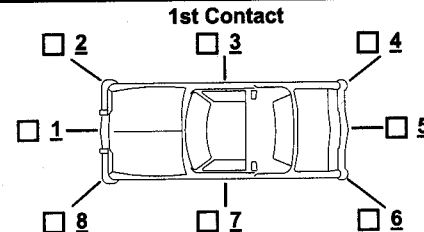


Event Number:		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET <small>Revised 1/14/04</small>				Accident Number:			
Vehicle #	# Occupants	<input type="checkbox"/> 1 At Fault <input type="checkbox"/> 2 Non Contact Vehicle		Agency Name:					
Direction of Travel: <input type="checkbox"/> 1 North <input type="checkbox"/> 2 South <input type="checkbox"/> 3 East <input type="checkbox"/> 4 West <input type="checkbox"/> 5 Unknown		Highway / Street Name:				Travel Lane #:			
Vehicle <input type="checkbox"/> 1 Straight <input type="checkbox"/> 2 Backing <input type="checkbox"/> 3 Left Turn <input type="checkbox"/> 4 Right Turn <input type="checkbox"/> 5 U-Turn <input type="checkbox"/> 6 Parked <input type="checkbox"/> 7 Wrong Way <input type="checkbox"/> 8 Stopped <input type="checkbox"/> 9 Passing <input type="checkbox"/> 10 Racing <input type="checkbox"/> 11 Leaving Parked <input type="checkbox"/> 12 Entering Lane <input type="checkbox"/> 13 Leaving Lane <input type="checkbox"/> 14 Other Turning <input type="checkbox"/> 15 Enter Parked (#) <input type="checkbox"/> 16 Driverless Vehicle <input type="checkbox"/> 17 Lane Change <input type="checkbox"/> 18 Other <input type="checkbox"/> 19 Unknown									
Driver: (Last Name, First Name, Middle Name Suffix)				Transported By: <input type="checkbox"/> 1 Not Transported <input type="checkbox"/> 2 EMS <input type="checkbox"/> 3 Police <input type="checkbox"/> 4 Unknown <input type="checkbox"/> 5 Other _____ <small>Indicate Transporting Agency</small>					
Street Address:				Transported To:					
City:		State / Country <input type="checkbox"/> 1 NV		Zip Code:		Person Type: 1	Seating Position: Code	Occupant Restraints: Code	
<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female <input type="checkbox"/> 3 Unknown		DOB: / /		Phone Number:		Injury Severity: Code	Injury Location: Code	Code	
OLN:		State: <input type="checkbox"/> 1 NV		Class: <input type="checkbox"/> 1 CDL <input type="checkbox"/> 2 DL	License Status: Code	Airbags: Code	Airbag Switch: Code	Ejected: Code	
Compliance: <input type="checkbox"/> 1 Restrict <input type="checkbox"/> 2 Endorse		Endorsements: Code Code Code		Restrictions: Code Code Code		Driver Factors			
Alcohol/Drug Involvement		Method of Determination (check up to 2)			Test Results:			Code	
<input type="checkbox"/> 1 Not Involved <input type="checkbox"/> 2 Suspected Impairment <input type="checkbox"/> 3 Alcohol <input type="checkbox"/> 4 Drugs <input type="checkbox"/> 5 Unknown		<input type="checkbox"/> 1 Field Sobriety Test <input type="checkbox"/> 2 Evidentiary Breath <input type="checkbox"/> 3 Driver Admission <input type="checkbox"/> 4 Urine Test <input type="checkbox"/> 5 Blood Test <input type="checkbox"/> 6 Preliminary Breath Test			<input type="checkbox"/> 1 Apparently Normal <input type="checkbox"/> 2 Had Been Drinking <input type="checkbox"/> 3 Drug Involvement <input type="checkbox"/> 4 Apparently Fatigued / Asleep <input type="checkbox"/> 5 Obstructed View <input type="checkbox"/> 6 Driver Ill / Injured <input type="checkbox"/> 7 Other Improper Driving <input type="checkbox"/> 8 Driver Inattention / Distracted <input type="checkbox"/> 9 Physical Impairment <input type="checkbox"/> 10 Unknown			Code	
Vehicle Year:		Vehicle Make:		Vehicle Model:		Vehicle Type:		Vehicle Factors	
Plate / Permit No.:		State: <input type="checkbox"/> 1 NV		Expiration Date: / /		Vehicle Color:		<input type="checkbox"/> 1 Failed To Yield Right Of Way <input type="checkbox"/> 2 Disregard Control Device <input type="checkbox"/> 3 Too Fast For Conditions <input type="checkbox"/> 4 Exceeding Speed Limit <input type="checkbox"/> 5 Wrong Way / Direction <input type="checkbox"/> 6 Mechanical Defects Code <input type="checkbox"/> 7 Drove Left Of Center <input type="checkbox"/> 8 Other _____	
Registered Owner Name:				<input type="checkbox"/> 1 Same As Driver				<input type="checkbox"/> 9 Failed To Maintain Lane <input type="checkbox"/> 10 Following Too Close <input type="checkbox"/> 11 Unsafe Lane Change <input type="checkbox"/> 12 Made Improper Turn <input type="checkbox"/> 13 Over Correct/Steering <input type="checkbox"/> 14 Other Improper Driving <input type="checkbox"/> 15 Aggressive / Reckless / Careless <input type="checkbox"/> 16 Driverless Vehicle <input type="checkbox"/> 17 Unsafe Backing <input type="checkbox"/> 18 Ran Off Road <input type="checkbox"/> 19 Hit and Run <input type="checkbox"/> 20 Road Defect (Δ) <input type="checkbox"/> 21 Object Avoidance <input type="checkbox"/> 22 Unknown (#)	
Registered Owner Address:				Insurance Company Name:					
Insurance Company Address or Phone Number:				Policy Number:					
Effective: / /				To: / /					
Towed By:				Removed To:					
Traffic Control				Distance Traveled After Impact		Speed Estimate		Extent Of Damage	
<input type="checkbox"/> 1 Speed Zone <input type="checkbox"/> 2 Signal Light <input type="checkbox"/> 3 Flashing Light <input type="checkbox"/> 4 School Zone <input type="checkbox"/> 5 Ped. Signal <input type="checkbox"/> 6 No Passing <input type="checkbox"/> 7 No Controls <input type="checkbox"/> 8 Warning Sign <input type="checkbox"/> 9 Turn Signal <input type="checkbox"/> 10 Other _____ <input type="checkbox"/> 11 Stop Sign <input type="checkbox"/> 12 Yield Sign <input type="checkbox"/> 13 R. R. Sign <input type="checkbox"/> 14 R. R. Gates <input type="checkbox"/> 15 R. R. Signal (#) <input type="checkbox"/> 16 Marked Lanes <input type="checkbox"/> 17 Tire Chains/Snow Req. <input type="checkbox"/> 18 Permissive Green <input type="checkbox"/> 19 Unknown				From		To		Limit	
				Code #		Description		Collision With Fixed Object	
				1st		Code		Most Harmful Event	
				2nd		Code			
				3rd		Code			
				4th		Code			
				5th		Code			
<input type="checkbox"/> 1 NRS <input type="checkbox"/> 2 CFR <input type="checkbox"/> 3 CC / MC <input type="checkbox"/> 4 Pending (1)		Violation		NOC		Citation Number			
<input type="checkbox"/> 1 NRS <input type="checkbox"/> 2 CFR <input type="checkbox"/> 3 CC / MC (2)		Violation		NOC		Citation Number			
Investigator(s)		ID Number		Date / /		Reviewed By		Date Reviewed / /	
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Vehicle Information

