town</b>			11 - Accident Location <b>Non-Intersection</b>	
14 - On Hwy # <b>094</b>	14 - On Street Name <b>EB</b>		14 - Business/Frontage/Ramp	15 - Est. Dist <b>0.50 Mi</b>	15 - From Dir <b>EAST</b>	
16 - Fr/At Hwy <b>73</b>	16 - From/At Street Name		16 - Business/Frontage/Ramp			

2. On northbound IH 39/90 0.1 miles south of milepost 150.

*(See notes at end about roadways with multiple highway designations.)*

2 - County <b>DANE - 13</b>		3 - Municipality <b>PLEASANT SPRINGS - 23, Town</b>			11 - Accident Location <b>Non-Intersection</b>	
14 - On Hwy # <b>039</b>	14 - On Street Name <b>NB</b>		14 - Business/Frontage/Ramp	15 - Est. Dist <b>0.10 Mi</b>	15 - From Dir <b>SOUTH</b>	
16 - Fr/At Hwy	16 - From/At Street Name <b>MP 150</b>		16 - Business/Frontage/Ramp			

3. On northbound IH 43/94 0.1 miles north of W Greenfield Ave at lightpole AGN3.

*(See notes at end about roadways with multiple highway designations.)*

2 - County <b>MILWAUKEE - 40</b>		3 - Municipality <b>MILWAUKEE - 57, City</b>			11 - Accident Location <b>Non-Intersection</b>	
14 - On Hwy # <b>043</b>	14 - On Street Name <b>NB</b>		14 - Business/Frontage/Ramp	15 - Est. Dist <b>0.10 Mi</b>	15 - From Dir <b>NORTH</b>	
16 - Fr/At Hwy	16 - From/At Street Name <b>W GREENFIELD AVE</b>		16 - Business/Frontage/Ramp			
17 - Structure Type <b>Utility #</b>		17 - Structure Number <b>LP AGH3</b>	18 - Agency Space			

4. On USH 12 100 feet north of Dunlap Hollow Rd

2 - County <b>DANE - 13</b>		3 - Municipality <b>ROXBURY - 25, Town</b>			11 - Accident Location <b>Non-Intersection</b>	
14 - On Hwy # <b>012</b>	14 - On Street Name		14 - Business/Frontage/Ramp	15 - Est. Dist <b>100 Ft</b>	15 - From Dir <b>NORTH</b>	
16 - Fr/At Hwy	16 - From/At Street Name <b>DUNLAP HOLLOW RD</b>		16 - Business/Frontage/Ramp			

5. On USH 12 at STH 19 eastbound

*(Note: when a highway intersects another highway at one location, runs concurrently with it for a while and then splits off again, please indicate which portion of the intersecting highway is being referenced by using direction)*

2 - County <b>DAHE - 13</b>		3 - Municipality <b>SPRINGFIELD - 28, Town</b>			11 - Accident Location <b>Intersection</b>	
14 - On Hwy # <b>012</b>	14 - On Street Name		14 - Business/Frontage/Ramp	15 - Est. Dist	15 - From Dir	
16 - Fr/A Hwy <b>19</b>	16 - From/A Street Name <b>EB</b>		16 - Business/Frontage/Ramp			

6. On USH 151/East Washington Ave at Blair St

*(Note: when a highway also has a street name, please include it).*

2 - County <b>DAHE - 13</b>		3 - Municipality <b>MADISON - 73, City</b>			11 - Accident Location <b>Intersection</b>	
14 - On Hwy # <b>151</b>	14 - On Street Name <b>WASHINGTON AVE E</b>		14 - Business/Frontage/Ramp	15 - Est. Dist	15 - From Dir	
16 - Fr/A Hwy	16 - From/A Street Name <b>BLAIR ST</b>		16 - Business/Frontage/Ramp			

7. On USH 51/N Stoughton Rd 0.1 miles north of USH 12/18/W Beltline Hwy.

*(See notes at end about roadways with multiple highway designations.)*

2 - County <b>DAHE - 13</b>		3 - Municipality <b>MADISON - 73, City</b>			11 - Accident Location <b>Non-Intersection</b>	
14 - On Hwy # <b>051</b>	14 - On Street Name <b>N STOUGHTON RD</b>		14 - Business/Frontage/Ramp	15 - Est. Dist <b>0.10 Mi</b>	15 - From Dir <b>NORTH</b>	
16 - Fr/A Hwy <b>12</b>	16 - From/A Street Name <b>W BELTLINE HWY</b>		16 - Business/Frontage/Ramp			

8. Business USH 51 at Jelinek Ave.

2 - County <b>MARATHON - 37</b>		3 - Municipality <b>WESTON - 42, Town</b>			11 - Accident Location <b>Intersection</b>	
14 - On Hwy # <b>051</b>	14 - On Street Name		14 - Business/Frontage/Ramp <b>Business</b>	15 - Est. Dist	15 - From Dir	
16 - Fr/A Hwy	16 - From/A Street Name <b>JELINEK AVE</b>		16 - Business/Frontage/Ramp			

**Ramps**

9. Ramp from northbound IH 39/90/94 to northbound USH 151.

*(See notes at end about roadways with multiple highway designations.)*

2 - County <b>DAHE - 13</b>		3 - Municipality <b>MADISON - 73, City</b>			11 - Accident Location <b>Non-Intersection</b>	
14 - On Hwy # <b>039</b>	14 - On Street Name <b>NB</b>		14 - Business/Frontage/Ramp <b>Ramp</b>	15 - Est. Dist	15 - From Dir	
16 - Fr/A Hwy <b>151</b>	16 - From/A Street Name <b>NB</b>		16 - Business/Frontage/Ramp			

