|   |                       |  |   |                       |   |                                       |   |   |                            | 4.81                  |   | ,                                       |  |  |  |  |
|---|-----------------------|--|---|-----------------------|---|---------------------------------------|---|---|----------------------------|-----------------------|---|---|--|--|--|--|
| Event Number:   |                       |  |   |                       |   | TE OF NE                              |   |   | Accident Number:           |                       |   |   |  |  |  |  |
| Vehicle # # Occupar   |                       | ] 1) <u>A</u> t Fault<br>] 2) <u>N</u> on Contact \    | /ehicle   |                       |   | ACCIDE!<br>INFORMAT<br>Revised 1/14/0 | ION SHE   |   | Agenc                      | Agency Name:          |   |   |  |  |  |  |
| Direction → □ 1) Nort   |                       |  |   | ay / Stree            | et Name:                                    |                                       | Travel Lan  |   |                            |                       |   |   |  |  |  |  |
| of Travel: ☐ 2) <u>S</u> ou   | th 🗆                  | 4) <u>W</u> est  |   |                       |   |                                       |   |   |                            |                       |   |   |  |  |  |  |
| Vehicle □1) <u>S</u> traight<br>Action: □2) <u>B</u> acking   | □3) <u>L</u><br>□4) R | eft Turn []5) U-<br>tight Turn []6) <u>P</u> a         | <u>T</u> urn                                    | ng Way ☐<br>ped (^) ☐ | ] 9) Pass <u>i</u> n<br>] 10) <u>R</u> acin | g                                     | g Par <u>k</u> ed [<br>ng Lane [  | ☐ 13) Le <u>a</u> ving La<br>☐ 14) Ot <u>h</u> er Turr  | ane 15) Enter              |                       | . –   | nge 🔲 19) <u>U</u> nknowr               |  |  |  |  |
| Driver: (Last Name, First Name, Middle Name Suffix)  Transported By: 1) Not Transported 2) EMS 3) Police 4) Unknown |                       |  |   |                       |   |                                       |   |   |                            |                       |   |   |  |  |  |  |
|   |                       |  |   |                       |   |                                       |   | 5) Other Indicate Transporting Agenc  |                            |                       |   |   |  |  |  |  |
| Street Address:   |                       |  |   |                       | Transp                                      |                                       |   |   |                            |                       |   |   |  |  |  |  |
| City: State / Co  |                       |  |   | untry 🗖               | 1) <u>N</u> V   Zip                         | Code:                                 | Person<br>Type:   | 1   | Seating<br>Position:       | Code                  | Occupant Code Restraints:                     |   |  |  |  |  |
| ☐ 1) <u>M</u> ale ☐ 3) <u>U</u> nkn☐ 2) <u>F</u> emale  | own D                 | OOB:   | 1   | Pho                   | ne Numb                                     | er:                                   | Injury<br>Severit   | y: Code   | Injury<br>Location:        | Code                  | Code  | Code                                    |  |  |  |  |
| OLN:  |                       | Stat   | e: □1) <u>N</u> V C                             | 1 -                   | ] 1) <u>C</u> DL                            | License Status:<br>Code               | Airbags   |   | Airbag<br>Switch:          | ie Ejected:           | Code Trapped: Code                            |   |  |  |  |  |
| Compliance:   |                       | Endors   | sements   | <u></u>               | Restric                                     | tions                                 | T   |   | Dri                        | ver Factors           |   | . — — — — — — — — — — — — — — — — — — — |  |  |  |  |
| □ 1) <u>R</u> estrict □ 2) <u>E</u>   |                       | T.   | de Code   | Code                  | Coc   | ie Code                               |   | ) Apparently Nor  |                            | ☐ 6) Driver III / i   |   |   |  |  |  |  |
| Alcohol/Drug Involve  1) Not Involved   | ement                 | Method of  | Determinati                                     | On (chec              | k up to 2)                                  | Test Results                          |   | ) <u>H</u> ad Been Drini<br>) <u>D</u> rug Involveme  |                            | 7) Other Impr         |   | acted Code                              |  |  |  |  |
| 2) Suspected Impal  |                       |  | iety Test 4) U                                  |                       |   |                                       |   | ) Apparently <u>F</u> ati   |                            | 9) Physical Im        | npairment                                     |   |  |  |  |  |
| ☐ 3) <u>A</u> lcohol ☐ 4) ☐ 5) <u>U</u> nknown  | <u>D</u> rugs         |  | y Breath ☐ 5) <u>B</u><br>mission ☐ 6) <u>P</u> |                       | Breath Te                                   | st                                    | □ 5   | ) Obstructed <u>V</u> ie  | w .                        | ☐ 10) <u>U</u> nknown |   |   |  |  |  |  |
|   | hicle M               |  | Vehicle Model                                   |                       |   | е Туре:                               |   |   | Veh                        | icle Factors          | ctors   |   |  |  |  |  |
|   | . 1 2                 |  | = · · · · · · · · · · · · · · · · · · ·         |                       | Vahial                                      | - Color                               | _   |   |                            |                       |   |   |  |  |  |  |
| Plate / Permit No.: State: 1) NV Expiration Date  |                       |  |   |                       | venici                                      | e Color:                              | ☐ 2) <u>D</u> isregard Control Device ☐ 10) Following Too Close ☐ 17) <u>U</u> nsafe Backin |   |                            |                       |   |   |  |  |  |  |
| Vehicle Identification Number:  |                       |  |   |                       |   |                                       |   | o Fast For Cond   | ) Un <u>s</u> afe Lane Cha | <b>—</b>              |   |   |  |  |  |  |
|   |                       |  |   |                       |   |                                       |   | □4) Exceeding Speed Limit □12) Made Improper Turn □19) Hit and Run □5) Wrong Way / Direction □13) Over Correct/Steering □20) Road Defect (^)  |                            |                       |   |   |  |  |  |  |