Event Number:	STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET <small>Revised 1/14/04</small>	Accident Number:
		Agency Name:

Name: (Last Name, First Name, Middle Name Suffix)		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <small>Indicate Transporting Agency</small>			
Street Address:		Transported To:			
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type: Code	Seating Position: Code	Occupant Restraints: Code
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: / /	Phone Number:	Injury Severity: Code	Injury Location: Code	Code Code
			Airbags: Code	Airbag Switch: Code	Ejected: Code Trapped: Code

Name: (Last Name, First Name, Middle Name Suffix)		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <small>Indicate Transporting Agency</small>			
Street Address:		Transported To:			
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type: Code	Seating Position: Code	Occupant Restraints: Code
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: / /	Phone Number:	Injury Severity: Code	Injury Location: Code	Code Code
			Airbags: Code	Airbag Switch: Code	Ejected: Code Trapped: Code

Name: (Last Name, First Name, Middle Name Suffix)		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <small>Indicate Transporting Agency</small>			
Street Address:		Transported To:			
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type: Code	Seating Position: Code	Occupant Restraints: Code
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: / /	Phone Number:	Injury Severity: Code	Injury Location: Code	Code Code
			Airbags: Code	Airbag Switch: Code	Ejected: Code Trapped: Code

<input type="checkbox"/> 1) Trailing Unit 1 VIN:	Plate:	State: <input type="checkbox"/> 1) NV	Type:
<input type="checkbox"/> 1) Trailing Unit 2 VIN:	Plate:	State: <input type="checkbox"/> 1) NV	Type:
<input type="checkbox"/> 1) Trailing Unit 3 VIN:	Plate:	State: <input type="checkbox"/> 1) NV	Type:

Commercial Vehicle Configuration			<input type="checkbox"/> 1) Commercial Vehicle <input type="checkbox"/> 2) School Bus
<input type="checkbox"/> 1) Bus, 9 - 15 Occupants	<input type="checkbox"/> 6) Tractor Only	<input type="checkbox"/> 11) Tractor / Semi Trailer	Source <input type="checkbox"/> 1) Driver <input type="checkbox"/> 4) State Reg. <input type="checkbox"/> 2) Log Book <input type="checkbox"/> 5) Side of Vehicle <input type="checkbox"/> 3) Shipping Papers / Trip Manifest <input type="checkbox"/> 6) Other
<input type="checkbox"/> 2) Bus, > 15 Occupants	<input type="checkbox"/> 7) Tractor / Trailer	<input type="checkbox"/> 12) Passenger Vehicle, (Haz-Mat)	
<input type="checkbox"/> 3) Single 2 Axle and 6 Tire	<input type="checkbox"/> 8) Tractor / Doubles	<input type="checkbox"/> 13) Light Truck, (Haz-Mat)	
<input type="checkbox"/> 4) Single > 3 Axle	<input type="checkbox"/> 9) Tractor / Triples	<input type="checkbox"/> 14) Other Heavy Vehicle	
<input type="checkbox"/> 5) Any 4 Tire Vehicle	<input type="checkbox"/> 10) Truck with Trailer		

Carrier Name:	Power Unit GVWR		<input type="checkbox"/> 1) Haz-Mat
Carrier Street Address:	<input type="checkbox"/> 1) ≤ 10,000 Lbs <input type="checkbox"/> 2) 10,000 - 26,000 Lbs <input type="checkbox"/> 3) ≥ 26,000 Lbs	<input type="checkbox"/> 2) Released	
City:	State: <input type="checkbox"/> 1) NV	Zip:	

Cargo Body Type		Haz-Mat ID #:	Type of Carrier	NAS Safety Report #:
<input type="checkbox"/> 1) Pole	<input type="checkbox"/> 6) Van / Box		<input type="checkbox"/> 1) Single State	
<input type="checkbox"/> 2) Tank	<input type="checkbox"/> 7) Concrete Mixer		<input type="checkbox"/> 2) USDOT	Carrier Number:
<input type="checkbox"/> 3) Flatbed	<input type="checkbox"/> 8) Auto Carrier	Hazard Classification #:	<input type="checkbox"/> 3) Canada	
<input type="checkbox"/> 4) Dump	<input type="checkbox"/> 9) Garbage/Refuse		<input type="checkbox"/> 4) Mexico	
<input type="checkbox"/> 5) Unknown	<input type="checkbox"/> 10) Not Applicable		<input type="checkbox"/> 5) None	
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Vehicle Information