10. Ramp from National Ave to northbound IH 43.

2 - County <b>MILWAUKEE - 40</b>		3 - Municipality <b>MILWAUKEE - 57, City</b>		11 - Accident Location <b>Non-Intersection</b>	
14 - On Hwy #	14 - On Street Name <b>NATIONAL AVE</b>		14 - Business/Frontage/Ramp <b>Ramp</b>	15 - Est. Dist	15 - From Dir
16 - Fr/At Hwy <b>43</b>	16 - From/At Street Name <b>NB</b>		16 - Business/Frontage/Ramp		

**County Highways**

11. CTH A/Spooner Ave 20 feet west of 4<sup>th</sup> St W at house number 1831, City of Altoona

(Note: county highways in **cities or villages** are entered in the On Street Name field when they are the roadway the crash occurred "On".)

2 - County <b>EAU CLAIRE - 18</b>		3 - Municipality <b>ALTOONA - 53, City</b>		11 - Accident Location <b>Non-Intersection</b>	
14 - On Hwy #	14 - On Street Name <b>CTH A SPOONER AVE</b>		14 - Business/Frontage/Ramp	15 - Est. Dist <b>20 Ft</b>	15 - From Dir <b>WEST</b>
16 - Fr/At Hwy	16 - From/At Street Name <b>4TH ST W</b>		16 - Business/Frontage/Ramp		
17 - Structure Type <b>House #</b>		17 - Structure Number <b>1831</b>	18 - Agency Space		

12. On CTH F at 65<sup>th</sup> St, Town of Black Brook.

(Note: county highways in **townships** should always be selected from the list in the On Hwy # field when they are the "On" roadway.)

2 - County <b>POLK - 48</b>		3 - Municipality <b>BLACK BROOK - 05, Town</b>		11 - Accident Location <b>Intersection</b>	
14 - On Hwy # <b>F</b>	14 - On Street Name		14 - Business/Frontage/Ramp	15 - Est. Dist	15 - From Dir
16 - Fr/At Hwy	16 - From/At Street Name <b>65TH ST</b>		16 - Business/Frontage/Ramp		

13. On Wood St 25 feet south of CTH B/Gillette St at house number 1571, City of LaCrosse.

(Note: When county highways are the "At" roadway, they should be keyed in the Frm/At Hwy field regardless of whether they are in a city, village or township.)

2 - County <b>LA CROSSE - 32</b>		3 - Municipality <b>LA CROSSE - 54, City</b>		11 - Accident Location <b>Non-Intersection</b>	
14 - On Hwy #	14 - On Street Name <b>WOOD ST</b>		14 - Business/Frontage/Ramp	15 - Est. Dist <b>25 Ft</b>	15 - From Dir <b>SOUTH</b>
16 - Fr/At Hwy <b>B</b>	16 - From/At Street Name <b>GILLETTE ST</b>		16 - Business/Frontage/Ramp		
17 - Structure Type <b>House #</b>		17 - Structure Number <b>1571</b>	18 - Agency Space		

## Local Roads

14. On W Madison St 40 feet east of 75<sup>th</sup> St. in the 7400 block.

2 - County <b>MILWAUKEE - 40</b>		3 - Municipality <b>WEST ALLIS - 60, City</b>			11 - Accident Location <b>Non-Intersection</b>	
14 - On Hwy #	14 - On Street Name <b>W MADISON ST</b>		14 - Business/Frontage/Ramp	15 - Est. Dist <b>40 Ft</b>	15 - From Dir <b>EAST</b>	
16 - Fr/At Hwy	16 - From/At Street Name <b>75TH ST</b>		16 - Business/Frontage/Ramp			
17 - Structure Type <b>Other #</b>		17 - Structure Number <b>7400 BLK</b>	18 - Agency Space			

15. S Washington St 30 feet south of STH 29/E Walnut St.

2 - County <b>BROWN - 05</b>		3 - Municipality <b>GREEN BAY - 56, City</b>			11 - Accident Location <b>Non-Intersection</b>	
14 - On Hwy #	14 - On Street Name <b>S WASHINGTON ST</b>		14 - Business/Frontage/Ramp	15 - Est. Dist <b>30 Ft</b>	15 - From Dir <b>SOUTH</b>	
16 - Fr/At Hwy <b>29</b>	16 - From/At Street Name <b>E WALNUT ST</b>		16 - Business/Frontage/Ramp			

16. On Killsnake Rd at McHugh Rd.

2 - County <b>CALUMET - 08</b>		3 - Municipality <b>CHILTON - 04, Town</b>			11 - Accident Location <b>Intersection</b>	
14 - On Hwy #	14 - On Street Name <b>KILLSNAKE RD</b>		14 - Business/Frontage/Ramp	15 - Est. Dist	15 - From Dir	
16 - Fr/At Hwy	16 - From/At Street Name <b>MCHUGH RD</b>		16 - Business/Frontage/Ramp			