| Registered Owner N  | ame:                  |  |   |                       |   | ***                                   | 1   | 15) Wrong Way / Direction   15) Get Control   15) Wrong Way / Direction   15) Get Control   15) Wrong Way / Direction   15) Wrong Way / Direction   15) Get Control   15) Get Control |                            |                       |   |   |  |  |  |  |
| 1) Same As Driver   | -1-1                  |  |   |                       |   |                                       |   | 988   |                            |                       |   |   |  |  |  |  |
| Registered Owner A  | aaress                | <b>5:</b>  |   |                       |   |                                       | □ 8) Other □ 22) Unknown (#)  |   |                            |                       |   |   |  |  |  |  |
| Insurance Company   | Name                  | :  |   | *******               |   |                                       |   | maged Areas   |                            |                       |   |   |  |  |  |  |
| 1) <u>I</u> nsured  |                       |  | 1   |                       |   | -                                     | <b>↓</b> └  | ] <u>2</u>  | □ <sub> </sub> 3           | □ 4                   | ☐ 1) <u>F</u> ront<br>☐ 2) Right <u>S</u> ide |   |  |  |  |  |
| Policy Number:  |                       |  | Effective:                                      | 1                     | To:   | 1 1                                   |   |   |                            | $\mathbb{T}$          | ☐ 3) <u>L</u> eft Side                        |   |  |  |  |  |
| Insurance Company   | Addre                 | ess or Phone Nu  | ımber:  |                       |   |                                       | 7 🗆 1   | .—(   |                            |                       | 5)  | Rear<br>Right Front                     |  |  |  |  |
| 1) Vehicle Towed  | Towed                 | By:  |   |                       |   |                                       | 1 _   | 10  |                            | □ 6                   |   | Right R <u>e</u> ar<br><u>T</u> op      |  |  |  |  |
| Removed To:   |                       |  |   |                       |   |                                       | <b>ऻ</b> ——   | ] 8   | □ <u>Z</u>                 |                       | Under <u>C</u> arriage<br>Left Fro <u>n</u> t |   |  |  |  |  |
|   |                       |  |   | _                     |   | 1 =                                   | <u> </u>  | 1) <u>O</u> ver Ric   |                            | nder Ride             |   | ) Left Re <u>a</u> r                    |  |  |  |  |
|   |                       | c Control  | 21  | <b>H</b>              | nce Trave<br>er Impaci                      |                                       | peed Es   | timate,<br>Limit  | 1) Minor                   | Of Damage  4) Total   | _   | I) <u>U</u> nknown                      |  |  |  |  |
| Code 1) Speed Zon Code 2) Signal Ligi   | •                     | <u>Code</u> 11) S <u>t</u> op : Code 12) <u>Y</u> ield | _   |                       | -   |                                       |   |   | 2) Mo <u>d</u> era         | te                    | "   | 2) <u>O</u> ther                        |  |  |  |  |
| <u>Code</u> 2) Signal <u>Ligi</u><br><u>Code</u> 3) Fl <u>a</u> shing L   | -                     | <u>Code</u> 13) <u>R</u> . R. S                        |   |                       |   | <u> </u>                              | <u></u>   | Seguen  | ce Of Events               |                       | <u> </u>                                      |   |  |  |  |  |
| Code 4) School Zo   | -                     | Code 14) R. R.   |   |                       | Code #                                      |                                       |   | Descri  |                            |                       | Collision W                                   |   |  |  |  |  |
| Code 5) Ped. Signa  | al                    | Code 15) R. R.   | Signal ( <u>#</u> )                             | 1st                   | Code  | •                                     | <del></del>   |   |                            |                       | Pixed Obje                                    |   |  |  |  |  |
| Code 6) No Pass <u>i</u> n  |                       | Code 16) Marke   |   | 2nd                   | Code  |                                       |   |   |                            |                       |   |   |  |  |  |  |
| Code 7) No Contro   |                       |  | hains/Snow Req                                  | 3rd                   | Code  |                                       |   |   |                            |                       |   |   |  |  |  |  |
| Code 8) Warning Sign Code 18) Permissive Green  |                       |  | 4th   | Code                  |   |                                       |   |   |                            |                       |   |   |  |  |  |  |
| Code 9) Turn Signal 19) Unknown  Code 10) Other   |                       |  | 5th   | Code                  |   |                                       |   |   |                            |                       |   |   |  |  |  |  |
| 1) NRS 2) CF  | R F                   | 3) CC / MC   | 4) Pending                                      |                       |   | Violation                             | )   | T   | NOC                        |                       | Citation Number                               |   |  |  |  |  |
| (1)   |                       | , <u></u>  | , . <b>_ ~</b>                                  |                       |   |                                       |   |   |                            |                       |   |   |  |  |  |  |
| 1) <u>N</u> RS 2) <u>C</u> F  | R [                   | ] 3) CC / <u>M</u> C                                   |   |                       |   | Violation                             |   |   | NOC                        |                       | Citation Number                               |   |  |  |  |  |
| <u>, , , , , , , , , , , , , , , , , , , </u>   | inves                 | itigator(s)  |   | ID N                  | umber                                       | Date                                  | ,   | Reviev  | ved By                     | Date Review           | ved   | Page                                    |  |  |  |  |
|   |                       |  |   | ł                     |   | 1 /                                   | 1   | I   | I                          |                       | 1.  | of                                      |  |  |  |  |

