

Pedestrian Table Layout (2001-2016)

Field	Right Justify	From	To	Length	Comments / Notes
Year		1	4	4	
County Code		5	6	2	
Municipality Code		7	8	2	
Department Case Number		9	31	23	
	Comma	32	32	1	
Pedestrian Number	Y	33	34	2	
	Comma	35	35	1	
Physical Condition		36	37	2	
	Comma	38	38	1	
Address City		39	63	25	
	Comma	64	64	1	
Address State		65	66	2	
	Comma	67	67	1	
Address Zip		68	72	5	
	Comma	73	73	1	
Date of Birth		74	83	10	
	Comma	84	84	1	
Age	Y	85	87	3	
	Comma	88	88	1	
Sex		89	89	1	
	Comma	90	90	1	
Alcohol Test Given		91	91	1	
	Comma	92	92	1	
Alcohol Test Type		93	94	2	
	Comma	95	95	1	
Alcohol Test Results	Y	96	98	3	
	Comma	99	99	1	
Charge		100	129	30	
	Comma	130	130	1	
Summons		131	160	30	
	Comma	161	161	1	
Multi Charge Flag		162	162	1	
	Comma	163	163	1	
Traffic Controls		164	165	2	
	Comma	166	166	1	
Contributing Circumstances 1		167	168	2	

Pedestrian Table Layout (2001-2016)

Field	Right Justify	From	To	Length	Comments / Notes
	Comma	169	169	1	
Contributing Circumstances 2		170	171	2	
	Comma	172	172	1	
Direction of Travel		173	174	2	
	Comma	175	175	1	
Pre- Crash Action		176	177	2	
	Comma	178	178	1	
Location of Most Severe Injury		179	180	2	
	Comma	181	181	1	
Type of Most Severe Physical Injury		182	183	2	
	Comma	184	184	1	
Refused Medical Attention		185	185	1	
	Comma	186	186	1	
Safety Equipment Used		187	188	2	
	Comma	189	189	1	
Hospital Code		190	193	4	
	Comma	194	194	1	
Physical Status		195	196	2	
	Comma	197	197	1	
Is Bicyclist?		198	198	1	
	Comma	199	199	1	
Is Other?		200	200	1	