## Parking Lots and Private Property

17. Holiday Inn parking lot at 625 CTH VVV/W Rolling Meadows Dr.

2 - County <b>FOHD DU LAC - 20</b>		3 - Municipality <b>FOHD DU LAC - 59, City</b>			11 - Accident Location <b>Parking Lot</b>	
14 - On Hwy #	14 - On Street Name <b>PARKING LOT</b>		14 - Business/Frontage/Ramp	15 - Est. Dist	15 - From Dir	
16 - Fr/At Hwy <b>VVV</b>	16 - From/At Street Name <b>W ROLLING MEADOWS DR</b>		16 - Business/Frontage/Ramp			
17 - Structure Type <b>House #</b>		17 - Structure Number <b>625</b>	18 - Agency Space			

18. In driveway at 23526 125<sup>th</sup> St.

2 - County <b>KENOSHA - 30</b>		3 - Municipality <b>SALEM - 06, Town</b>		11 - Accident Location <b>Private Property</b>	
14 - On Hwy #	14 - On Street Name <b>PRIVATE PROPERTY</b>		14 - Business/Frontage/Ramp	15 - Est. Dist	15 - From Dir
16 - Fr/At Hwy	16 - From/At Street Name <b>125TH ST</b>		16 - Business/Frontage/Ramp		
17 - Structure Type <b>House #</b>		17 - Structure Number <b>23526</b>	18 - Agency Space		

### **Notes on entering highways:**

When the roadway has two or more highway designations, choose the highway with the highest classification. Order of hierarchy:

- Interstate highway
- U.S. highway
- State trunk highway
- U.S. business route
- State trunk business route
- County trunk highway
- Local streets or roads

For example, USH 41 and IH 94 run concurrently in Kenosha County. In this case, 94 should be chosen as the On Hwy # because an interstate highway is higher in the order of hierarchy than a US highway.

When the roadway has two or more designations of the same classification, choose the lowest numbered highway. For example, interstate highways 39, 90 and 94 run concurrently for a while in Dane County. In this case, 39 should be chosen as the On Hwy # since they are all highways with the same classification and 39 is the lowest-numbered one.

If the highway you're looking for isn't on the list, check that you have the correct county and municipality selected in fields 2 and 3. In many counties, there is a township and city or village with the same name. If you have double-checked the county and municipality and have followed the rules above for selecting highways with more than one designation, and it's not a county highway within a city or village (in which case it should be entered in the On Street Name field), enter it in the On Street Name field by keying Alt + O or selecting the "Other" button on the tool bar and then keying STH, IH, USH, or CTH plus the number or letter. You will get a warning about this but you can still validate the form.

**Please make every effort to select the highway from the list rather than keying it in the On Street Name field. Other data fields such as highway class are added to the data behind the scenes based on the value in this field.**

## Appendix K – Hit and Run Crashes

1. Key “Y” or click the Yes button in Field 9 if a hit and run unit was involved in the accident.

<input checked="" type="checkbox"/> Reportable		<input type="checkbox"/> On Emergency				
4 - Accident Date Tuesday, 01/23/2007	5 - Time 0930	6 - Total Units 02	7 - Total Injured 01	8 - Total Killed 00	79 - EMS Number	
9 <input checked="" type="checkbox"/> Hit and Run	9 <input type="checkbox"/> Government Property	9 <input type="checkbox"/> Fire	9 <input type="checkbox"/> Photos Taken	9 <input type="checkbox"/> Trailer or Towed		

### Hit and Run Unit Data

If you know the information about the operator, enter it as usual and indicate in the Unit Status field that the unit was hit and run.

If you do not know the operator or vehicle information, you will still need to fill in some of the data fields. **Important:** Do not put “Unknown”, “H & R”, “Hit and run” or any variation thereof in any text field like *Last Name*, *Drivers License Number*, *License Plate Number*, etc.; these fields should be left blank if you do not know the information.

For an unknown operator and vehicle, enter the data as follows:

<b>Driver</b>					
22 - Total Occs 1	23 - Dir Of Travel	24 - Speed Limit 30	34 - On Duty Accident	81 - Most Harmful Event: Collision With <b>Parked Motor Vehicle</b>	
119 - What Driver Was Doing		120 - Traffic Control <b>No-Control</b>		100 - Skidmarks to Impact	
122 - Driver Factors <b>Failure-to-Have-Control</b>			124 - Highway Factors <b>Not-Applicable</b>		
Unit Status <b>H - Hit And Run</b>					
21 - Unit Type <b>Automobile</b>			92 - Pedestrian Location	92 - Pedestrian Action	

The following fields are required even for an unknown operator and vehicle:

1. *Total Occupants* – Enter “1” unless you know the number of total occupants.
2. *Speed limit* – Select the posted speed at the location of the crash.
3. *Most Harmful Event* – Select the value that was most likely the most harmful event for the hit and run vehicle.
4. *Traffic Control* – Select the value that was most likely the value for the hit and run vehicle.
5. *Driver Factors* – Select the driver factor(s) that were most likely applicable for the hit and run driver.
6. *Highway Factors* – Select the highway factor(s) that were most likely applicable for the hit and run vehicle.
7. *Unit Status* – Select “H-Hit and Run”, “G-Hit and Run/On Emergency”, or “T-Stolen/Hit and Run”.
8. *Unit Type* – Select the unit type of the hit and run vehicle. If you have no idea what it is, select *Automobile*.

The remaining fields in this section may be left blank.

