ACCIDENT INVESTIGATOR'S REPORT

Local Use

Accident Number | Year | Agency | ID Number | Month | Seq No | Hit & Run ☐ Yes ☐ No | Date of Accident | Time | Pages: Number of | Number of: Vehicles Pedestrians | Name of City | City Code | Name of County | County Code | 20

Occurred On | At Intersection Of | Miles N S E W | Of | 21

2 If Not At Intersection | Feet | Miles N S E W | Of | (Location Code) +

Class of Trafficway | Grade & Horiz Align. | Relation to Roadway | Relation to Junction | Latitude | Longitude

3 Construction/Maintenance Zone | Site Study Suggested | Speed Limit | Speed Limit Units | Traffic Controls | Bikeway | Reservation | 22

4 Indicate North By Arrow

Range | Township | Section | 0 X Y | 23

5 Police Photos Yes No

COLLISION TYPE - Multiple Veh. | 24

1 Rear-End
2 Sideswipe, Same Direction
3 Sideswipe, Opposite Direction
4 Left Turn, Same Direction
5 Left Turn, Opposite Direction
6 Right Angle
7 Right Turn, Same Direction
8 Right Turn, Opposite Direction
9 Head-On
0 Other

25

6

7 | 26

DRIVER ☐ DRIVER ☐ PEDESTRIAN

Driver's Name (Last) First Middle | 27

Address - Number and Street | 28

City State Zip Code

Driver License Number | State | Operator Commercial Other

8 Date of Birth | Driver License Status Restriction Compliance Other Licensing Data | Insurance Carrier | 29

Violation Code 1 | Summons No. 1

Violation Code 2 | Summons No. 2 | Policy Number | 30

Vehicle ☐ Vehicle ☐

Owner ☐ Same as Driver | 31

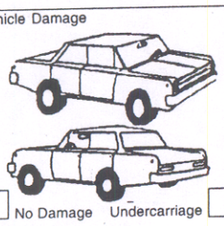
Number and Street

City State Zip Code

Vehicle Identification Number | License Plate Number

Vehicle Make | Vehicle Year | License State

Vehicle Damage



☐ No Damage ☐ Undercarriage
Vehicle Damage (x) if Over $400 ☐

Vehicle Damage Severity
☐ None ☐ Disabling ☐ Functional ☐ Other

Towed Due to Damage
☐ Yes ☐ No ☐ Unknown

Vehicle/Pedestrian Heading
☐ North ☐ East ☐ Unknown ☐ South ☐ West

Property Damaged By This Vehicle Owner/Address

Wrecker Company

A

9 10 11 12 13 14 15 16 17 18 19 Driver and Passenger Names *If Deceased, Give Date of Death*

A
B
C
D
E
F
G

Officer's Signature | ID Number | Date | Date Notified | Time | Date Arrived | Time | Reviewed By