101

STATE OF NEVADA
TRAFFIC ACCIDENT REPORT

Agency Name and File No.: 1

OCCURRED ON: *(Highway No. or Street Name)* | City or County: | STREET CODE: 2

1 ☐ At intersection with
2 ☐ or:.....feet.....of | STREET CODE: 2

No.	DRIVER:	PEDES-TRIAN:	PARKED VEHICLE:	PEDAL CYCLIST:	OTHER:	EXPLAIN "OTHER":
	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	

Issued by: | No.: | Date: | From | To | 301

Address, City, State and Zip Code:

Name: *(Last, First, Middle)* 302 | DOB 303

Street Address, City, State and Zip Code: 304

State/Driver's License No.: 305 | Social Security No.: 306 | Sex: 307

State: 401 | License No.: 402 | Year and Make: 403 | Traveling: 407
N ☐ S ☐ E ☐ W ☐

Color: 404 | Vehicle Identification No.: 405 | Type: 406
on:.....Route

Owner's Name: *(Last, First, Middle)* 408

Owner's Address: *(Street, City, State and Zip Code)* 409

Trailing Unit(s): *(Description)* 410

No.	DRIVER:	PEDES-TRIAN:	PARKED VEHICLE:	PEDAL CYCLIST:	OTHER:	EXPLAIN "OTHER":
	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	

Issued by: | No.: | Date: | From | To | 3

Address, City, State and Zip Code:

Name: *(Last, First, Middle)* 302 | DOB 3

Street Address, City, State and Zip Code: 3

State/Driver's License No.: 305 | Social Security No.: 306 | Sex: 3

State: 401 | License No.: 402 | Year and Make: 403 | Traveling: 4
N ☐ S ☐ E ☐ W

Color: 404 | Vehicle Identification No.: 405 | Type: 406
on:.....Ro

Owner's Name: *(Last, First, Middle)* 4

Owner's Address: *(Street, City, State and Zip Code)* 4

Trailing Unit(s): *(Description)* 4

DATE/TIME OF ACCIDENT: 601

Date...../...../.....
(Mo.) (Day) (Yr.)

Day of Week.....

Time (24 hr.).....

602

SHEET.....OF.....

Total No.:
Vehicles.....
Occupants.....
Pedestrians.....
Injured.....
Killed.....

SEVERITY: 603
1 ☐ Fatal 2 ☐ Injury 3 ☐ Property Damage

CONDITION OF SURFACE: 604
1 ☐ Dry 3 ☐ Snowy-icy
2 ☐ Wet 4 ☐ Unknown
5 ☐ Other.....

WEATHER: 605
1 ☐ Clear 3 ☐ Raining
2 ☐ Cloudy 4 ☐ Snowing
5 ☐ Other (explain).....

UNUSUAL ROAD CONDITIONS: 606
1 ☐ Holes/deep ruts
2 ☐ Loose material on road
3 ☐ Obstruction in road
4 ☐ Construction/repair zone
5 ☐ Reduced road width
6 ☐ Flooded
7 ☐ Other (explain)
8 ☐ No unusual conditions

COLLISION TYPE: 6
1 ☐ Head on
2 ☐ Rear end
3 ☐ Sideswipe-meeting
4 ☐ Sideswipe-overtaking
5 ☐ Angle
6 ☐ Backed into
7 ☐ All others
8 ☐ Non-collision

Property Damage Other Than Vehicles: *(Describe)* 608

Owner Name and Address:

Notified of Damage:
1 ☐ Yes 2 ☐ No

DAMAGE AMOUNT: 6
1 2
1 ☐ ☐ Minor
2 ☐ ☐ Moderate
3 ☐ ☐ Major
4 ☐ ☐ Total
5 ☐ ☐ No damage

DRIVERS ONLY: 7

1	2		1	2		1	2		1	2	
01 ☐	☐	Going straight	06 ☐	☐	Stopped	11 ☐	☐	Leaving alley or driveway	16 ☐	☐	Traveling wrong way
02 ☐	☐	Turning right	07 ☐	☐	Parked	12 ☐	☐	Passing other vehicle	17 ☐	☐	Driverless-moving vehicle
03 ☐	☐	Turning left	08 ☐	☐	Entering park position	13 ☐	☐	Changing lanes	18 ☐	☐	Racing
04 ☐	☐	Making U-turn	09 ☐	☐	Leaving park position	14 ☐	☐	Other turning movement	19 ☐	☐	Other.....
05 ☐	☐	Backing	10 ☐	☐	Entering alley or driveway	15 ☐	☐	Crossed into opposite lane	20 ☐	☐	Unknown.....

CONTRIBUTING FACTORS:

1	2		1	2		1	2	
01 ☐	☐	Excessive speed	07 ☐	☐	Followed too closely	13 ☐	☐	Mechanical defect (explain)
02 ☐	☐	Speed too fast for conditions	08 ☐	☐	Made improper turn	14 ☐	☐	Road defect (explain)
03 ☐	☐	Failed to yield right-of-way	09 ☐	☐	Driver inattention	15 ☐	☐	Other—not involving driver error
04 ☐	☐	Drove left of center	10 ☐	☐	Had been drinking			
05 ☐	☐	Disregard control device (explain)	11 ☐	☐	Other improper driving			
06 ☐	☐	Improper overtaking	12 ☐	☐	Pedestrian error (explain)			

EXPLAIN "OTHER": 7

Describe What Happened: 7

Violation Charged:

Name | Charge(s)

Name | Charge(s)

Citation/Booking No.: 7

Investigated by: 705 | I.D. No.: 706 | Date: 707 | Reviewed by: 708 | Investigation Is Complete: 7