29 - Driver's License Number	30 - St	31 - Expiration Year				
25 - Last Name		25 - First Name	25 - Middle Initial	25 - Suffix	32 - DOB	33 - Sex <b>M</b>
26 - Street Address	26 - PO Box	27 - City	27 - St <b>WI</b>	27 - Zip Code	28 - Telephone Num	
36 - Operating As Classification <b>D Class</b>			37 - Operating As Endorsements			
35 <input type="checkbox"/> <b>Operating Commercial Motor Vehicle</b>		38 - Injury Severity <b>II - No Apparent Injury</b>		41 - Airbag <b>Unknown</b>		
42 - Ejected <b>Unknown</b>	43 - Trapped/Extricated <b>Unknown</b>		44 <input type="checkbox"/> <b>Medical Transport</b>		62 - # Citations Issued	
64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.		

The following fields are **required** even for an unknown operator and vehicle:

1. *Operating as classification* – Choose the operating as classification that would be required to operate the hit and run unit. If you have no information about the vehicle and you have chosen Automobile for the unit type, choose *Class D*.
2. *Airbag* – Choose *Unknown* unless you have other information.
3. *Ejected* – Choose *Unknown* unless you have other information.
4. *Trapped/extricated* - Choose *Unknown* unless you have other information.

The remaining fields in this section may be left blank. **Note:** if you hit enter through the *State* field (referring to the drivers license issue state) it will be populated with WI due to the default. This will cause an error if no DL number is entered. To remove the WI, scroll to the top of the list in the data field where the blank space is and hit Enter.

88 - Driver or Pedestrian Cond <b>Not Observed</b>	89 - Substance Presence <b>Unknown</b>	90 - Alcohol Test <b>Test Not Given</b>		90 - Alcohol Content
91 - Drug Test <b>Test-Not-Given</b>	91 - Drug Presence	39 - Seat Position		40 - Safety Equipment <b>Restraint-Use-Unknown</b>
<b>Vehicle</b>				
Vehicle Type <b>Passenger-Car</b>				
56 - License Plate Number	57 - Plate Type	58 - St	59 - Exp Year	55 - Vehicle Identification Number
50 - Yr	51 - Make	52 - Model	53 - Body Style	54 - Color
94 - Vehicle Damage				95 - Extent Of Damage <b>Unknown</b>
96 <input type="checkbox"/> <b>Towed Due To Damage</b>		97 - Vehicle Removed By		123 - Vehicle Factors <b>Not-Applicable</b>

The following fields are **required** even for an unknown operator and vehicle:

1. *Driver or Pedestrian Cond* – Choose Not Observed if the value is unknown.
2. *Substance Presence* – Choose *Unknown* unless you have other information.
3. *Alcohol Test* – Choose *Test Not Given* unless you have other information.
4. *Drug Test* - Choose *Test Not Given* unless you have other information.
5. *Safety Equipment* - Choose *Unknown* unless you have other information.

6. *Vehicle Type* – Choose *Passenger Car* unless you have other information.
7. *Extent of Damage* – Choose *Unknown* unless you have other information.
8. *Vehicle Factors* - Select the vehicle factor(s) that were most likely applicable for the hit and run vehicle.

The remaining fields in this section may be left blank.

<b>Vehicle Owner</b>		45 <input type="checkbox"/> <b>Vehicle Owner Same As Operator</b>		<input type="checkbox"/> <b>Use Operator Address</b>	
46 - Last Name		46 - First Name		46 - Middle Initial	46 - Suffix
46 - Company Name				Org Type	
47- Street Address			47 - PO Box		
48 - City		48 - St	48 - Zip Code		
49 - Telephone Number					
<b>Insurance</b>					
63 - Insurance Company <b>UNKNOWN</b>				60 <input type="checkbox"/> <b>Policy Holder Same As Owner</b>	
61 - Policy Holder Last Name		61 - Policy Holder First Name		61 - Policy Holder Company	

The following fields are **required** even for an unknown operator and vehicle:

1. *Insurance Company* – Choose *Unknown* from the list unless you have other information.

The remaining fields in this section may be left blank.

## Appendix L – Auto-Population

Data may be entered into a form through direct keying, validation rules, defaults, and external search. Data may also be copied out of one form and into another through common information, and auto-population. Common information is created each time a person, vehicle, or carrier is entered in a form. The common information is then available to be selected into additional forms in the contact. Auto-population is triggered through the auto-populate button. When the button is pushed, the auto-populate rules are triggered and the forms are populated according to the rules.

The current cross-form population rules are:

<b><i>Crash to ELCI</i></b>	
<b>Crash Field</b>	<b>ELCI Field</b>
Accident Number	Accident Doc. No.
2 – County	County Name
3 – Municipality	City/Town/Village
12 – Latitude	GPS Latitude Coordinate
13 – Longitude	GPS Longitude Coordinate
14 – On Hwy #	Hwy Name
14 – On Street Name	Street Location
15 – From Dir	At Direction
15 – Est Dist	At Distance From
16 – From/At Highway #	At Hwy Name
16 – From/At Street Name	At Street Location (Direction, Street ...
114 – Light Condition	Light Conditions
115 – Traffic Way	Highway
116 – Road Surface Condition	Road Conditions
118 – Weather	Weather Conditions

<b><i>Crash to NTC</i></b>	
<b>Crash Field</b>	<b>MUNI Field</b>
2 – County	County Name
3 – Municipality	City/Town/Village

