STATE OF NEVADA
TRAFFIC ACCIDENT REPORT
VEHICLE INFORMATION SHEET

Event Number:

Vehicle # # Occupants
1) At Fault
2) Non Contact Vehicle

Direction:
1) North
2) South
3) East
4) West

Highway / Street Name:

Vehicle:
1) Straight
2) Backing
3) Left Turn
4) Right Turn
5) U-Turn
6) Passing
7) Wrong Way
8) Parked
9) Stopped
10) Racing
11)Leaving Parked
12)Leaving Lane
13)Entering Lane
14) Other Turning
15) Driverless Vehicle
16) Other

Action:
1) Entering
2) Exiting
3) Passing
4) Parked
5) Stopped
6) Racing
7) Leaving Parked
8) Leaving Lane
9) Entering Lane
10) Other Turning
11) Driverless Vehicle
12) Other

Driver:

Transported By:
1) Not Transported
2) EMS
3) Police
4) Unknown
5) Other

Street Address:

City:

State / Country
1) NY

Zip Code:

DOB:

Phone Number:

OLN:

Person Type:

Seating Position:

Occupant Restraints:

Compliance:

Endorsements:

Restrictions:

Alcohol/Drug Involvement:

Method of Determination:

Test Results:

Vehicle Year:

Vehicle Make:

Vehicle Model:

Vehicle Type:

Registration Number:

Expiry Date:

Vehicle Color:

Registered Owner Name:

Registered Owner Address:

Insurance Company Name:

Policy Number:

Insurance Company Address or Phone Number:

1) Towed

Towed By:

Removed To:

Traffic Control:

Code:

1) Speed Zone
2) Signal Light
3) Flashing Light
4) School Zone
5) Ped. Signal
6) No Passing
7) No Controls
8) Warning Sign
9) Turn Signal
10) Other

Distance Traveled After Impact:

From

To

Limit

1) Minor
2) Moderate
3) Total
4) None
5) Major
6) Unknown

Sequence Of Events:

Code #

Description

Collision With
Fixed Object

Most Harmful
Event

1st Contact

1) Over Ride
2) Under Ride

Damaged Areas:

1) Front
2) Right Side
3) Left Side
4) Rear
5) Right Front
6) Right Rgar
7) Top
8) Under Carriage
9) Left Front
10) Left Rear
11) Unknown
12) Other

Investigator(s):
<table>
<thead>
<tr>
<th>Event Number:</th>
<th>STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET</th>
<th>Accident Number:</th>
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<tbody>
<tr>
<td>Name: (Last Name, First Name, Middle Name Suffix)</td>
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<td>1) Trailing Unit 3</td>
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<td>Commercial Vehicle Configuration</td>
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<td>Carrier Name:</td>
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<td>Carrier Street Address:</td>
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<tr>
<td>Cargo Body Type</td>
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<td>Haz-Mat ID #:</td>
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<td>Type of Carrier</td>
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<td>NAS Safety Report #:</td>
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<tr>
<td>Vehicle Information</td>
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</table>

**Source:**

- 1) Driver
- 2) Log Book
- 3) Shipping Papers / Trip Manifest
- 4) State Reg.
- 5) Side Of Vehicle
- 6) Other

**Power Unit GVWR:**

- 1) ≤ 10,000 Lbs
- 2) 10,000 - 26,000 Lbs
- 3) > 26,000 Lbs

**Carrier Number:**

- 1) Haz-Mat
- 2) Released
### STATE OF NEVADA
### TRAFFIC ACCIDENT REPORT
### SCENE INFORMATION SHEET

**Event Number:**

**Code Revision:**

- [ ] 1) Urban
- [ ] 2) Rural
- [ ] 1) Emergency Use
- [ ] 2) Office Report
- [ ] 1) Preliminary Report
- [ ] 2) Initial Report
- [ ] 1) Resubmission
- [ ] 4) Supplement Report
- [ ] 2) Private Property
- [ ] 1) Lif and Run
- [ ] 2) Private Property

**Agency Name:**

**Occurred On:** (Highway # or Street Name)
- [ ] 1) Parking Lot
- [ ] 2) Or
- [ ] 3) Esst
- [ ] 4) Miles
- [ ] 5) Approximate
- [ ] Of (Cross Street)

**Access Control**
- [ ] 1) None
- [ ] 2) Full
- [ ] 3) Partial

**Roadway Character**
- [ ] 1) Curve & Grade
- [ ] 2) Curve & Hillcrest
- [ ] 3) Curve & Level
- [ ] 4) Straight & Grade
- [ ] 5) Straight & Hillcrest
- [ ] 6) Straight & Level
- [ ] 7) Unknown
- [ ] 8) Other

**Roadway Conditions**
- [ ] 1) Dry
- [ ] 2) Icy
- [ ] 3) Wet
- [ ] 4) Snow
- [ ] 5) Sand / Mud / Oil / Dirt / Gravel
- [ ] 6) Other

**Total Thru Lanes**

**Average Roadway Widths**

**Roadway Grade**

**Pavement Markings and Type**
- [ ] 1) Centerline, Broken Yellow
- [ ] 2) Centerline, Solid Yellow
- [ ] 3) Centerline, Double Yellow
- [ ] 4) Lane Line, Broken White
- [ ] 5) Lane Line, Solid Yellow
- [ ] 1) Dry
- [ ] 2) Icy
- [ ] 3) Wet
- [ ] 4) Snow
- [ ] 5) Sand / Mud / Oil / Dirt / Gravel
- [ ] 6) Other

