

INVESTIGATION
SI 10074
REVISED
JUNE 1997

ON PRIVATE PROPERTY

FATAL

INJURY

REPORTING DEPARTMENT

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 MILEPOST LOCATION ACCIDENT OCCURRED

PERMANENT LANDMARK-COUNTY LINE-INTERSECTION FOR USE BY ORIGINATOR

ACCIDENT OCCURRED ACCIDENT OCCURRED CLASSIFICATION

VEHICLE NO. 1 HEADED Driver's Full Name Address Zip Code Phone

Driver License Number State Type Restrictions Expires Date of Birth

Seat Position Code Social Security Num. Occupation Seat Belt Helmet Age Sex Injury

Seat Pos. Occupant's Name Occupant's Address/Zip Code

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 VEHICLE DAMAGE

VEHICLE NO. 2-PEDESTRIAN HEADED Driver's or Pedestrian's Full Name Address Zip Code Phone

Driver License Number State Type Restrictions Expires Date of Birth

Seat Position Code Social Security Num. Occupation Seat Belt Helmet Age Sex Injury

Seat Pos. Occupant's Name Occupant's Address/Zip Code

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 VEHICLE DAMAGE

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

DESCRIPTION OF PROPERTY AND DAMAGE Owner Phone

OTHER PROPERTY INVOLVED Owner's Name Owner's Address/Zip Code

WITNESS Name Age Address Telephone

- INJURY CODES
K - Killed
A - Incapacitated-Carried From Scene
B - Visible Injury
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
9. Airbag Deployed

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

ROAD - WEATHER	LIGHTING (Check One)	WEATHER (Check One)	ROAD COND. (Check One For Each)	ROAD SURFACE (Check One For Each)	TRAFFIC CONTROL (Check One For Each)	ROAD CHARACTER (Check One)	ROAD DESIGN (Check One Or More For Each)	
	<input type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Lighted <input type="checkbox"/> Dark - Not Lighted <input type="checkbox"/> Other	<input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Dust <input type="checkbox"/> Wind <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> Dry <input type="checkbox"/> <input type="checkbox"/> Wet <input type="checkbox"/> <input type="checkbox"/> Snow <input type="checkbox"/> <input type="checkbox"/> Ice <input type="checkbox"/> <input type="checkbox"/> Loose Material <input type="checkbox"/> <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> Paved Unstriped <input type="checkbox"/> <input type="checkbox"/> Paved Center Stripe <input type="checkbox"/> <input type="checkbox"/> Paved Center & Edgeline <input type="checkbox"/> <input type="checkbox"/> Unpaved	<input type="checkbox"/> <input type="checkbox"/> No Passing Zone <input type="checkbox"/> <input type="checkbox"/> Stop Sign <input type="checkbox"/> <input type="checkbox"/> Traffic Signals <input type="checkbox"/> <input type="checkbox"/> Yield Sign <input type="checkbox"/> <input type="checkbox"/> R.R. Gate <input type="checkbox"/> <input type="checkbox"/> 4 Way Stop <input type="checkbox"/> <input type="checkbox"/> Flashers <input type="checkbox"/> <input type="checkbox"/> No Controls <input type="checkbox"/> <input type="checkbox"/> Other	<input type="checkbox"/> Straight <input type="checkbox"/> Curve GRADE (Check One) <input type="checkbox"/> Level <input type="checkbox"/> Hillcrest <input type="checkbox"/> On Grade <input type="checkbox"/> Dip	<input type="checkbox"/> <input type="checkbox"/> 1 Lane <input type="checkbox"/> <input type="checkbox"/> 2 Lanes <input type="checkbox"/> <input type="checkbox"/> 3 Lanes <input type="checkbox"/> <input type="checkbox"/> 4 Lanes <input type="checkbox"/> <input type="checkbox"/> Undivided <input type="checkbox"/> <input type="checkbox"/> Physical Div. <input type="checkbox"/> <input type="checkbox"/> Painted Div.	<input type="checkbox"/> <input type="checkbox"/> One Way <input type="checkbox"/> <input type="checkbox"/> Ramp <input type="checkbox"/> <input type="checkbox"/> Freeway <input type="checkbox"/> <input type="checkbox"/> Undev. <input type="checkbox"/> <input type="checkbox"/> Alley <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Constr. Zone