<b>Crash to NTC</b>	
<b>Crash Field</b>	<b>MUNI Field</b>

<b>Crash to Traffic Stop</b>	
<b>Crash Field</b>	<b>Traffic Stop Field</b>
Police Number	Police Number
2 – County	5 - County
3 – Municipality	6 - Municipality
14 – On Hwy #	7 - On Hwy #
14 – On Street Name	7 - On Street Name
15 – Estimate Distance	Est. Dist.
15 – From Dir	Est. Dist. Dir
16 – From/At Highway #	8 - From/At Highway #
16 – From/At Street Name	8 - From/At Street Name
12 – Latitude	10 - Latitude
13 – Longitude	10 - Longitude
18 – Agency Space	Agency Space

<b>Crash to Warning</b>	
<b>Crash Field</b>	<b>Warning Field</b>
2 – County	County
3 – Municipality	City/Town/Village
12 – Latitude	GPS Latitude
14 – On Hwy #	On Highway Name
14 – On Street Name	On Street Location
13 – Longitude	GPS Longitude
15 – Est Dist	At Distance From
15 – From Dir	At Direction
16 – From/At Highway #	At Hwy Name
16 – From/At Street Name	At Street Location

<b><i>Crash to Warning</i></b>	
<b>Crash Field</b>	<b>Warning Field</b>

<b><i>Crash to Driver Condition</i></b>	
<b>Crash Field</b>	<b>Driver Condition Field</b>
DOT Document Number	Crash Document
4 – Accident Date	Incident Date
5 – Time	Incident Time

<b><i>Crash to Fatal Supplement</i></b>	
<b>Crash Field</b>	<b>Fatal Supplement Field</b>
Accident Number	Agency Accident Number
DOT Document Number	Document Number (From MV4000)
Police Number	Police Number
Surface Type	Roadway Surface Type
Unit Status	Unit Status
4 – Accident Date	Accident Date
5 – Time	Accident Time
6 – Total Units	Total Units
8 – Total Killed	Total Killed
25 – Last Name	Driver Last Name
25 – First Name	Driver First Name
25 – Middle Initial	Middle Initial
25 – Suffix	Suffix
38 – Injury Severity	Driver Injury Severity
42 – Ejected	Ejected
43 – Trapped/Extricated	Extricated
90 – Alcohol Test	Alcohol Test Given
90 – Alcohol Content	Alcohol Test Results
91 – Drug Test	Drug Test Given

<b><i>Crash to Fatal Supplement</i></b>	
<b>Crash Field</b>	<b>Fatal Supplement Field</b>
Accident Number	Agency Accident Number
91 – Drug Presence	Drug Test Results
115 – Traffic Way	Trafficway Flow
117 – Relation To Roadway	Relation To Roadway

<b><i>Deer Crash to ELCI</i></b>	
<b>Deer Crash Field</b>	<b>ELCI Field</b>
DOT Document Number	Accident Doc. No.
2 – County	County Name
3 – Municipality	City/Town/Village
12 – Latitude	GPS Latitude Coordinate
14 – On Hwy #	Hwy Name
14 – On Street Name	Street Location
13 – Longitude	GPS Longitude Coordinate
15 – Est Dist	At Distance From
15 – From Dir	At Direction
16 – From/At Highway #	At Hwy Name
16 – From/At Street Name	At Street Location (Direction, Street ...

<b><i>Deer Crash to NTC</i></b>	
<b>Deer Crash Field</b>	<b>NTC Field</b>
2 – County	County Name
3 – Municipality	City/Town/Village

<b><i>Deer Crash to Traffic Stop</i></b>	
<b>Crash Field</b>	<b>Traffic Stop Field</b>
Police Number	Police Number
2 – County	5 - County
3 – Municipality	6 - Municipality
14 – On Hwy #	7 - On Hwy #
14 – On Street Name	7 - On Street Name
15 – Estimate Distance	Est. Dist.
15 – From Dir	Est. Dist. Dir
16 – From/At Highway #	8 - From/At Highway #
16 – From/At Street Name	8 - From/At Street Name
12 – Latitude	10 – Latitude
13 – Longitude	10 - Longitude
18 – Agency Space	Agency Space

<b><i>Deer Crash to Warning</i></b>	
<b>Deer Crash Field</b>	<b>Warning Field</b>
2 – County	County
3 – Municipality	City/Town/Village
12 – Latitude	GPS Latitude
14 – On Hwy #	On Highway Name
14 – On Street Name	On Street Location
13 – Longitude	GPS Longitude
15 – Est Dist	At Distance From
15 – From Dir	At Direction
16 – From/At Highway #	At Hwy Name
16 – From/At Street Name	At Street Location

<b><i>Deer Crash to Driver Condition</i></b>	
<b>Deer Crash Field</b>	<b>Driver Condition Field</b>
DOT Document Number	Crash Document

<b>Deer Crash to Driver Condition</b>	
<b>Deer Crash Field</b>	<b>Driver Condition Field</b>
4 – Accident Date	Incident Date
5 – Time	Incident Time

<b>ELCI to Crash</b>	
<b>ELCI Field</b>	<b>Crash Field</b>
County Name	2 - County
City/Town/Village	3 – Municipality
GPS Latitude Coordinate	12 – Latitude
GPS Longitude Coordinate	13 - Longitude
Hwy Name	14 – On Hwy #
Street Location	14 – On Street Name
At Direction From	15 – Est Dist
At Direction	15 – From Dir
At Hwy Name	16 – From/At Highway #
At Street Location (Direction, Street ...	16 – From/At Street Name
Light Conditions	114 – Light Condition
Highway	115 – Traffic Way
Road Conditions	116 – Road Surface Condition
Weather Conditions	118 - Weather

<b>ELCI to CrashUnit</b>	
<b>ELCI Field</b>	<b>Crash Unit Field</b>
Statute Number / Trans Rule Number	64 – 1 <sup>st</sup> Statute No.
Statute Number / Trans Rule Number	64 – 2nd Statute No.
Statute Number / Trans Rule Number	64 – 3rd Statute No.
Statute Number / Trans Rule Number	64 – 4th Statute No.
Statute Number / Trans Rule Number	64 – 5th Statute No.

