

101

STATE OF NEVADA TRAFFIC ACCIDENT REPORT

102

Agency Name and File No.:

OCCURRED ON: (Highway No. or Street Name)

City or County:

STREET CODE:

201

1 At intersection with

2 or:.....feet.....of

STREET CODE:

202

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

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

Address, City, State and Zip Code: Address, City, State and Zip Code:

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

Street Address, City, State and Zip Code: 304 Street Address, City, State and Zip Code: 304

State/Driver's License No.: 305 Social Security No.: 306 Sex: 307 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 Name: (Last, First, Middle) 408

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

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

DATE/TIME OF ACCIDENT: 601 SHEET.....OF..... 602 SEVERITY: 603 UNUSUAL ROAD CONDITIONS: 606 COLLISION TYPE: 607 Date: (Mo.) / (Day) / (Yr.) Total No.: Vehicles..... Occupants..... Pedestrians..... Injured..... Killed..... CONDITION OF SURFACE: 604 WEATHER: 605 1 Fatal 2 Injury 3 Property Damage 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 1 Head on 2 Rear end 3 Sideswipe-meeting 4 Sideswipe-overtaking 5 Angle 6 Backed into 7 All others 8 Non-collision 1 Dry 3 Snowy-icy 1 Clear 3 Raining 2 Wet 4 Unknown 2 Cloudy 4 Snowing 5 Other (explain) 5 Other (explain).....

Property Damage Other Than Vehicles: (Describe) 608 DAMAGE AMOUNT: 609

Owner Name and Address: Notified of Damage: 1 Yes 2 No

DRIVERS ONLY: 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 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)

Describe What Happened: 703

Violation Charged: Name Charge(s) Citation/Booking No.: 704

Investigated by: 705 I.D. No.: 706 Date: 707 Reviewed by: 708 Investigation Is Complete: 709 1 Yes 2 No