## **Accident Number: Event Number:** STATE OF NEVADA TRAFFIC ACCIDENT REPORT **Agency Name:** VEHICLE INFORMATION SHEET Revised 1/14/04 Transported By: ☐ 1) Not Transported ☐ 2) EMS ☐ 3) Police ☐ 4) Unknown Name: (Last Name, First Name, Middle Name Suffix) Indicate Transporting Agency ☐ 5) <u>O</u>ther Transported To: Street Address: State / Country 1) NV Zip Code: City: Occupant Person Seating Code Code Code Position: Restraints: Type: 1) Male 3) Unknown **Phone Number:** Injury Injury Code Code Code Code Severity: Location: 2) Female Airbag Ejected: Code Trapped: Code Airbags: Code Code Switch: Name: (Last Name, First Name, Middle Name Suffix, Transported By: ☐ 1) Not Transported ☐ 2) EMS ☐ 3) Police ☐ 4) Unknown ☐ 5) Other Transported To: Street Address: City: State / Country 1) NV Zip Code: Occupant Person Seating Code Code Code Restraints: Type: Position: DOB: 1) Male 3) Unknown **Phone Number:** Injury Injury Code Code Code Code Severity: Location: 2) Female Airbag Trapped: Code Airbags: Code Code Ejected: Code Switch: Name: (Last Name, First Name, Middle Name Suffix) Transported By: 1) Not Transported 2) EMS 3) Police 4) Unknown Indicate Transporting Agency ☐ 5) Other Street Address: Transported To: State / Country 1) NV | Zip Code: City: Occupant Person Seating Code Code Code Restraints: Position: Type: 1) Male 3) Unknown Phone Number: Injury Injury Code Code Code Code Severity: Location: 2) Female Airbag Trapped: Code Code Airbags: Code Ejected: Code Switch: State: 1) NV Plate: Type: 1) <u>Trailing</u> Unit 1 VIN: Plate: State: 1) NV Type: 1) Trailing Unit 2 VIN: State: 1) NV Plate: Type: 1) Trailing Unit 3 VIN: 1) Commercial Vehicle 2) School Bus Commercial Vehicle Configuration Source 6) Tractor Only 11) Tractor / Semi Trailer 1) Bus, 9 - 15 Occupants 4) State Reg. 2) Bus, > 15 Occupants 7) Tractor / Trailer 12) Passenger Vehicle, (Haz-Mat) 1) Driver 5) Side Of Vehicle 3) Single 2 Axle and 6 Tire 8) Tractor / Doubles 13) Light Truck, (Haz-Mat) 2) Log Book 6) Other 3) Shipping Papers / Trip Manifest 4) Single > 3 Axle 9) Tractor / Triples 14) Other Heavy Vehicle 5) Any 4 Tire Vehicle 10) Truck with Trailer **Power Unit GVWR Carrier Name:** 1) Haz-Mat 2) Released Carrier Street Address: City: State: 1) NV Zip: Haz-Mat ID #: NAS Safety Report #: Type of Carrier Cargo Body Type 1) Single State 1) <u>P</u>ole 6) Van / Box 11) Grain, Gravel Chips **Carrier Number:** 2) USDOT 7) Concrete Mixer 12) Bus, 9 - 15 Occupants 2) <u>T</u>ank Hazard Classification #: 3) Canada 3) Flatbed 13) Bus, > 15 Occupants 8) Auto Carrier 4) Mexico 14) <u>O</u>ther Page 4) <u>D</u>ump 9) Garbage/Refuse 5) <u>U</u>known 10) Not Applicable 5) <u>N</u>one

| Event Number:   |   | ST  | E OF N         | Accident Number:                                  |  |                |                             |  |  |   |                                      |                    |  |  |  |  |
|---|---|---|----------------|---|--|----------------|-----------------------------|--|--|---|--------------------------------------|--------------------|--|--|--|--|
|   |   | TRAFFIC ACCIDENT REPORT                     |                |   |  |                |                             |  |  |   |                                      |                    |  |  |  |  |
| Code Revision:  | SCENE INFORMATION SHEET Revised 1/14/04 |   |                |   |  |                |                             | 1) <u>P</u> roperty                          | ury                                    | 3) <u>F</u> atal  |                                      |                    |  |  |  |  |
| 1) Urban 1) Emergency Use   | 1) <u>P</u> relia                       | minary Report                               |                | ] 3) Resubmission                                 |  |                |                             |  | Agency Name:                           |   |                                      |                    |  |  |  |  |
| 2) Rural 2) Office Report   | 2) <u>I</u> nitia                       | l Report                                    |                | 4) <u>S</u> uppleme                               | 4) <u>Supplement Report</u> 2) <u>Private Prop</u> |                |                             | · .  | <u> </u>                               |   |                                      |                    |  |  |  |  |
| Collision Date Time   | Collision Date Time Day                 |   |                |   | 1) C <u>o</u> unty                                 | ,              | ☐ 2) <u>C</u> ity           |  | rface                                  | Intersection  | - 1                                  | Paddle Markers     |  |  |  |  |
|   |   |   |                |   |  |                |                             | <b>1</b> )                                   | ☐ 1) Four <u>W</u> ay<br>☐ 2) > Four W |   | 1) <u>N</u> one 2) <u>L</u> eft Side |                    |  |  |  |  |
| Mile Marker # Vehicles # Non Mot  | oriete # (                              |   |                |   | # Injur  | ha:            | # Restrained                | 2)   | <u>C</u> oncrete                       | 3)I   | <u>ay</u>                            | 3) Right Side      |  |  |  |  |
| Mile Marker # Vehicles # Non Wol  | OHSIS #                                 | orists # Occupants # Fa                     |                |   | # IIIJUI   | # Nooti airiou | 3)                          | <u>G</u> ravel                               | □ 4)¥                                  | 4) Both Sides   |                                      |                    |  |  |  |  |
|   |   |   |                |   |  |                |                             | 4)   | <u>D</u> irt                           | 5) Roundab  | out                                  | 5) <u>U</u> nknown |  |  |  |  |
| Occurred On: (Highway # or Street Nam   | 16)                                     |   | •              |   |  |                |                             | <b>5</b> )                                   | <u>O</u> ther                          | 6) <u>O</u> ther  |                                      |                    |  |  |  |  |
| 1) Parking Lot  |   |   |                |   |  |                |                             |  |  |   |                                      | Access Control     |  |  |  |  |
| 1) At Intersection With:  |   |   |                | Of (Cross St                                      | roof)  |                |                             |  |  |   |                                      | 2) Eull            |  |  |  |  |
| Of (Cross Street)  Of (Cross Street)  |   |   |                |   |  |                |                             |  |  |   |                                      | 3) <u>P</u> artial |  |  |  |  |
| Roadway Character Roa   | adway Con                               | ditions                                     |                | Total Thr   | u Lanes  |                | Average Road                | iway V                                       | Vidths                                 | Roa   | dway                                 | Grade              |  |  |  |  |