**Light Conditions**

**Vehicle Collision Type**
- [ ] 1) Head On
- [ ] 2) Rear End
- [ ] 3) Backing
- [ ] 4) Angle
- [ ] 5) Rear to Rear
- [ ] 6) Sideswipe - Meeting
- [ ] 7) Sideswipe - Overtaking
- [ ] 8) Non - Collision
- [ ] 9) Unknown

**Highway / Environment Factors**
- [ ] 1) None
- [ ] 2) Weather
- [ ] 3) Debris
- [ ] 4) glare
- [ ] 5) Other Highway
- [ ] 6) Other Environmental

**Property Damage To Other Than Vehicle**

**First Harmful Event**

**Description of Accident / Narrative**

**Scene Information**

**Investigation Complete**
- [ ] Yes
- [ ] No

**Photos Taken**
- [ ] Yes
- [ ] No

**Scene Diagram**
- [ ] 1) Yes
- [ ] 2) No

**Statements**
- [ ] 1) Yes
- [ ] 2) No

**Date Notified**

**Time Notified**

**Arrival Date**

**Arrival Time**

[ ] 1) Continued On Back of Scene Information Sheet

**Investigator(s)**

**ID Number**

**Date**

**Reviewed By**

**Date Reviewed**

**Page**
STATE OF NEVADA
TRAFFIC ACCIDENT REPORT
NON-MOTORIST INFORMATION SHEET
Revised 1/14/04

Event Number:  

Non-Motorist #  
☐ 1) At Fault  
☐ 2) Non-Contact (person)  

Non-Motorist Type  
☐ 1) Pedestrian  
☐ 2) Pedal Cyclist  
☐ 3) Skater  
☐ 4) Other  

Direction of Travel  
☐ 1) North  
☐ 2) South  
☐ 3) East  
☐ 4) West  
☐ 5) Unknown  

Highway / Street Name:  

Transported By:  
☐ 1) Not Transported  
☐ 2) EMS  
☐ 3) Police  
☐ 4) Unknown  
☐ 5) Other  

Indicate Transporting Agency:  

Non-Motorist:  
(First Name, Middle Name, Last Name, Suffix)  

Street Address:  

City:  
State / Country  
Zip Code:  

Person Type:  
Code  
Seating Position:  
Code  
Occupant Restraints:  
Code  

DOB:  
Male  
Female  
Unknown  

Phone Number:  

Injury Severity:  
Code  
Injury Location:  
Code  
Code  
Code  

OLN / ID Card:  

State:  
1) NV  

Airbags:  
Code  
Airbag Switch:  
Code  
Ejected:  
Code  
Trapped:  
Code  

Non-Motorist Condition  
☐ 1) Apparently Normal  
☐ 2) Physical Impairment  
☐ 3) Under Influence:  
Medication / Drugs / Alcohol  
☐ 4) Fatigued / Asleep / Fainted  
☐ 5) Emotional  
☐ 6) Illness  
☐ 7) Unknown  
☐ 8) Other  

Alcohol / Drug Involvement  
☐ 1) Not Involved  
☐ 2) Suspected Impairment  
☐ 3) Alcohol  
☐ 4) Drugs  
☐ 5) Unknown  

Method of Determination (Check up to 2)  
☐ 1) Field Sobriety Test  
☐ 2) Preliminary Breath Test  
☐ 3) Blood Test  
☐ 4) Evidentiary Breath Test  
☐ 5) Urine Test  

Test Results:  

Non-Motorist Action  
☐ 1) Entering or Crossing at Location  
☐ 2) Walking, Running, Playing, Cycling  
☐ 3) Approaching or Leaving Vehicle  
☐ 4) Playing or Working on Vehicle  
☐ 5) Other  

Non-Motorist Factors  
☐ 1) Improper Crossing  
☐ 2) Lying / Illegally in Roadway  
☐ 3) Fail to Yield Right of Way  
☐ 4) Fail to Obey Traffic Signs, Signals, or Officer  
☐ 5) Other  
☐ 6) Wrong Side of Road  
☐ 7) Not Visible  
☐ 8) Darting Into Roadway  
☐ 9) Inattentive  
☐ 10) Unknown  

Location Prior to Impact  
☐ 1) Marked Crosswalk at Intersection  
☐ 2) At Intersection, No Crosswalk  
☐ 3) Non-Intersection Crosswalk  
☐ 4) Driveway Access Crosswalk  
☐ 5) Sidewalk  
☐ 6) Median  
☐ 7) Outside Highway  
☐ 8) Shared Use Path or Trail  
☐ 9) On Highway, More than 10’ from Travel Lanes  
☐ 10) In Roadway  
☐ 11) Traffic Island  
☐ 12) Shoulder  
☐ 13) Unknown  
☐ 14) Other  

Safety Equipment  
☐ 1) None  
☐ 2) Helmet  
☐ 3) Protective Pads  
☐ 4) Reflective Clothing  
☐ 5) Lighting  
☐ 6) Unknown  
☐ 7) Other  

Bike Lane / Path  
☐ 1) No Bike Lane Path  
☐ 2) Bike Route (Signed)  
☐ 3) Striped Bicycle Lane - Right Side Only  
☐ 4) Striped Bicycle Lane - Left Side Only  
☐ 5) Striped Bicycle Lane - Both Sides  
☐ 6) Separate Bicycle Path / Trail  
☐ 7) Unknown  
☐ 8) Other  

Vehicle Number(s) Striking Non-Motorist  

#:  
#:  
#:  

Non-Motorist Speed Estimate  
From:  
To:  
Limit:  

Non-Motorist Information  

Violator  
NOC  
Citation Number  

Violation  
NOC  
Citation Number  

Investigator(s)  

ID Number  
Date  
Reviewed By  
Date Reviewed  
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