EVENT	APPARENT CONTRIBUTING FACTORS (Check One Or More For Each)			WHAT DRIVERS WERE DOING (Check One For Each)	
	<input type="checkbox"/> <input type="checkbox"/> Excessive speed <input type="checkbox"/> <input type="checkbox"/> Speed too fast for conditions <input type="checkbox"/> <input type="checkbox"/> Failed to yield right of way <input type="checkbox"/> <input type="checkbox"/> Passed stop sign <input type="checkbox"/> <input type="checkbox"/> Disregarded traffic signal <input type="checkbox"/> <input type="checkbox"/> Drove left of center <input type="checkbox"/> <input type="checkbox"/> Improper overtaking <input type="checkbox"/> <input type="checkbox"/> Avoid no contact vehicle <input type="checkbox"/> <input type="checkbox"/> Avoid no contact - other	<input type="checkbox"/> <input type="checkbox"/> Following too closely <input type="checkbox"/> <input type="checkbox"/> Made improper turn <input type="checkbox"/> <input type="checkbox"/> Driver inattention <input type="checkbox"/> <input type="checkbox"/> Under influence of alcohol <input type="checkbox"/> <input type="checkbox"/> Other improper driving <input type="checkbox"/> <input type="checkbox"/> Pedestrian error <input type="checkbox"/> <input type="checkbox"/> Inadequate brakes <input type="checkbox"/> <input type="checkbox"/> Driverless moving vehicle <input type="checkbox"/> <input type="checkbox"/> Defective steering	<input type="checkbox"/> <input type="checkbox"/> Defective tires <input type="checkbox"/> <input type="checkbox"/> Other mechanical defective <input type="checkbox"/> <input type="checkbox"/> Road defect <input type="checkbox"/> <input type="checkbox"/> Other - No driver error <input type="checkbox"/> <input type="checkbox"/> Traffic control not functioning <input type="checkbox"/> <input type="checkbox"/> Improper lane change <input type="checkbox"/> <input type="checkbox"/> Improper backing <input type="checkbox"/> <input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> Vehicle skidded before braking	<input type="checkbox"/> <input type="checkbox"/> Going Straight <input type="checkbox"/> <input type="checkbox"/> Overtaking-Passing <input type="checkbox"/> <input type="checkbox"/> Right Turn <input type="checkbox"/> <input type="checkbox"/> Left Turn <input type="checkbox"/> <input type="checkbox"/> U Turn <input type="checkbox"/> <input type="checkbox"/> Slowing <input type="checkbox"/> <input type="checkbox"/> Backing	<input type="checkbox"/> <input type="checkbox"/> Stopped for traffic <input type="checkbox"/> <input type="checkbox"/> Stopped for sign/signal <input type="checkbox"/> <input type="checkbox"/> Start in traffic In <input type="checkbox"/> <input type="checkbox"/> Start from park <input type="checkbox"/> <input type="checkbox"/> Parked <input type="checkbox"/> <input type="checkbox"/> Other