| 1) Curve & Grade 1) Du  | ry 🔲 7) S                               | lush  | М              | lain Road   |  |                | Travel Lane                 |  | F                                      | *   |                                      | Relative To        |  |  |  |  |
| 2) Curve & <u>H</u> illcrest 2) <u>[c</u> 3) Curve & <u>L</u> evel                |   | tanding Water                               |                | 1) <u>O</u> ne                                    |  |                | Storage / Turn Lane         |  | F                                      | 1) <u>N</u> ot De                                       | u ·                                  |                    |  |  |  |  |
| ☐ 4) Straight & Grade ☐ ☐ 3) ₩  |   | loving Water<br>Unknown                     |                | ] 2) <u>T</u> wo<br>] 3) T <u>h</u> ree           |  |                |                             |  |  | 2) <u>R</u> elative                                     | el                                   |                    |  |  |  |  |
| 5) Straight & Hill <u>c</u> rest  | and / Mud / Oil                         | _   |                | ] 4) <u>F</u> our                                 |  | L              | Median                      |  |  | 3) Up Sio   | Grade                                |                    |  |  |  |  |
| 6) Straight & Level   |   |   | . =            | _ 5) Fl <u>v</u> e<br>_ 6) > <u>5</u>             |  | ╌              | Paved S                     |  | er<br>utside                           | <b>=</b> -  |                                      |                    |  |  |  |  |
| 7) <u>U</u> nknown  |   |   | _              |   |  |                | Inside                      | . 0  | utside                                 | 4) <u>D</u> own \$                                      | ilope (-                             | )   %              |  |  |  |  |
| 8) <u>O</u> ther  |   |   | 10             | tal All Lan                                       | es:  |                |                             |  |  |   | _                                    |                    |  |  |  |  |
| Pavement M  | □ 40 N-                                 |   | <u>г</u> "     | Highway Descri                                    |  |                |                             |  |  |   |                                      |                    |  |  |  |  |
|   |   | sing, Either Dìre                           | ction          | 12) <u>N</u> o                                    |  |                | Two-Way, Not Divide         | Unpro, Median 2) Cloudy 8) Severe Crosswinds |  |   |                                      |                    |  |  |  |  |
|   |   | row Symbols<br>Furn Lane Line               |                | 13) <u>U</u> n                                    | KIIOWII  | _ `            | Two-Way, <u>D</u> ivided, N |  |  |   |                                      |                    |  |  |  |  |
|   |   | ne, Left, Yellow                            |                |   |  |                | One-Way, Not Divide         |  |  |   |                                      |                    |  |  |  |  |
| Code 5) Lane Line, Solid White Code   |   | ine, Right, Whit                            | e              |   |  | = '            | <u>U</u> nknown             | 5) Blowing Sand, Dirt, Soil, Snow            |  |   |                                      |                    |  |  |  |  |
|   | 11) <u>O</u> ther                       |   |                |   |  | <b>6</b> )     | Off Road                    |  |  | 6) <u>O</u> ther  |                                      |                    |  |  |  |  |
| Light Conditions  |   | Ve  | ehicle         | e Collision                                       | Туре   | "              |                             | Location of First Event                      |  |   |                                      |                    |  |  |  |  |
| ☐ 1) <u>D</u> usk ☐ 6) Dark - <u>N</u> o Roadway Ligh                             | ting                                    | 1) <u>H</u> ead                             | On             | 5) Rear   | o Rear   |                | 1) <u>T</u> ravel I         | Lane   | 11) <u>R</u> amp                       |   |                                      |                    |  |  |  |  |
| 2) D <u>a</u> wn 7) Dark - <u>S</u> pot Roadway Lig                               | ghting                                  | 2) <u>R</u> ear                             | End            | ☐ 6) <u>S</u> ides                                | wipe - Mee   | ting           | 2) Turn <u>L</u> a          |  |  |   |                                      |                    |  |  |  |  |
| ☐ 3) Da <u>v</u> light ☐ 8) Dark - <u>C</u> ontinuous Road                        | way Lighting                            | 3) <u>B</u> acki                            | ing            | 7) Sides  | wipe - <u>O</u> ve                                 | rtaking        | 1 —                         | <u> </u>                                     |  |   |                                      |                    |  |  |  |  |
| 🔲 4) <u>U</u> nknown 🔲 9) Dark - Unknown <u>R</u> oadwa                           | ay Lighting                             | 4) Angle                                    | •              | 8) <u>N</u> on -                                  |  |                | 4) <u>M</u> edian           | <del></del>                                  |  |   |                                      |                    |  |  |  |  |
| 5) <u>O</u> ther  |   |   |                | 9) <u>U</u> nkn                                   | own  |                | 5) <u>I</u> nside 5         | Shoulder                                     | · L                                    | 10) <u>O</u> ther                                       |                                      |                    |  |  |  |  |
| Highway / Environme   | ent Factors                             |   |                |   |  |                | Property Dama               | ge To  | Other T                                | han Vehicle   |                                      |                    |  |  |  |  |
| 1) None 7) Shoulders  |   | Ruts, <u>H</u> oles, Bun<br>Active Work Zon |                | Describe P  | roperty Da   | mage           |                             |  |  |   |                                      |                    |  |  |  |  |
