STATE OF NEW MEXICO
UNIFORM ACCIDENT REPORT

INVESTIGATION
SH 10074
REVISED
JUNE 1997

419597

REPORTING DEPARTMENT

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

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:
MILEPOST LOCATION: ☐ FEET ☐ MILES N S E W OF MILEPOST NO:
PERMANENT LANDMARK—COUNTY LINE—INTERSECTION
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 7. OTHER | Social Security Num. | Occupation | Seat Belt | Helmet Yes No | 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 ☐ Yes ☐ No	VEHICLE DAMAGE ☐ HEAVY ☐ MODERATE ☐ SLIGHT ☐ NONE

VEHICLE NO. 2—PEDESTRIAN — OTHER

VEHICLE NO. 2—PEDESTRIAN 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 7. OTHER | Social Security Num. | Occupation | Seat Belt | Helmet Yes No | 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 ☐ Yes ☐ No	VEHICLE DAMAGE ☐ HEAVY ☐ MODERATE ☐ SLIGHT ☐ 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.

ISSUING AGENCY COPY

ROAD – WEATHER

LIGHTING (Check One)
- ☐ Daylight
- ☐ Dawn
- ☐ Dusk
- ☐ Dark Lighted
- ☐ Dark - Not Lighted
- ☐ Other

WEATHER (Check One)
- ☐ Clear
- ☐ Raining
- ☐ Snowing
- ☐ Fog
- ☐ Dust
- ☐ Wind
- ☐ Other

ROAD COND. (Check One For Each)
- ☐ ☐ Dry
- ☐ ☐ Wet
- ☐ ☐ Snow
- ☐ ☐ Ice
- ☐ ☐ Loose Material
- ☐ ☐ Other

ROAD SURFACE (Check One For Each)
- ☐ ☐ Paved Unstriped
- ☐ ☐ Paved Center Stripe
- ☐ ☐ Paved Center & Edgeline
- ☐ ☐ Unpaved

TRAFFIC CONTROL (Check One For Each)
- ☐ ☐ No Passing Zone
- ☐ ☐ Stop Sign
- ☐ ☐ Traffic Signals
- ☐ ☐ Yield Sign
- ☐ ☐ R.R. Gate
- ☐ ☐ 4 Way Stop
- ☐ ☐ Flashers
- ☐ ☐ No Controls
- ☐ ☐ Other

ROAD CHARACTER (Check One)
- ☐ Straight
- ☐ Curve

GRADE (Check One)
- ☐ Level
- ☐ Hillcrest
- ☐ On Grade
- ☐ Dip

ROAD DESIGN (Check One Or More For Each)
- ☐ ☐ 1 Lane
- ☐ ☐ 2 Lanes
- ☐ ☐ 3 Lanes
- ☐ ☐ 4 Lanes
- ☐ ☐ Undivided
- ☐ ☐ Physical Div.
- ☐ ☐ Painted Div.
- ☐ ☐ One Way
- ☐ ☐ Ramp
- ☐ ☐ Freeway
- ☐ ☐ Undev.
- ☐ ☐ Alley
- ☐ ☐ Other
- ☐ ☐ Constr. Zone

EVENT

APPARENT CONTRIBUTING FACTORS (Check One Or More For Each)
- ☐ ☐ Excessive speed
- ☐ ☐ Speed too fast for conditions
- ☐ ☐ Failed to yield right of way
- ☐ ☐ Passed stop sign
- ☐ ☐ Disregarded traffic signal
- ☐ ☐ Drove left of center
- ☐ ☐ Improper overtaking
- ☐ ☐ Avoid no contact vehicle
- ☐ ☐ Avoid no contact - other
- ☐ ☐ Following too closely
- ☐ ☐ Made improper turn
- ☐ ☐ Driver inattention
- ☐ ☐ Under influence of alcohol
- ☐ ☐ Other improper driving
- ☐ ☐ Pedestrian error
- ☐ ☐ Inadequate brakes
- ☐ ☐ Driverless moving vehicle
- ☐ ☐ Defective steering
- ☐ ☐ Defective tires
- ☐ ☐ Other mechanical defective
- ☐ ☐ Road defect
- ☐ ☐ Other – No driver error
- ☐ ☐ Traffic control not functioning
- ☐ ☐ Improper lane change
- ☐ ☐ Improper backing
- ☐ ☐ None
- ☐ ☐ Vehicle skidded before braking

WHAT DRIVERS WERE DOING (Check One For Each)
- ☐ ☐ Going Straight
- ☐ ☐ Overtaking–Passing
- ☐ ☐ Right Turn
- ☐ ☐ Left Turn
- ☐ ☐ U Turn
- ☐ ☐ Slowing
- ☐ ☐ Backing
- ☐ ☐ Stopped for traffic
- ☐ ☐ Stopped for sign/signal
- ☐ ☐ Start in traffic In
- ☐ ☐ Start from park
- ☐ ☐ Parked
- ☐ ☐ Other

DRIVER

DRIVER OR PEDESTRIAN SOBRIETY (Check One Or More For Each)
- ☐ ☐ Consumed Alcohol
- ☐ ☐ Consumed a Controlled Substance
- ☐ ☐ Had Not Consumed Alcohol
- ☐ ☐ Sobriety Unknown
- ☐ ☐ Consumed Medication
- ☐ ☐ Tested by Instrument
- ☐ ☐ Field Sobriety Test
- ☐ ☐ Eye Gaze / Nystagmus

DRIVER OR PEDESTRIAN PHYSICAL CONDITION (Check One Or More For Each)
- ☐ ☐ Fatigue-Asleep
- ☐ ☐ Eyesight Imp.
- ☐ ☐ Hearing Imp.
- ☐ ☐ ILL
- ☐ ☐ Medication
- ☐ ☐ Amputee
- ☐ ☐ No App. Defects
- ☐ ☐ Other Physical Impairment*

*Specify _____

PEDESTRIAN

PEDESTRIAN ACTION

At Intersection
- ☐ ☐ With Signal
- ☐ ☐ Against Signal
- ☐ ☐ No Signal
- ☐ ☐ Diagonal

Not At Intersection
- ☐ ☐ From Behind Obstruction
- ☐ ☐ No Crosswalk
- ☐ ☐ Crosswalk
- ☐ ☐ Walking W/Tr
- ☐ ☐ Other
- ☐ ☐ Walking Against Traffic
- ☐ ☐ Standing
- ☐ ☐ Pushing or Working on Vehicle
- ☐ ☐ Playing In Road

*Specify _____

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		Year	Make	Lic Yr – State – Number	Type
	TOWED BY VEH. #1 _____				
	TOWED BY VEH. #2 _____				

ENFORCEMENT ACTION

	Name	Violation	W	B	C	Citation No.
VEH. NO. _____						
VEH. NO. _____						
VEH. NO. _____						

Time Notified	Time Arrived	Notified By	Supvr. at Scene	Checked By

Officer's Signature	Rank	ID No.	District	Date of Report

THIS REPORT MAY CONTAIN OPINIONS AND OBSERVATIONS OF THE INVESTIGATING OFFICER