DRIVER	DRIVER OR PEDESTRIAN SOBRIETY (Check One Or More For Each)		DRIVER OR PEDESTRIAN PHYSICAL CONDITION (Check One Or More For Each)		PEDESTRIAN ACTION	
	<input type="checkbox"/> <input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> <input type="checkbox"/> Consumed a Controlled Substance <input type="checkbox"/> <input type="checkbox"/> Had Not Consumed Alcohol <input type="checkbox"/> <input type="checkbox"/> Sobriety Unknown <input type="checkbox"/> <input type="checkbox"/> Consumed Medication <input type="checkbox"/> <input type="checkbox"/> Tested by Instrument <input type="checkbox"/> <input type="checkbox"/> Field Sobriety Test <input type="checkbox"/> <input type="checkbox"/> Eye Gaze / Nystagmus	<input type="checkbox"/> <input type="checkbox"/> Fatigue-Asleep <input type="checkbox"/> <input type="checkbox"/> Eyesight Imp. <input type="checkbox"/> <input type="checkbox"/> Hearing Imp. <input type="checkbox"/> <input type="checkbox"/> ILL *Specify _____	<input type="checkbox"/> <input type="checkbox"/> Medication <input type="checkbox"/> <input type="checkbox"/> Amputee <input type="checkbox"/> <input type="checkbox"/> No App. Defects <input type="checkbox"/> <input type="checkbox"/> Other Physical Impairment*	<input type="checkbox"/> <input type="checkbox"/> At Intersection <input type="checkbox"/> <input type="checkbox"/> Not At Intersection		<input type="checkbox"/> <input type="checkbox"/> With Signal <input type="checkbox"/> <input type="checkbox"/> Against Signal <input type="checkbox"/> <input type="checkbox"/> No Signal <input type="checkbox"/> <input type="checkbox"/> Diagonal

Diagram Drawn By: _____ Measurements By: _____ Leave Blank

DIAGRAM



Indicate North By Arrow

Use Supplemental Diagram/Narrative Sheet for additional information

NARRATIVE (Describe how accident occurred.)

TRAILER OR TOWED VEHICLES	TOWED BY VEH. #1	Year	Make	Lic Yr - State - Number	Type			
	TOWED BY VEH. #2	Year	Make	Lic Yr - State - Number	Type			
ENFORCEMENT ACTION	VEH. NO. _____	Name	Violation	W	B	C	Citation No.	
	VEH. NO. _____	Name	Violation	W	B	C	Citation No.	
	VEH. NO. _____	Name	Violation	W	B	C	Citation No.	
Time Notified		Time Arrived		Notified By		Supvr. at Scene		Checked By
Officer's Signature				Rank	ID No.	District	Date of Report	

STATE OF NEW MEXICO UNIFORM ACCIDENT REPORT
SUPPLEMENTAL DIAGRAM/NARRATIVE

SHTD-10075
REV. 7/90

Date	Time	Location	County
Driver No. 1			Sheet
Driver No. 2			Of



Truck and Bus Supplemental Accident Report

UAR Accident
Report # _____

Date _____

ONLY COMPLETE THIS FORM IF TWO CONDITIONS ARE MET

ACCIDENT MUST HAVE INVOLVED

- Condition #1: A truck with at least 2 axles or 6 tires; and/or
 A vehicle with Hazmat placarding; or
 A bus with seats for more than 15 people (including driver).

AND AT LEAST ONE OF THE FOLLOWING OCCURRED:

- Condition #2: Person(s) fatally injured.
 Injured person(s) taken from the scene for medical attention.
 Vehicle(s) towed from the scene.

ACCIDENT INFORMATION

Carrier Name _____

Carrier Address _____

- Source: Vehicle Side
 Shipping Papers
 Driver

Carrier ID # _____

US DOT # _____

ICC MC # _____

State Name _____

State # _____

VEHICLE CONFIGURATION

- Bus
 Single unit truck, 2 axle, 6 tire
 Single unit truck, 3 or more axles
 Truck / Trailer
 Truck Tractor (bobtail)
 Tractor / Semitrailer
 Tractor / Doubles
 Unknown heavy truck

CARGO BODY TYPE

- Bus
 Van or Enclosed Box
 Cargo Tank
 Flatbed
 Dump
 Concrete Mixer
 Auto Transport
 Garbage or Refuse
 Unknown heavy truck

Gross Vehicle
Weight Rating

lbs.

