Local Use

ACCIDENT INVESTIGATOR'S REPORT

Accident Number | Hit & Run ☐ Yes ☐ No | Pages: Number of | Number of: Vehicles Pedestrians

Year	Agency	ID Number	Month	Seq No	Date of Accident	Time	Name of City	City Code	Name of County	County Code

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

If Not At Intersection | Or | (Location Code)

Feet | Miles N S E W

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

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

Indicate North By Arrow

Range
Township
Section

COLLISION TYPE - Multiple Veh.

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

Police Photos Yes No

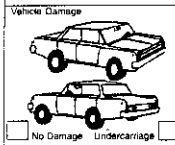
DRIVER | **DRIVER** | **PEDESTRIAN**

Driver's Name (Last) First Middle	Driver's Name (Last) First Middle
Address - Number and Street	Address - Number and Street
City State Zip Code	City State Zip Code
Driver License Number / State / Operator Commercial Other	Driver License Number / State / Operator Commercial Other
Date of Birth / Driver License Status / Restriction Compliance / Other Licensing Data / Insurance Carrier	Date of Birth / Driver License Status / Restriction Compliance / Other Licensing Data / Insurance Carrier
Violation Code 1 / Summons No. 1	Violation Code 1 / Summons No. 1
Violation Code 2 / Summons No. 2 / Policy Number	Violation Code 2 / Summons No. 2 / Policy Number

Vehicle | **Vehicle**

Owner ☐ Same as Driver	Owner ☐ Same as Driver
Number and Street	Number and Street
City State Zip Code	City State Zip Code
Vehicle Identification Number / License Plate Number	Vehicle Identification Number / License Plate Number
Vehicle Make / Vehicle Year / License State	Vehicle Make / Vehicle Year / License State

Vehicle Damage



☐ No Damage ☐ Undercarriage ☐

Vehicle Damage (x) if Over $400 ☐

Vehicle Damage Severity: ☐ None ☐ Disabling ☐ Functional ☐ Other

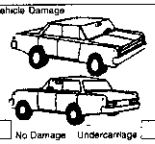
Towed Due to Damage: ☐ Yes ☐ No ☐ Unknown

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

Property Damaged By This Vehicle Owner/Address

Wrecker Company

Vehicle Damage



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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

HC1539

COMMERCIAL VEHICLE AND FATAL ACCIDENT SUPPLEMENT

Carrier Name/Address/Street/City/State _____ ICC# _____

Zip Code (if other than owner) _____ DOT# _____

V1 V2 VEHICLE CONFIGURATION

- 1 Bus (seats for 15 people)
- 2 Single-unit truck (2-axle, 6-tire)
- 3 Single-unit truck (3 or more axles)
- 4 Truck / Trailer
- 5 Truck Tractor (bobtail)
- 6 Tractor / semitrailer
- 7 Tractor double trailer
  - A Standard
  - B Rocky Mountain
  - C Turnpike
  - D Truck / trailer-trailer
- 8 Tractor / triple
- 9 Unknown Truck, cannot classify

Placard ID# _____ **Haz Mat Code** _____

Placard Y N

Release Y N

Haz Mat Name (shipping paper) _____

V1 V2 CARGO BODY TYPE

- 1 Bus (seats for 15 people)
- 2 Van/Enclosed
- 3 Cargo Tank
- 4 Flatbed
- 5 Dump
- 6 Concrete Mixer
- 7 Auto Transporter
- 8 Garbag/Refuse
- 9 Other

Trucks, Buses, etc. number of axles (including Trailers)

Veh 1 _____

Veh 2 _____

	Veh1	Veh2
GVWR	_____	_____

V1	V2	Sequence of Events
1 2 3 4	1 2 3 4	A. Ran off road
1 2 3 4	1 2 3 4	B. Jackknife
1 2 3 4	1 2 3 4	C. Overturn
1 2 3 4	1 2 3 4	D. Downhill Runaway
1 2 3 4	1 2 3 4	E. Cargo loss or shift
1 2 3 4	1 2 3 4	F. Explosion or fire
1 2 3 4	1 2 3 4	G. Separation of units
1 2 3 4	1 2 3 4	H. Collision involving pedestrian
1 2 3 4	1 2 3 4	I. Collision involving motor vehicle in transport
1 2 3 4	1 2 3 4	J. Collision involving parked motor vehicle
1 2 3 4	1 2 3 4	K. Collision involving train
1 2 3 4	1 2 3 4	L. Collision involving pedalcycle
1 2 3 4	1 2 3 4	M. Collision involving animal
1 2 3 4	1 2 3 4	N. Collision involving fixed object
1 2 3 4	1 2 3 4	O. Collision involving other object

Trafficway

- 1 Not physically divided (2-way traffic)
- 2 Divided highway, median strip w/o barrier
- 3 Divided highway, median strip w/ barrier
- 4 One-way trafficway

Access Control

- 1 No control (unlimited access)
- 2 Full control (only ramp entry/exit)
- 3 Other

V1 V2 APPARENT DRIVER CONDITION

- 1 Appeared normal
- 2 Had been drinking
- 3 Illegal drug use
- 4 Sick
- 5 Fatigue
- 6 Asleep
- 7 Medication
- 8 Unknown

FATAL ACCIDENT ONLY:

Notification Time EMS (military time) 0000_not notified [ ][ ][ ][ ]

Arrival Time EMS [ ][ ][ ][ ]

EMS time at hospital of Most Severly Injured 0000_no one transported [ ][ ][ ][ ]

Name of person/s involved	BAC Test Given	Method of Alcohol Determination (On-scene) (use codes below)	Ejection Path (use codes below)
1. _____	Y N ? Refused	_____	_____
2. _____	Y N ? Refused	_____	_____
3. _____	Y N ? Refused	_____	_____
4. _____	Y N ? Refused	_____	_____
5. _____	Y N ? Refused	_____	_____

Roadway Surface Type

- 1 Concrete
- 2 Blacktop (bituminous)
- 3 Slag, Gravel or stone
- 4 Dirt
- 5 Other

	Veh1	Veh2	Veh3
Est. Speed	_____	_____	_____

Number of Traffic Lanes: _____

1. Evidential Test (Breath, Blood, Urine)
2. Priminiary Breath Test (PBT)
3. Behavioral (Field Sobriety Test)
4. Observed (Smell, speech, etc)
5. Other (saliva test, tissue test)
6. Passive Alcohol Sensor (PAS)

1. Not ejected/not applicable
2. Through side door opening
3. Through side window
4. Through windshield
5. Through back windows
6. Through back door/tailgate opening
7. Out roof opening (sunroof, top down)
8. Out roof (top up)
9. Other path (e.g. back of pickup)
10. Unknown