| 2) Weather 8) Road Obstruction  | 13) إِن                                 | nactive Work Zo                             | ne             | Owner's N   | ame:   | ,,             | •                           |  |  |   |                                      |                    |  |  |  |  |
| ☐ 3) <u>D</u> ebris ☐ 9) Worn <u>T</u> raffic Surface ☐ 10) Wet, Icy, Snow, Slush | = :                                     | Ani <u>m</u> al In Roadw<br><u>J</u> nknown | /ay            |   | •  |                |                             | 1) Owner Notified                            |  |   |                                      |                    |  |  |  |  |
| 5) Other Highway  |   |   |                | Owner's Address: (Street Address City, State Zip) |  |                |                             |  |  |   |                                      |                    |  |  |  |  |
| 6) Other Environmental  |   |   |                |   |  |                |                             |  |  |   |                                      |                    |  |  |  |  |
|   |   |   |                | First Har   | mful Eve   | ent            |                             |  |  |   |                                      |                    |  |  |  |  |
| Code #: Ode Description:  |   |   |                |   |  |                |                             |  |  |   |                                      |                    |  |  |  |  |
|   |   | De  | escri          | ption of A  | ccident /  | Nar            | rative                      |  |  |   |                                      |                    |  |  |  |  |
|   |   |   |                |   |  |                |                             |  |  |   |                                      |                    |  |  |  |  |
|   |   |   |                |   |  |                |                             |  |  |   |                                      |                    |  |  |  |  |
|   |   |   |                |   |  |                |                             |  |  |   |                                      |                    |  |  |  |  |
|   |   | -   |                |   |  |                |                             |  |  |   | Confl-                               | ued On Back of     |  |  |  |  |
|   |   |   |                |   |  |                |                             |  |  | 1) <u>C</u> ontinued On Back of Scene Information Sheet |                                      |                    |  |  |  |  |
| Investigation Complete Photos Taken   | Scene Di                                |   |                | tatements   |  | Ī              | Date Notified               | Time   | Notified                               | Arrival D   | ate<br><i> </i> -                    | Arrival Time       |  |  |  |  |
| 1) Yes 2) No 1) Yes 2) No   |   |   | 1) <u>Y</u> es | 2) <u>N</u> o #                                   |  |                | Reviewed By                 | <u> </u>                                     | Doto                                   | Reviewed  | <u>-</u>                             | Page               |  |  |  |  |
| Investigator(s)   |   | ID Number                                   |                | Date /  | ,  |                | Neviewed by                 |  | <i>Jale</i>                            | /   | 1                                    | of                 |  |  |  |  |

| Event Number:  |             | STATE OF NEV  |                  | Accident     | Accident Number: |              |  |  |  |  |  |
|----------------|-------------|---|------------------|--------------|------------------|--------------|--|--|--|--|--|
|                | SO          | FIC ACCIDENT<br>CENE INFORMATION<br>Revised 1/14/04 | N SHEET          | Agency Name: |                  |              |  |  |  |  |  |
|                | Description | of Accident / Na                                    | arrative Continu | ation        |                  |              |  |  |  |  |  |
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| Indicate North |             |   | **               |              |                  |              |  |  |  |  |  |
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| ALC:           |             |   |                  |              |                  | Page<br>2 of |  |  |  |  |  |
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Scene Information

| Event Number:   |                            |                                  | STATE OF NEVADA TRAFFIC ACCIDENT REPO NON-MOTORIST INFORMATION SHE |                   |                 |                 |  |                      | T REPORT              |                                       |                 |                           |                         |            |      |  |  |  |
|---|----------------------------|----------------------------------|--|-------------------|-----------------|-----------------|--|----------------------|-----------------------|---------------------------------------|-----------------|---------------------------|-------------------------|------------|------|--|--|--|
|   |                            |                                  |  | 11011-1110        | Revised 1/14/04 |                 |  |                      |                       |                                       |                 |                           |                         |            |      |  |  |  |
| Non-l   | Notorist: (Last Name       | e, First Name, Middle Name Suffi | (x)  | \$ .              |                 | -               | Transported By: ☐ 1) Not Transported ☐ 2) EMS ☐ 3) Police ☐ 4) Unknown ☐ 5) Other Indicate Transporting Agency |                      |                       |                                       |                 |                           |                         |            |      |  |  |  |
| Stree   | Address:                   |                                  |  |                   |                 |                 | Transport  | ted To:              |                       |                                       |                 |                           |                         |            |      |  |  |  |
| City:   |                            |                                  | State / Count  | ry □1) <u>N</u> V | Zip Co          | de:             | Person<br>Type:  | Code                 |                       | Seating<br>Position:                  | Code            |                           | Occupant<br>Restraints: |            | ode  |  |  |  |
|   | Male □ 3) Unknov<br>Female | known DOB: Phone No              |  |                   |                 |                 | Code   |                      | Injury<br>Location:   | Code                                  | Ce              | Code                      |                         | ode        |      |  |  |  |
