240726

INVESTIGATION
SH 10274
REVISED
JUNE 1997

REPORTING DEPARTMENT

☐ ON PRIVATE PROPERTY ☐ FATAL ☐ INJURY ☐ PROPERTY DAMAGE ONLY ☐ UNDER $500 ☐ $500 OR MORE ☐ HIT AND RUN

STATE OF NEW MEXICO UNIFORM ACCIDENT REPORT

DATE OF ACCIDENT MO.____/ DAY ____/YR.____	Military Time	CITY OCCURRED IN	COUNTY	SHEET OF SHEETS

SUN | M | T | W | T | F | SAT | OCCURRED ON: (ROUTE NO. or NAME) | AT INTERSECTION WITH:

OTHER LOCATION ☐ FEET ☐ MILES N S E W OF: PERMANENT LANDMARK—COUNTY LINE—INTERSECTION

MILEPOST LOCATION ☐ FEET ☐ MILES N S E W OF MILEPOST NO.

FOR USE BY ORIGINATOR

ACCIDENT OCCURRED ☐ On Roadway ☐ Off Roadway

ACCIDENT CLASSIFICATION ☐ Overturned ☐ Other N-Col. ☐ Pedestrian ☐ Other Vehicle ☐ Vehicle On Other Rdwy. ☐ Parked Veh. ☐ R.R. Train ☐ Pedalcyclist ☐ Animal ☐ Fixed Object ☐ Other Object

VEHICLE NO. 1

VEHICLE NO. 1

HEADED N S E W ON:

Posted Speed | Safe Speed

Driver's Full Name | Address | Zip Code | Phone

Driver License Number | State | Type | Restrictions | Expires | Date of Birth Mo. /Day /Yr.

Seat Position Code: LR LF CR CF RR RF ? OTHER | Social Security Num. | Occupation

Seat Pos.	Occupant's Name	Occupant's Address/Zip Code	Seat Belt	Helmet Yes No	Age	Sex	Injury

Vehicle Yr. | Vehicle Make | Color | Body Style | Removed To: | Removed By:

License Yr. | State | License Number | US DOT/ICC/SCC Numbers | VIN | Owner's Telephone

Owner's Name | Owner's Address | Zip Code

Insured By: (Name of Company) | Policy Number | Liability Insurance ☐ Yes ☐ No | VEHICLE DAMAGE ☐ HEAVY ☐ SLIGHT ☐ MODERATE ☐ NONE

VEHICLE NO. 2—PEDESTRIAN

VEHICLE NO. 2. — PEDESTRIAN — OTHER

HEADED N S E W ON:

Posted Speed | Safe Speed

Driver's or Pedestrian's Full Name | Address | Zip Code | Phone

Driver License Number | State | Type | Restrictions | Expires | Date of Birth Mo. /Day /Yr.

Seat Position Code: LR LF CR CF RR RF ? OTHER | Social Security Num. | Occupation

Seat Pos.	Occupant's Name	Occupant's Address/Zip Code	Seat Belt	Helmet Yes No	Age	Sex	Injury

Vehicle Yr. | Vehicle Make | Color | Body Style | Removed To: | Removed By:

License Yr. | State | License Number | US DOT/ICC/SCC Numbers | VIN | Owner's Telephone

Owner's Name | Owner's Address | Zip Code

Insured By: (Name of Company) | Policy Number | Liability Insurance ☐ Yes ☐ No | VEHICLE DAMAGE ☐ HEAVY ☐ SLIGHT ☐ MODERATE ☐ NONE

INJURED First Aid Rendered By | Injured Taken To: | By

OTHER PROPERTY INVOLVED: DESCRIPTION OF PROPERTY AND DAMAGE | Owner Phone

Owner's Name | Owner's Address/Zip Code

WITNESS

Name	Age	Address	Telephone

INJURY CODES

K- Killed
K1 Head K3 Neck
K2 Chest K4 Other

A- Incapacitated-Carried From Scene
A1 Head A4 Neck
A2 Chest A5 Arms/Legs
A3 Back

B- Visible Injury
B1 Head B4 Neck
B2 Chest B5 Arms/Legs
B3 Back

C- Complaint-No Visible Injury

O- No Apparent Injury

RESTRAINT CODES

1. Restraints - Not Installed
2. Restraints - Not Used
3. Lap Belts - Used
4. Shoulder Harness - Not Used
5. Shoulder Harness - Used
6. Belt & Harness - Used
7. Ejected From Vehicle
8. Child Restraint Device
   A. Used Properly
   B. Not Used
   C. Used Improperly
9. Airbag Deployed
   A. Other Restraints Not Used
   B. Other Restraints Used

1. COMPLETE FRONT OF FORM. 2. REMOVE CARBON AND TISSUE PAPER. 3. TURN OVER AND COMPLETE REVERSE SIDE.