Event Number:		STATE OF NEVADA TRAFFIC ACCIDENT REPORT SCENE INFORMATION SHEET <small>Revised 1/14/04</small>				Accident Number:			
Code Revision:						<input type="checkbox"/> 1) Property <input type="checkbox"/> 2) Injury <input type="checkbox"/> 3) Fatal			
<input type="checkbox"/> 1) Urban	<input type="checkbox"/> 1) Emergency Use	<input type="checkbox"/> 1) Preliminary Report	<input type="checkbox"/> 3) Resubmission	<input type="checkbox"/> 1) Hit and Run		Agency Name:			
<input type="checkbox"/> 2) Rural	<input type="checkbox"/> 2) Office Report	<input type="checkbox"/> 2) Initial Report	<input type="checkbox"/> 4) Supplement Report	<input type="checkbox"/> 2) Private Property					
Collision Date / /	Time	Day	Beat / Sector	<input type="checkbox"/> 1) County <input type="checkbox"/> 2) City		Surface	Intersection	Paddle Markers	
						<input type="checkbox"/> 1) Asphalt <input type="checkbox"/> 2) Concrete <input type="checkbox"/> 3) Gravel <input type="checkbox"/> 4) Dirt <input type="checkbox"/> 5) Other	<input type="checkbox"/> 1) Four Way <input type="checkbox"/> 2) > Four Way <input type="checkbox"/> 3) T <input type="checkbox"/> 4) Y <input type="checkbox"/> 5) Roundabout <input type="checkbox"/> 6) Other	<input type="checkbox"/> 1) None <input type="checkbox"/> 2) Left Side <input type="checkbox"/> 3) Right Side <input type="checkbox"/> 4) Both Sides <input type="checkbox"/> 5) Unknown	
Mile Marker	# Vehicles	# Non Motorists	# Occupants	# Fatalities	# Injured	# Restrained			
Occurred On: (Highway # or Street Name) <input type="checkbox"/> 1) Parking Lot								Access Control <input type="checkbox"/> 1) None <input type="checkbox"/> 2) Full <input type="checkbox"/> 3) Partial	
<input type="checkbox"/> 1) At Intersection With: _____ Of (Cross Street)									
<input type="checkbox"/> 2) Or <input type="checkbox"/> 3) Feet <input type="checkbox"/> 4) Miles <input type="checkbox"/> 5) Approximate									
Roadway Character <input type="checkbox"/> 1) Curve & Grade <input type="checkbox"/> 2) Curve & Hillcrest <input type="checkbox"/> 3) Curve & Level <input type="checkbox"/> 4) Straight & Grade <input type="checkbox"/> 5) Straight & Hillcrest <input type="checkbox"/> 6) Straight & Level <input type="checkbox"/> 7) Unknown <input type="checkbox"/> 8) Other		Roadway Conditions <input type="checkbox"/> 1) Dry <input type="checkbox"/> 7) Slush <input type="checkbox"/> 2) Icy <input type="checkbox"/> 8) Standing Water <input type="checkbox"/> 3) Wet <input type="checkbox"/> 9) Moving Water <input type="checkbox"/> 4) Snow <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 5) Sand / Mud / Oil / Dirt / Gravel <input type="checkbox"/> 6) Other		Total Thru Lanes Main Road <input type="checkbox"/> 1) One <input type="checkbox"/> 2) Two <input type="checkbox"/> 3) Three <input type="checkbox"/> 4) Four <input type="checkbox"/> 5) Five <input type="checkbox"/> 6) > 5 Total All Lanes:		Average Roadway Widths Travel Lane _____ Ft Storage / Turn Lane _____ Ft Median _____ Ft Paved Shoulder Inside Outside		Roadway Grade <input type="checkbox"/> 1) Not Determined <input type="checkbox"/> 2) Relatively Level Roadway <input type="checkbox"/> 3) Up Slope (+) <input type="checkbox"/> 4) Down Slope (-) Relative To _____ Grade _____ %	