| OLN / ID Card:  |                            |                                  |  |                   | State:          | 1) <u>N</u> V   | Airbags:   | Code                 | Airt<br>Swi           | oag<br>Code                           | Ejecte          | d: Code                   | Tra                     | pped:      | Code |  |  |  |
| Non-Motorist: (Last Name, First Name, Middle Name Suffix) |                            |                                  |  |                   |                 | · .             | Transport  |                      | 1) <u>N</u> o         | ot Transported                        | lice 4) Unknown |                           |                         |            |      |  |  |  |
| Stree   | t Address:                 |                                  |  | -                 | Transported To: |                 |  |                      |                       | Indicate Transporting Agency          |                 |                           |                         |            |      |  |  |  |
| City:   |                            |                                  | State / Count  | ry □1) <u>N</u> V | Zip Co          | de:             | Person<br>Type:  | Carta                |                       | Seating Position:                     |                 |                           | Occupant<br>Restraints: |            | ode  |  |  |  |
|   | Male ☐ 3) Unknov<br>Female | vn DOB:                          | <u> </u>   | Phone N           | umber:          |                 | Injury<br>Severity:  | Code                 |                       | Injury<br>Location:                   | Code            | C                         | Code                    |            | ode  |  |  |  |
| OLN   | ID Card:                   |                                  |  |                   | State:          | □ 1) <u>N</u> V | Airbags:   |                      |                       | oag<br>Code                           | Ejected         | d: Code                   | Code Traj               |            | Code |  |  |  |
|   |                            |                                  |  | N                 | on-Mo           | tor Vehic       | cle Descr  | iption               | i                     |                                       | <u> </u>        |                           |                         |            |      |  |  |  |
| Make  | / Manufacture              | r:                               |  | Mod               |                 |                 | Type: Color:   |                      |                       |                                       |                 |                           |                         |            |      |  |  |  |
| Identification / Serial Number:                           |                            |                                  |  |                   |                 |                 | Non-Motor Vehicle Removed By:  |                      |                       |                                       |                 |                           |                         |            |      |  |  |  |
| Owne  | er Name: 🔲 1               | ) <u>S</u> ame as Non-Motor      | ist  |                   |                 | ,               | Non-Motor Vehicle Removed To:  |                      |                       |                                       |                 |                           |                         |            |      |  |  |  |
| Street Address:   |                            |                                  |  |                   |                 | City:           |  |                      |                       | S                                     | ate:            | 1) <u>N</u> V Z           | ip Coc                  | le:        |      |  |  |  |
|   |                            | 1st Contact Area                 |  |                   | Dama            | ge to Noi       | n-Motor Ve   | hicle                |                       | Non-Mot                               | or Vehic        | le Dama                   | ged Ar                  | ea         |      |  |  |  |
| Р   | edal Cyclist / N           | Ion-Motor Vehicle                | Pedes  | trian             |                 | □1) <u>M</u>    | inor   |                      |                       | l) <u>F</u> ront                      | <b>□</b> 7)     | Le <u>f</u> t Froi        | nt                      | t ·        |      |  |  |  |
|   | 2 🗆                        | 3 🗆 4                            | □1) <u>R</u> igh   |                   |                 | □ 2) M          | <u>o</u> derate  |                      |                       | 2) <u>R</u> ear                       |                 |                           |                         |            |      |  |  |  |
| _<br>□ 1-   |                            |                                  | ☐ 2) <u>L</u> eft  |                   |                 | □ 3) M          |  | •                    |                       | B) R <u>ig</u> ht Side                |                 |                           |                         |            |      |  |  |  |
| LJ -  |                            |                                  | ☐ 3) <u>H</u> ead  |                   |                 | ☐ 4) <u>T</u> ( |  | l                    |                       | l) <u>L</u> eft Side<br>5) Right Fron |                 | ☐ 11) <u>U</u> nknown     |                         |            |      |  |  |  |
|   | § 🗆                        | Z □ <u>6</u>                     | 5) <u>B</u> ac   |                   |                 |                 | nknown   | 1.5                  |                       | 6) Right R <u>e</u> ar                |                 | Other                     |                         |            | ·    |  |  |  |
|   |                            | Se                               | equence Of E   | vents             | <u> </u>        |                 |  | <del></del>          | Т                     | No                                    | n-Motor         | Vehicle /                 | Action                  |            |      |  |  |  |
|   | Code #                     |                                  | Description  |                   |                 |                 | on With M<br>Object  | ost Harmful<br>Event |                       | ☐ 1) <u>S</u> traigh                  | nt              | ☐ 7) <u>P</u> assing      |                         |            |      |  |  |  |
| 1st   | Code                       |                                  |  |                   | . 47            |                 | ]  |                      | 4                     | 2) Stoppe                             |                 | □ 8) <u>E</u>             |                         |            |      |  |  |  |