<b><i>ELCI to Deer Crash</i></b>	
<b>ELCI Field</b>	<b>Deer Crash Field</b>
County Name	2 – County
City/Town/Village	3 – Municipality
GPS Latitude Coordinate	12 – Latitude
Hwy Name	14 – On Hwy #
Street Location	14 – On Street Name
GPS Longitude Coordinate	13 – Longitude
At Distance From	15 – Est Dist
At Direction	15 – From Dir
At Hwy Name	16 – From/At Highway #
At Street Location (Direction, Street ...	16 – From/At Street Name

<b><i>ELCI to Alcohol</i></b>	
<b>ELCI Field</b>	<b>Alcohol Field</b>
County Name	County Name
Court Type	Court Type
Court Name	Court Name
(Hidden) Court Address 1	(Hidden) Court Address 1
(Hidden) Court Address 2	(Hidden) Court Address 2
(Hidden) Hazardous Material Flag	HAZMAT Operation?
Operating As DL Class	Operating As DL Class
(Hidden) Operating as CMV Flag	CMV Operation?
Violation Date	Violation Date
Violation Time	Violation Time
Operating As DL Endorsements	Operating As DL Endorsements
License Plate Number	License Plate Number
Vehicle Year	Vehicle Year
Vehicle Make	Vehicle Make
VIN	VIN

**ELCI to Alcohol UTC**

<b>ELCI Field</b>	<b>Alcohol Field</b>
Citation Number ( 1 )	UTC Number ( 1 )
Citation Number ( 2 )	UTC Number ( 2 )
Citation Number ( 3 )	UTC Number ( 3 )
Citation Number ( 4 )	UTC Number ( 4 )
Citation Number ( 5 )	UTC Number ( 5 )
(Hidden) Citation Check Digit (1)	Chk (1)
(Hidden) Citation Check Digit (2)	Chk (2)
(Hidden) Citation Check Digit (3)	Chk (3)
(Hidden) Citation Check Digit (4)	Chk (4)
(Hidden) Citation Check Digit (5)	Chk (5)
Description (1)	Description (1)
Description (2)	Description (2)
Description (3)	Description (3)
Description (4)	Description (4)
Description (5)	Description (5)
Statute Number / Trans Rule Number (1)	Statute Number (1)
Statute Number / Trans Rule Number (2)	Statute Number (2)
Statute Number / Trans Rule Number (3)	Statute Number (3)
Statute Number / Trans Rule Number (4)	Statute Number (4)
Statute Number / Trans Rule Number (5)	Statute Number (5)
(Hidden) QWST Statute Severity Code (1)	(Hidden) QWST Statute Severity Code (1)
(Hidden) QWST Statute Severity Code (2)	(Hidden) QWST Statute Severity Code (2)
(Hidden) QWST Statute Severity Code (3)	(Hidden) QWST Statute Severity Code (3)
(Hidden) QWST Statute Severity Code (4)	(Hidden) QWST Statute Severity Code (4)
(Hidden) QWST Statute Severity Code (5)	(Hidden) QWST Statute Severity Code (5)

<b><i>ELCI to NTC</i></b>	
<b>ELCI Field</b>	<b>NTC Field</b>
County Name	County Name
City/Town/Village	City/Town/Village

<b><i>ELCI to Traffic Stop</i></b>	
<b>ELCI Field</b>	<b>Traffic Stop Field</b>
Police Number	Police Number
Count Name	5 - County
City/Town/Village	6 - Municipality
Hwy Name	7 - On Hwy #
Street Location	7 - On Street Name
At Distance From	Est. Dist.
At Direction	Est. Dist. Dir
At Hwy Name	8 - From/At Highway #
At Street Location	8 - From/At Street Name
GPS Latitude Coordinate	10 - Latitude
GPS Longitude Coordinate	10 - Longitude
Agency Space	Agency Space

<b><i>ELCI to Warning</i></b>	
<b>ELCI Field</b>	<b>Warning Field</b>
County Name	County
City/Town/Village	City/Town/Village
GPS Latitude Coordinate	GPS Latitude
GPS Longitude Coordinate	GPS Longitude
Hwy Name	On Highway Name
Hwy Direction	On Highway Direction
On Hwy Type	On Highway Type
Street Location	On Street Location

<b><i>ELCI to Warning</i></b>	
<b>ELCI Field</b>	<b>Warning Field</b>
At Direction	At Direction
At Hwy Name	At Highway Name
At Hwy Direction	At Highway Direction
At Hwy Type	At Highway Type
At Street Location (Direction, Street ...	At Street Location
At Distance From	At Distance From
Violation Time	Time

<b><i>ELCI to Driver Condition</i></b>	
<b>ELCI Field</b>	<b>Driver Condition Field</b>
Citation Number	ELCI Document
Violation Date	Incident Date
Violation Time	Incident Time