Axles on Vehicle
Including Trailer

Number
of Injuries

Number
of Fatalities

HAZMAT

Was Hazardous
Cargo Released
from the Vehicle? YES
 NO

From Placard,
Indicate 4 Digit
Placard Number

Indicate Name
from Diamond
or Box

Indicate Single
Digit Number
from Bottom
of Diamond

SEQUENCE OF EVENTS

- | | | | | |
|---|---|---|---|--|
| 1 | 2 | 3 | 4 | Ran Off the Road |
| 1 | 2 | 3 | 4 | Jackknifed |
| 1 | 2 | 3 | 4 | Overtuned |
| 1 | 2 | 3 | 4 | Downhill Runaway |
| 1 | 2 | 3 | 4 | Cargo Lost or Shifted |
| 1 | 2 | 3 | 4 | Explosion or Fire |
| 1 | 2 | 3 | 4 | Separation of Units |
| 1 | 2 | 3 | 4 | Collision Involving Pedestrian |
| 1 | 2 | 3 | 4 | Collision Involving Vehicle in Transport |
| 1 | 2 | 3 | 4 | Collision Involving Parked Vehicle |
| 1 | 2 | 3 | 4 | Collision Involving Train |
| 1 | 2 | 3 | 4 | Collision Involving Pedalcycle |
| 1 | 2 | 3 | 4 | Collision Involving Animal |
| 1 | 2 | 3 | 4 | Collision Involving Fixed Object |
| 1 | 2 | 3 | 4 | Collision Involving Other Object |
| 1 | 2 | 3 | 4 | Other |

TRAFFICWAY

- Not physically divided
 Divided highway, median strip, no traffic barrier
 Divided highway, median strip, *with* traffic barrier
 One way traffic

ACCESS CONTROL

- No control, unlimited access
 Full control, only ramp entry and exit

COMMENTS AND OTHER INFORMATION

**IF APPLICABLE,
USE TO IDENTIFY LARGE TRUCKS AND THEIR TRAILER COMBINATIONS.
PLACE THE APPROPRIATE CODE IN THE "BODY STYLE" SPACE.**

Example:

Vehicle Yr.	Vehicle Make	Color	Body Style B4	Removed To:				Removed By:
License Yr.	State	License Number	US DOT/CC/SCC Numbers	VIN			Owner's Telephone	
Owner's Name				Owner's Address				Zip Code
Insured By: (Name of Company)				Policy Number		Liability Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> VEHICLE DAMAGE HEAVY <input type="checkbox"/> MODERATE SLIGHT <input type="checkbox"/> NONE

	NONE	BOX				FLATBED				TANKER (LIQUID)				TANKER (GAS)				DUMP	ALL OTHERS
	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13	A14	—	A16			
	B1	B2	B3	B4	B5	B6	B7	B8	B9	B10	B11	B12	B13	B14	—	B16			
	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	C13	C14	—	C16			
	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	D11	D12	D13	D14	—	D16			
	E1	E2	E3	—	E5	E6	E7	E8	—	—	—	—	—	—	—	E16			
	F1	F2	F3	—	F5	F6	—	—	—	—	—	—	—	—	F15	F16			
	G1	G2	G3	—	—	—	—	—	—	—	—	—	—	—	—	G16			
	H1	H2	H3	—	—	—	—	—	H9	H10	—	H12	H13	—	—	H16			
	J1	J2	J3	—	—	—	—	—	J9	J10	—	J12	J13	—	—	J16			
	K1	K2	K3	—	K5	K6	—	K8	—	—	—	—	—	—	—	K16			
	L1	L2	L3	—	L5	L6	—	L8	—	—	—	—	—	—	—	L16			
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M13	M14	M15	M16			
	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	P13	P14	P15	P16			
	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	R11	R12	R13	R14	R15	R16			
	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12	S13	S14	S15	S16			