| 2nd   | Code                       |                                  |  |                   |                 |                 | _  |                      |                       |                                       |                 | ]9) Lea <u>v</u> ing Lane |                         |            |      |  |  |  |
| 3rd   | Code                       |                                  |  |                   | ]               |                 | _  | ☐ 4) <u>R</u> ight 1 |                       | ☐ 10) Lane Change                     |                 |                           |                         |            |      |  |  |  |
| 4th<br>5th  |                            |                                  |  |                   |                 |                 | <u> </u>   |                      | □ □ 5) U- <u>T</u> ui |                                       |                 |                           |                         |            |      |  |  |  |
|   |                            |                                  |  |                   |                 |                 | <del>-</del> 1   |                      |                       | <u> </u>                              |                 | ſ                         |                         | Page<br>of |      |  |  |  |

| Event Number:  |   |  | STATE OF NEVADA                                |  |  |   |                   | - 98             | Accid  | ent Nu                      | umber:      |         |  |    |  |
|--|---|--|--|--|--|---|-------------------|------------------|--|-----------------------------|-------------|---------|--|----|--|
| Non-Motorist #   | ☐ 1) <u>A</u> t Fault<br>☐ 2) <u>N</u> on-Contact (persor | n)   | TRAFFIC NON-MOT                                | Agend  | Agency Name:   |   |                   |                  |  |                             |             |         |  |    |  |
| N/   | on-Motorist Type  | 71   |  |  | sed 1/14/04  |   | Dire              | ction            | of Travel  |                             |             |         |  |    |  |
| 1) <u>P</u> edestriar  | n ☐ 5) <u>W</u> heel Chair                                | ,  |  | ☐ 1) <u>N</u> orth ☐ 2) <u>S</u> outh ☐ 3) <u>E</u> ast ☐ 4) <u>W</u> est ☐ 5) <u>U</u> nknown |  |   |                   |                  |  |                             |             |         |  |    |  |
| ☐ 2) Pedal <u>C</u> ycl<br>☐ 3) <u>S</u> kater<br>☐ 4) Oth <u>e</u> r  | list          6) <u>U</u> nknown                          | ÷  | Highway / Street Name:                         |  |  |   |                   |                  |  |                             |             |         |  |    |  |
| Non-Motorist: (Last  | •   | Transported By: ☐ 1) Not Transported ☐ 2) EMS ☐ 3) Police ☐ 4) Unknown ☐ 5) Other Indicate Transporting Agency |  |  |  |   |                   |                  |  |                             |             |         |  |    |  |
| Street Address:  | ,   | 2  | Transported To:                                |  |  |   |                   |                  |  |                             |             |         |  |    |  |
| City:  |   | State / Co   | ountry 1) NV                                   | Zip Code   | e:   |   |                   |                  | Seating<br>Position:                                   |                             |             |         | Occupant Code                          |    |  |
| 1) <u>M</u> ale 2) <u>U</u> nl   | known DOB:  | 1  | Phone Nu                                       | mber:  |  |   |                   |                  | Injury<br>Location:                                    | Injury Code<br>Location:    |             |         | Code Code                              |    |  |
| OLN / ID Card:   |   |  |  | State:   | □ 1) <u>N</u> V  | Airbags:  |                   | bag Go<br>vitch: | de   | Ejected:                    | Code        | Trappe  | d: Code                                |    |  |
|  |   |  |  | Non-Mo   | otorist Co   | ondition  |                   |                  | ***************************************                | L.                          |             |         |  |    |  |
| ☐ 1) <u>Apparentiy Normal</u> ☐ 3) Under Influence: <u>M</u> edication / Drugs / Alcohol ☐ 5) <u>E</u> motional ☐ 7) <u>U</u> nknown |   |  |  |  |  |   |                   |                  |  |                             |             |         |  |    |  |
| ☐ 2) <u>P</u> hysical I  | lmpairment ☐ 4) <u>F</u> ati                              | gued / As  | leep / Fainted                                 |  |  |   | 6) <u>I</u> llne: | ss               | □ 8)   | ☐ 8) <u>O</u> ther          |             |         |  |    |  |
|  | Alcohol / Drug Involve                                    |  | Method of Determination (Check up to 2)        |  |  |   |                   |                  |  |                             |             |         |  |    |  |
| 1) Not Involve   | ed 3) <u>A</u> lco  | hol 🗆  | 5) <u>U</u> nknown                             | □ 1)   | <u>F</u> ield So   | obriety Te  | st                |                  | 3) <u>Blood Test</u> 5) <u>Urine Test</u> Test Results |                             |             |         |  |    |  |
| 2) <u>Suspected</u>  | I Impairment ☐ 4) <u>D</u> ru                             | gs   |  | ☐ 2)   | <u>P</u> relimiı   | iminary Breath Test 4) <u>E</u> videnciary Breath Test                  |                   |                  |  |                             |             |         |  |    |  |
| Non-Motorist Action Non-Motorist Factors   |   |  |  |  |  |   |                   |                  |  |                             |             |         |  |    |  |
| 1) Entering o  | r Crossing at Location                                    | ☐ 6) P   | us <u>h</u> ing Vehic                          | le   | ☐ 1) <u>I</u> m  | mproper Crossing  |                   |                  |  |                             |             |         |  |    |  |
| ☐ 2) <u>W</u> alking, R  | tunning, Playing, Cyclin                                  | g ⊡ 7) W   | /orking in <u>R</u> oa                         | adway  | <b>□</b> 2) <u>և</u> y   | ☐ 2) <u>L</u> ying / Illegally in Roadway ☐ 7) <u>N</u> ot Visible      |                   |                  |  |                             |             |         |  |    |  |
| ☐ 3) <u>A</u> pproachi   | ng or Leaving Vehicle                                     | □ 8) <u>s</u>  | tanding  |  | ☐ 3) <u>F</u> a  | ☐ 3) <u>Fail</u> to Yield Right of Way ☐ 8) <u>Darting Into Roadway</u> |                   |                  |  |                             |             |         |  |    |  |