<b><i>ELCI to Citizen Contact</i></b>	
<b>ELCI Field</b>	<b>Citizen Contact Field</b>
Police Number	Police Number

<b><i>ELCI to Influence</i></b>	
<b>ELCI Field</b>	<b>Influence Field</b>
Police Number	Police Number
Citation Number	Citation Number

<b><i>ELCI to ELCI</i></b>	
<b>ELCI Field</b>	<b>ELCI Field</b>
At Hwy Direction	At Hwy Direction
At Hwy Type	At Hwy Type

At Distance From	At Distance From
At Direction	At Direction
At Hwy Name	At Hwy Name
At Street Location (Direction, Street ...	At Street Location (Direction, Street ...
GPS Latitude Coordinate	GPS Latitude Coordinate
GPS Longitude Coordinate	GPS Longitude Coordinate
Highway	Highway
Light Conditions	Light Conditions
Number of Lanes	Number of Lanes
Hwy Name	Hwy Name
Hwy Direction	Hwy Direction
On Hwy Type	On Hwy Type
Street Location	Street Location
Road Contitions	Road Contitions
Traffic Conditions	Traffic Conditions
City/Town/Village	City/Town/Village
County Name	County Name
Weather Conditions	Weather Conditions

***ELCI Replicate.***

All fields on a ELCI will be populated when replicating **except** the following:

<b>ELCI Fields not Replicated</b>
BAC Level
Deposit/Bail
Points
Narrative
Ordinance Number
Appear Required
Speed Over

<b>ELCI Fields not Replicated</b>
Phone Number
Speed Limit
Citation Number
Actual Speed
Description
Statute Number / Trans Rule Number

<b><i>NTC to Crash</i></b>	
<b>NTC Field</b>	<b>Crash Field</b>
County Name	2 - County
City/Town/Village	3 – Municipality

<b><i>NTC to Deer Crash</i></b>	
<b>NTC Field</b>	<b>Deer Crash Field</b>
County Name	2 - County
City/Town/Village	3 – Municipality

<b><i>NTC to Crash Unit</i></b>	
<b>NTC Field</b>	<b>Crash Unit Field</b>
Adopting State Statute	64 – 1 <sup>st</sup> Statute No.
Adopting State Statute	64 – 2nd Statute No.
Adopting State Statute	64 – 3rd Statute No.
Adopting State Statute	64 – 4th Statute No.
Adopting State Statute	64 – 5th Statute No.

<b><i>NTC to Traffic Stop</i></b>	
<b>NTC Field</b>	<b>Traffic Stop Field</b>
Police Number	Police Number
Count Name	5 - County
City/Town/Village	6 - Municipality
GPS Latitude Coordinate	10 - Latitude
GPS Longitude Coordinate	10 - Longitude
Violation Date	Date of Stop
Violation Time	Time of Stop
Agency Space	Agency Space

### ***NTC Replicate***

All fields on a NTC will be populated when replicating **except** the following:

<b>NTC Fields not Replicated</b>
Address same as Defendant?
Deposit/Bail
Route to DA?
Narrative
Agency Space
Description
Ordinance Number
Citation Number
Phone Number
Statute Description
Adopting State Statute

<b><i>NTC to Citizen Contact</i></b>	
<b>ELCI Field</b>	<b>Citizen Contact Field</b>
Police Number	Police Number

<b><i>Warning to Crash</i></b>	
<b>Warning Field</b>	<b>Crash Field</b>
County	2 - County
City/Village/Town	3 – Municipality
GPS Latitude	12 – Latitude
GPS Longitude	13 - Longitude
On Highway Name	14 – On Hwy #
On Street Location	14 – On Street Name
At Direction	15 – From Dir
At Distance From	15 – Est Dist
At Highway Name	16 – From/At Highway #
At Street Location	16 – From/At Street Name

<b><i>Warning to Deer Crash</i></b>	
<b>Warning Field</b>	<b>Deer Crash Field</b>
County	2 - County
City/Village/Town	3 – Municipality
GPS Latitude	12 – Latitude
GPS Longitude	13 - Longitude
On Highway Name	14 – On Hwy #
On Street Location	14 – On Street Name
At Direction	15 – From Dir
At Distance From	15 – Est Dist
At Highway Name	16 – From/At Highway #
At Street Location	16 – From/At Street Name

<b>Warning to Driver Condition</b>	
<b>Warning Field</b>	<b>Driver Condition Field</b>
Form ID Number	Warning Document
Date	Incident Date
Time	Incident Time
<b>Warning to ELCI</b>	
<b>Warning Field</b>	<b>ELCI Field</b>
County	County Name
City/Town/Village	City/Town/Village
GPS Latitude	GPS Latitude Coordinate
GPS Longitude	GPS Longitude Coordinate
On Highway Name	Hwy Name
On Highway Direction	Hwy Direction
On Highway Type	On Hwy Type
On Street Location	Street Location
At Direction	At Direction
At Highway Name	At Hwy Name
At Highway Direction	At Hwy Direction
At Highway Type	At Hwy Type
At Street Location	At Street Location (Direction, Street ...
At Distance From	At Distance From
Time	Violation Time

<b>Warning to NTC</b>	
<b>Warning Field</b>	<b>NTC Field</b>
County	County Name
City/Village/Town	City/Town/Village