Pavement Markings and Type Code 1) Centerline, Broken Yellow Code 6) No Passing, Either Direction <input type="checkbox"/> 12) None Code 2) Centerline, Solid Yellow Code 7) Turn Arrow Symbols <input type="checkbox"/> 13) Unknown Code 3) Centerline, Double Yellow Code 8) Center Turn Lane Line Code 4) Lane Line, Broken White Code 9) Edge Line, Left, Yellow Code 5) Lane Line, Solid White Code 10) Edge Line, Right, White <input type="checkbox"/> 11) Other				Highway Description <input type="checkbox"/> 1) Two-Way, Not Divided <input type="checkbox"/> 2) Two-Way, Divided, Unpro, Median <input type="checkbox"/> 3) Two-Way, Divided, Median Barrier <input type="checkbox"/> 4) One-Way, Not Divided <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 6) Off Road		Weather Conditions <input type="checkbox"/> 1) Clear <input type="checkbox"/> 7) Fog, Smog, Smoke, Ash <input type="checkbox"/> 2) Cloudy <input type="checkbox"/> 8) Severe Crosswinds <input type="checkbox"/> 3) Snow <input type="checkbox"/> 9) Sleet / Hail <input type="checkbox"/> 4) Rain <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 5) Blowing Sand, Dirt, Soil, Snow <input type="checkbox"/> 6) Other			
Light Conditions <input type="checkbox"/> 1) Dusk <input type="checkbox"/> 6) Dark - No Roadway Lighting <input type="checkbox"/> 2) Dawn <input type="checkbox"/> 7) Dark - Spot Roadway Lighting <input type="checkbox"/> 3) Daylight <input type="checkbox"/> 8) Dark - Continuous Roadway Lighting <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 9) Dark - Unknown Roadway Lighting <input type="checkbox"/> 5) Other		Vehicle Collision Type <input type="checkbox"/> 1) Head On <input type="checkbox"/> 5) Rear to Rear <input type="checkbox"/> 2) Rear End <input type="checkbox"/> 6) Sideswipe - Meeting <input type="checkbox"/> 3) Backing <input type="checkbox"/> 7) Sideswipe - Overtaking <input type="checkbox"/> 4) Angle <input type="checkbox"/> 8) Non - Collision <input type="checkbox"/> 9) Unknown		Location of First Event <input type="checkbox"/> 1) Travel Lane <input type="checkbox"/> 6) Outside Shoulder <input type="checkbox"/> 11) Ramp <input type="checkbox"/> 2) Turn Lane <input type="checkbox"/> 7) Intersection <input type="checkbox"/> 12) Unknown <input type="checkbox"/> 3) Gore <input type="checkbox"/> 8) Private Property <input type="checkbox"/> 4) Median <input type="checkbox"/> 9) Roadside <input type="checkbox"/> 5) Inside Shoulder <input type="checkbox"/> 10) Other					
Highway / Environment Factors <input type="checkbox"/> 1) None <input type="checkbox"/> 7) Shoulders <input type="checkbox"/> 11) Ruts, Holes, Bumps <input type="checkbox"/> 2) Weather <input type="checkbox"/> 8) Road Obstruction <input type="checkbox"/> 12) Active Work Zone <input type="checkbox"/> 3) Debris <input type="checkbox"/> 9) Worn Traffic Surface <input type="checkbox"/> 13) Inactive Work Zone <input type="checkbox"/> 4) Glare <input type="checkbox"/> 10) Wet, Icy, Snow, Slush <input type="checkbox"/> 14) Animal In Roadway <input type="checkbox"/> 5) Other Highway <input type="checkbox"/> 6) Other Environmental			Property Damage To Other Than Vehicle Describe Property Damage Owner's Name: _____ <input type="checkbox"/> 1) Owner Notified Owner's Address: (Street Address City, State Zip)						
First Harmful Event									
Code #:	Code	Description:							
Description of Accident / Narrative									
<input type="checkbox"/> 1) Continued On Back of Scene Information Sheet									
Investigation Complete	Photos Taken	Scene Diagram	Statements	Date Notified	Time Notified	Arrival Date	Arrival Time		
<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No	<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No	<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No	<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No #	/ /		/ /			
Investigator(s)		ID Number	Date	Reviewed By	Date Reviewed	Page			
			/ /		/ /	1 of			