| ☐ 4) <u>P</u> laying or  | Working on Vehicle  | ☐ 9) <u>U</u>  | nknown   |  | ☐ 4) Fail to Obey <u>T</u> raffic Signs, Signals, or Officer ☐ 9) Inattenti <u>v</u> e |   |                   |                  |  |                             |             |         |  |    |  |
| ☐ 5) <u>O</u> ther   |   |  |  |  | ☐ 5) <u>O</u> f  | □ 5) Other □ 10) Unknown  |                   |                  |  |                             |             |         |  |    |  |
|  |   |  |  |  |  |   |                   |                  |  |                             | Cofoto      | Equipo  | nont.                                  |    |  |
|  |   |  | Prior to Impa                                  |  | <b>T</b> !!  | <b></b>   |                   |                  |  |                             |             | Equipn  | ileiit                                 |    |  |
|  | d Crosswalk at Intersec                                   |  | ∐ 8) <u>S</u> hared ໄ<br>∐ 9) On High <u>ງ</u> |  |  |   | raval I           | anne             |  | ☐ 2) Helmet                 |             |         |  |    |  |
| / <b>-</b>   | rsection, No Crosswalk<br>tersection Crosswalk            |  | ☐ 9) On Fight<br>☐ 10) <u>I</u> n Road         |  | ne man   | 10 110111 1   | avei L            | ailes            |  | ☐ 3) <u>Protective</u> Pads |             |         |  |    |  |
|  | ay Access Crosswalk                                       |  | ☐ 10) <u>I</u> (tous<br>☐ 11) <u>T</u> raffic  |  |  | 3   |                   |                  |  | 4) Reflective Clothing      |             |         |  |    |  |
| ☐ 5) Sidewa  | _   | •  | 12) Shou <u>l</u> d                            |  |  |   | •                 |                  |  | □ 5) <u>L</u> ighting       |             |         |  |    |  |
| ☐ 6) M <u>e</u> diar   | •   |  | 13) <u>U</u> nknov                             |  | -  |   |                   |                  |  | ☐ 6) <u>U</u> nknown        |             |         |  |    |  |
| 7) Outsid  |   |  |  |  |  |   |                   |                  |  | □ 7) <u>C</u>               | ther        |         |  |    |  |
|  | Bil   | e Lane / F   | Path   |  |  |   |                   |                  | Vehicle N  | umber                       | (s) Strikin | g Non-l | Motoris                                | t  |  |
| ☐ 1) <u>N</u> o Bike I   | Lane Path   |  | 5) Striped                                     | Bicycle  | Lane - E   | oth Sides   | #:                |                  |  | #:                          |             |         | #:                                     |    |  |
|  | Route (Signed)  |  | ☐ 6) Separat                                   | _  |  |   |                   |                  |  |                             |             |         |  |    |  |
|  | Bicycle Lane - Right Sid                                  | e Only   | 7) Unknov                                      | vn   |  | Non-Motorist Speed Estimate   |                   |                  |  |                             |             |         |  |    |  |
|  | Bicycle <u>L</u> ane - Left Side                          | ☐ 8) <u>O</u> ther   |  |  |  | From:   |                   | "                |  | Го:                         |             | Limit:  |  |    |  |
| 1) <u>N</u> RS 2) <u>C</u>   | FR 3) CC / MC 4) E  | ending   |  | V  | /iolation  | N   |                   |                  |  | NOC Citation Num            |             |         | Number                                 |    |  |
| 1) <u>N</u> RS 2) <u>C</u> (2)   | FR 3) CC / MC   | <u></u>  |  |  | /iolation  | NOC Citatio   |                   |                  |  |                             | Citation I  | Number  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |    |  |
| <i>\=1</i>   | Investigator(s)   |  | ID Number                                      |  | Date   |   | Rev               | riewed           | Ву   | By Date Review              |             |         | d Page                                 |    |  |
|  |   |  | 1  |  | 1  | <i>l</i>  |                   |                  |  |                             | ' /         |         |  | of |  |

## **Accident Number: Event Number:** STATE OF NEVADA TRAFFIC ACCIDENT REPORT **Agency Name: Occupant / Witness Supplement** Revised 1/14/04 Transported By: 1) Not Transported 2) EMS 3) Police 4) Unknown Name: (Last Name, First Name, Middle Name Suffix) V # Indicate Transporting Agency ☐ 5) Qther Street Address: Transported To: State / Country 1) NV Zip Code: City: Occupant Person Seating Code Code Code Restraints: Position: Type: 1) Male 3) Unknown DOB: **Phone Number:** Injury Injury Code Code Code Code Location: Severity: 2) Female Airbag Trapped: Code Ejected: Code Airbags: Code Code Switch: Name: (Last Name, First Name, Middle Name Suffix, V # Indicate Transporting Agency ☐ 5) <u>O</u>ther Street Address: Transported To: City: State / Country 1) NV Zip Code: Occupant Person Seating Code Code Code Restraints: Type: Position: DOB: 1) Male 3) Unknown Phone Number: Injury Injury Code Code Code Code Severity: Location: 2) Female **Airha**a Trapped: Code Code Elected: Code Airbags: Code Switch: Transported By: 1) Not Transported 2) EMS 3) Police 4) Unknown Name: (Last Name, First Name, Middle Name Suffix, V # indicate Transporting Agency ☐ 5) <u>O</u>ther Street Address: Transported To: City: State / Country 1) NV Zip Code: Occupant Person Seating Code Code Code Restraints: Position: Type: DOB: 1) Male 3) Unknown **Phone Number:** Injury Injury Code Code Code Code Location: Severity: 2) Female Airbag Code Ejected: Code Trapped: Code Airbags: Code Switch: Transported By: 1) Not Transported 2) EMS 3) Police 4) Unknown Name: (Last Name, First Name, Middle Name Suffix) V# Indicate Transporting Agency 5) Other **Street Address:** Transported To: City: State / Country 1) NV Zip Code: Person Seating Occupant Code Code Code Restraints: Type: Position: 1) Male 3) Unknown **Phone Number:** Injury Injury Code Code Code Code Location: Severity: 2) Female Airbag Trapped: Code Airbags: Code Code Ejected: Code Switch: Transported By: 1) Not Transported 2) EMS 3) Police 4) Unknown Name: (Last Name, First Name, Middle Name Suffix) V # Indicate Transporting Agency ☐ 5) <u>Q</u>ther **Transported To:** Street Address: State / Country 1) NV | Zip Code: City: Seating Occupant Person Code Code Code Restraints: Position: Type: DOB: ☐ 1) Male ☐ 3) Unknown **Phone Number:** Injury Iniury Code Code Code Code Severity: Location: 2) Female Airbag Trapped: Code Airbags: Code Code Ejected: Code Switch: Page

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