<b>Warning to Traffic Stop</b>	
<b>Warning Field</b>	<b>Traffic Stop Field</b>
County	2 - County
City/Village/Town	3 – Municipality
GPS Latitude	12 – Latitude
GPS Longitude	13 - Longitude
On Highway Name	14 – On Hwy #
On Street Location	14 – On Street Name
At Direction	15 – From Dir
At Distance From	15 – Est Dist
At Highway Name	16 – From/At Highway #
At Street Location	16 – From/At Street Name
Police Number	Police Number
Date	3 - Date of Stop
Time	4 - Time of Stop
Agency Space	Agency Space

### **Warning Replicate**

All fields on a Warning will be populated when replicating **except** the following:

<b>Warning Fields not Replicated</b>
At Direction
At Distance From
At Highway Name
At Highway Direction
At Highway Type
At Street Location
Comments
Correct Date
Form ID Number
Days to Correct
GPS Latitude

<b>Warning Fields not Replicated</b>
At Direction
At Distance From
GPS Longitude
On Highway Name
On Highway Direction
On Highway Type
On Street Location
P.O. Box
State

<b><i>Traffic Stop to Crash</i></b>	
<b>Traffic Stop Field</b>	<b>Crash Field</b>
Police Number	Police Number
5 - County	2 – County
6 - Municipality	3 – Municipality
7 - On Hwy #	14 – On Hwy #
7 - On Street Name	14 – On Street Name
Est. Dist.	15 – Estimate Distance
Est. Dist. Dir	15 – From Dir
8 - From/At Highway #	16 – From/At Highway #
8 - From/At Street Name	16 – From/At Street Name
10 - Latitude	12 – Latitude
10 - Longitude	13 – Longitude
Agency Space	Agency Space

<b><i>Traffic Stop to Deer Crash</i></b>	
<b>Traffic Stop Field</b>	<b>Deer Crash Field</b>
Police Number	Police Number

<b>Traffic Stop to Deer Crash</b>	
<b>Traffic Stop Field</b>	<b>Deer Crash Field</b>
5 - County	2 – County
6 - Municipality	3 – Municipality
7 - On Hwy #	14 – On Hwy #
7 - On Street Name	14 – On Street Name
Est. Dist.	15 – Estimate Distance
Est. Dist. Dir	15 – From Dir
8 - From/At Highway #	16 – From/At Highway #
8 - From/At Street Name	16 – From/At Street Name
10 - Latitude	12 – Latitude
10 - Longitude	13 – Longitude
Agency Space	Agency Space

<b>Traffic Stop to DNR</b>	
<b>Traffic Stop Field</b>	<b>DNR Field</b>
Police Number	Police Number
GPS Latitude Coordinate	12 – Latitude
GPS Longitude Coordinate	13 – Longitude
Agency Space	Agency Space

<b>Traffic Stop to Driver Condition</b>	
<b>Traffic Stop Field</b>	<b>Driver Condition Field</b>
Police Number	Police Number

<b>Traffic to ELCI</b>	
<b>Traffic Stop Field</b>	<b>ELCI Field</b>
Police Number	Police Number
5 - County	Count Name
6 - Municipality	City/Town/Village
7 - On Hwy #	Hwy Name

<b>Traffic to ELCI</b>	
<b>Traffic Stop Field</b>	<b>ELCI Field</b>
7 - On Street Name	Street Location
Est. Dist.	At Distance From
Est. Dist. Dir	At Direction
8 - From/At Highway #	At Hwy Name
8 - From/At Street Name	At Street Location
10 - Latitude	GPS Latitude Coordinate
10 - Longitude	GPS Longitude Coordinate
Agency Space	Agency Space

<b>Traffic Stop to Drug/Alcohol Influence</b>	
<b>Traffic Stop Field</b>	<b>Driver Condition Field</b>
Police Number	Police Number

<b>Traffic Stop to NTC</b>	
<b>Traffic Stop Field</b>	<b>NTC Field</b>
Police Number	Police Number
5 - County	Count Name
6 - Municipality	City/Town/Village
10 - Latitude	GPS Latitude Coordinate
10 - Longitude	GPS Longitude Coordinate
Date of Stop	Violation Date
Time of Stop	Violation Time
Agency Space	Agency Space

<b>Warning to Traffic Stop</b>	
<b>Traffic Stop Field</b>	<b>Warning Field</b>
2 - County	County
3 - Municipality	City/Village/Town
12 - Latitude	GPS Latitude

<b><i>Warning to Traffic Stop</i></b>	
<b>Traffic Stop Field</b>	<b>Warning Field</b>
13 - Longitude	GPS Longitude
14 – On Hwy #	On Highway Name
14 – On Street Name	On Street Location
15 – From Dir	At Direction
15 – Est Dist	At Distance From
16 – From/At Highway #	At Highway Name
16 – From/At Street Name	At Street Location
Police Number	Police Number
3 - Date of Stop	Date
4 - Time of Stop	Time
Agency Space	Agency Space

<b><i>Warning to Citizen Contact</i></b>	
<b>ELCI Field</b>	<b>Citizen Contact Field</b>
Police Number	Police Number

<b><i>Drivers Condition to Citizen Contact</i></b>	
<b>ELCI Field</b>	<b>Citizen Contact Field</b>
Police Number	Police Number

<b><i>Citizen Contact to Warning</i></b>	
<b>ELCI Field</b>	<b>Citizen Contact Field</b>
Police Number	Police Number