Event Number:	STATE OF NEVADA TRAFFIC ACCIDENT REPORT NON-MOTORIST INFORMATION SHEET <small>Revised 1/14/04</small>	Accident Number:
		Agency Name:

Non-Motorist: (Last Name, First Name, Middle Name Suffix)		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ Indicate Transporting Agency	
Street Address:		Transported To:	
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown	DOB: / /	Phone Number:	
<input type="checkbox"/> 2) Female			
OLN / ID Card:	State: <input type="checkbox"/> 1) NV	Airbags: Code	Airbag Switch: Code
		Ejected: Code	Trapped: Code

Non-Motorist: (Last Name, First Name, Middle Name Suffix)		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ Indicate Transporting Agency	
Street Address:		Transported To:	
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown	DOB: / /	Phone Number:	
<input type="checkbox"/> 2) Female			
OLN / ID Card:	State: <input type="checkbox"/> 1) NV	Airbags: Code	Airbag Switch: Code
		Ejected: Code	Trapped: Code

Non-Motor Vehicle Description			
Make / Manufacturer:	Model:	Type:	Color:
Identification / Serial Number:		Non-Motor Vehicle Removed By:	
Owner Name: <input type="checkbox"/> 1) Same as Non-Motorist		Non-Motor Vehicle Removed To:	
Street Address:	City:	State: <input type="checkbox"/> 1) NV	Zip Code:

1st Contact Area	Damage to Non-Motor Vehicle	Non-Motor Vehicle Damaged Area				
<table style="width:100%;"> <tr> <th style="width:50%;">Pedal Cyclist / Non-Motor Vehicle</th> <th style="width:50%;">Pedestrian</th> </tr> <tr> <td> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 7 <input type="checkbox"/> 6 </td> <td> <input type="checkbox"/> 1) Right Side <input type="checkbox"/> 2) Left Side <input type="checkbox"/> 3) Head / Feet <input type="checkbox"/> 4) Front <input type="checkbox"/> 5) Back </td> </tr> </table>	Pedal Cyclist / Non-Motor Vehicle	Pedestrian	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 7 <input type="checkbox"/> 6	<input type="checkbox"/> 1) Right Side <input type="checkbox"/> 2) Left Side <input type="checkbox"/> 3) Head / Feet <input type="checkbox"/> 4) Front <input type="checkbox"/> 5) Back	<input type="checkbox"/> 1) Minor <input type="checkbox"/> 2) Moderate <input type="checkbox"/> 3) Major <input type="checkbox"/> 4) Total <input type="checkbox"/> 5) None <input type="checkbox"/> 6) Unknown	<input type="checkbox"/> 1) Front <input type="checkbox"/> 7) Left Front <input type="checkbox"/> 2) Rear <input type="checkbox"/> 8) Left Rear <input type="checkbox"/> 3) Right Side <input type="checkbox"/> 9) Top <input type="checkbox"/> 4) Left Side <input type="checkbox"/> 10) Bottom <input type="checkbox"/> 5) Right Front <input type="checkbox"/> 11) Unknown <input type="checkbox"/> 6) Right Rear <input type="checkbox"/> 12) Other _____
Pedal Cyclist / Non-Motor Vehicle	Pedestrian					
<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 7 <input type="checkbox"/> 6	<input type="checkbox"/> 1) Right Side <input type="checkbox"/> 2) Left Side <input type="checkbox"/> 3) Head / Feet <input type="checkbox"/> 4) Front <input type="checkbox"/> 5) Back					

Sequence Of Events				Non-Motor Vehicle Action	
Code #	Description	Collision With Fixed Object	Most Harmful Event		
1st	Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1) Straight	<input type="checkbox"/> 7) Passing
2nd	Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2) Stopped	<input type="checkbox"/> 8) Entering Lane
3rd	Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3) Left Turn	<input type="checkbox"/> 9) Leaving Lane
4th	Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4) Right Turn	<input type="checkbox"/> 10) Lane Change
5th	Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5) U-Turn	<input type="checkbox"/> 11) Unknown
				<input type="checkbox"/> 6) Other _____	

Event Number:	STATE OF NEVADA TRAFFIC ACCIDENT REPORT Occupant / Witness Supplement <small>Revised 1/14/04</small>	Accident Number:
		Agency Name:

V #	Name: (Last Name, First Name, Middle Name Suffix)	Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <small>Indicate Transporting Agency</small>
Street Address:		Transported To:
City:	State / Country <input type="checkbox"/> 1) NV Zip Code:	Person Type: Code Seating Position: Code Occupant Restraints: Code
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: / / Phone Number:	Injury Severity: Code Injury Location: Code Code Code
		Airbags: Code Airbag Switch: Code Ejected: Code Trapped: Code

V #	Name: (Last Name, First Name, Middle Name Suffix)	Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <small>Indicate Transporting Agency</small>
Street Address:		Transported To:
City:	State / Country <input type="checkbox"/> 1) NV Zip Code:	Person Type: Code Seating Position: Code Occupant Restraints: Code
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: / / Phone Number:	Injury Severity: Code Injury Location: Code Code Code
		Airbags: Code Airbag Switch: Code Ejected: Code Trapped: Code

V #	Name: (Last Name, First Name, Middle Name Suffix)	Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <small>Indicate Transporting Agency</small>
Street Address:		Transported To:
City:	State / Country <input type="checkbox"/> 1) NV Zip Code:	Person Type: Code Seating Position: Code Occupant Restraints: Code
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: / / Phone Number:	Injury Severity: Code Injury Location: Code Code Code
		Airbags: Code Airbag Switch: Code Ejected: Code Trapped: Code

V #	Name: (Last Name, First Name, Middle Name Suffix)	Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <small>Indicate Transporting Agency</small>
Street Address:		Transported To:
City:	State / Country <input type="checkbox"/> 1) NV Zip Code:	Person Type: Code Seating Position: Code Occupant Restraints: Code
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: / / Phone Number:	Injury Severity: Code Injury Location: Code Code Code
		Airbags: Code Airbag Switch: Code Ejected: Code Trapped: Code

V #	Name: (Last Name, First Name, Middle Name Suffix)	Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <small>Indicate Transporting Agency</small>
Street Address:		Transported To:
City:	State / Country <input type="checkbox"/> 1) NV Zip Code:	Person Type: Code Seating Position: Code Occupant Restraints: Code
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: / / Phone Number:	Injury Severity: Code Injury Location: Code Code Code
		Airbags: Code Airbag Switch: Code Ejected: Code Trapped: Code