Agency Name:

PROPERTY DAMAGE ONLY ACCIDENT REPORT

Event / Accident Number:

☐ Urban ☐ Rural | ☐ Hit and Run ☐ Private Property | ☐ Active Work Zone ☐ Non Active Work Zone | Collision Date | Time | Day | Beat / Sector | ☐ County ☐ City

Occurred On:

☐ At Intersection With Cross Street: _____

☐ Or _____ ☐ Feet ☐ Miles ☐ Approximate / ☐ N ☐ S ☐ E ☐ W MM: _____ Of

Weather Conditions:

☐ Clear ☐ Cloudy ☐ Snow ☐ Rain ☐ Blowing Sand, Dirt, Soil, Snow ☐ Fog, Smog, Smoke, Ash ☐ Severe Crosswinds ☐ Sleet / Hail ☐ Unknown ☐ Other _____

Collision Type: ☐ Head On ☐ Rear End ☐ Backing ☐ Angle ☐ Rear to Rear ☐ Sideswipe - Meeting ☐ Sideswipe - Overtaking ☐ Non-Collision ☐ Unknown

Vehicle #: ____

☐ At Fault

☐ Vehicle ☐ Pedestrian ☐ Pedal Cyclist ☐ Motorcycle ☐ Other *(Describe)*

Direction of Travel: ☐ N ☐ S ☐ E ☐ W ☐ Unk

Traveling On:

Vehicle Action: ☐ Straight ☐ Backing ☐ Leaving Lane ☐ Left Turn ☐ Right Turn ☐ Other Turning ☐ U-Turn ☐ Parked ☐ Enter Parked ☐ Wrong Way ☐ Stopped ☐ Driverless Vehicle ☐ Passing ☐ Racing ☐ Lane Change ☐ Leaving Parked ☐ Entering Lane ☐ Unknown ☐ Other *(Describe)*

Driver: *(Last Name, First Name, Middle Name, Suffix)*

Street Address:

City: | State: ☐ NV | Zip Code: | ☐ Male ☐ Female | DOB: | Phone Number: | Operator License Number: | State: ☐ NV

Seatbelt/Helmet Used: ☐ Yes ☐ No

Airbag Deployment: ☐ Yes ☐ No

Damaged Areas: ☐ Front ☐ Left Side ☐ Right Front ☐ Top ☐ Left Front ☐ Other _____ ☐ Right Side ☐ Rear ☐ Right Rear ☐ Under Carriage ☐ Left Rear ☐ Unknown

Extent of Damage: ☐ Minor ☐ Major ☐ None ☐ Moderate ☐ Total ☐ Unknown

Driver Factors: ☐ Apparently Normal ☐ Had Been Drinking ☐ Apparently Fatigued/Asleep ☐ Suspected Alcohol ☐ Other Improper Driving ☐ Suspected Drugs ☐ Driver Inattention/Distraction ☐ Obstructed View ☐ Physical Impairment ☐ Driver Ill/Injured ☐ Unknown

Vehicle Factors: ☐ Failed to Yield Right of Way ☐ Disregard Control Device ☐ Too Fast For Conditions ☐ Exceeding Speed Limit ☐ Wrong Way / Direction ☐ Mechanical Defect ☐ Drove Left of Center ☐ Failed to Maintain Lane ☐ Following Too Close ☐ Unsafe Lane Change ☐ Made Improper Turn ☐ Over Correct / Steering ☐ Other Improper Driving ☐ Driverless Vehicle ☐ Unsafe Backing ☐ Aggressive / Reckless / Careless ☐ Ran off Road ☐ Hit and Run ☐ Road Defect ☐ Object Avoidance ☐ Unknown ☐ Other _____

Vehicle Year: | Vehicle Make: | Vehicle Model: | Type: | Plate / Permit No: | State: ☐ NV | Expiration Date: | Vehicle Color: | Vehicle Identification Number:

Registered Owner Name: ☐ Same As Driver | Street Address: | City: | State: ☐ NV | Zip Code:

Insurance Company Name: | Policy Number: | Effective Date: | Expiration Date: | Company Address or Phone Number:

Vehicle #: ____

☐ At Fault

Traffic Unit Type: ☐ Vehicle ☐ Pedestrian ☐ Pedal Cyclist ☐ Motorcycle ☐ Other *(Describe)*

Direction of Travel: ☐ N ☐ S ☐ E ☐ W ☐ Unk

Traveling On:

Vehicle Action: ☐ Straight ☐ Left Turn ☐ Right Turn ☐ Parked ☐ Stopped ☐ Backing ☐ U-Turn ☐ Other Turning ☐ Racing ☐ Entering Lane ☐ Leaving Lane ☐ Entering Parked ☐ Leaving Parked ☐ Wrong Way ☐ Driverless Vehicle ☐ Lane Change ☐ Passing ☐ Unknown ☐ Other *(Describe)*

Driver: *(Last Name, First Name, Middle Name, Suffix)*

Street Address:

City: | State: ☐ NV | Zip Code: | ☐ Male ☐ Female | DOB: | Phone Number: | Operator License Number: | State: ☐ NV

Seatbelt/Helmet Used: ☐ Yes ☐ No

Airbag Deployment: ☐ Yes ☐ No

Damaged Areas: ☐ Front ☐ Left Side ☐ Right Front ☐ Top ☐ Left Front ☐ Other _____ ☐ Right Side ☐ Rear ☐ Right Rear ☐ Under Carriage ☐ Left Rear ☐ Unknown

Extent of Damage: ☐ Minor ☐ Major ☐ None ☐ Moderate ☐ Total ☐ Unknown

Driver Factors: ☐ Apparently Normal ☐ Had Been Drinking ☐ Apparently Fatigued/Asleep ☐ Suspected Alcohol ☐ Other Improper Driving ☐ Suspected Drugs ☐ Driver Inattention/Distraction ☐ Obstructed View ☐ Physical Impairment ☐ Driver Ill/Injured ☐ Unknown

Vehicle Factors: ☐ Failed to Yield Right of Way ☐ Disregard Control Device ☐ Too Fast For Conditions ☐ Exceeding Speed Limit ☐ Wrong Way / Direction ☐ Mechanical Defect ☐ Drove Left of Center ☐ Failed to Maintain Lane ☐ Following Too Close ☐ Unsafe Lane Change ☐ Made Improper Turn ☐ Over Correct / Steering ☐ Other Improper Driving ☐ Driverless Vehicle ☐ Unsafe Backing ☐ Aggressive / Reckless / Careless ☐ Ran off Road ☐ Hit and Run ☐ Road Defect ☐ Object Avoidance ☐ Unknown ☐ Other _____

Vehicle Year: | Vehicle Make: | Vehicle Model: | Type: | Plate / Permit No: | State: ☐ NV | Expiration Date: | Vehicle Color: | Vehicle Identification Number:

Registered Owner Name: ☐ Same As Driver | Street Address: | City: | State: ☐ NV | Zip Code:

Insurance Company Name: | Policy Number: | Effective Date: | Expiration Date: | Company Address or Phone Number:

Investigation Complete	Statements	Date Notified	Time Notified	Arrival Date	Arrival Time	Elapsed Time	Page
☐ Yes ☐ No	☐ Yes ☐ No #:						of

Agency Name:	PROPERTY DAMAGE ONLY ACCIDENT REPORT	Event / Accident Number:

Passengers

Vehicle #	Name *(Last Name, First Name, Middle Name)*	Address	Date of Birth	Seatbelt Used
				☐ Yes ☐ No ☐ CS/Helmet ☐ Unk
				☐ Yes ☐ No ☐ CS/Helmet ☐ Unk
				☐ Yes ☐ No ☐ CS/Helmet ☐ Unk
				☐ Yes ☐ No ☐ CS/Helmet ☐ Unk
				☐ Yes ☐ No ☐ CS/Helmet ☐ Unk
				☐ Yes ☐ No ☐ CS/Helmet ☐ Unk
				☐ Yes ☐ No ☐ CS/Helmet ☐ Unk
				☐ Yes ☐ No ☐ CS/Helmet ☐ Unk

Witnesses

Name *(Last Name, First Name, Middle Name)*	Address	Phone Number

Primary Accident Causing Violation

Driver #	NRS / County Ordinance / Municipal Code	Violation	NOC #	Citation Number
	☐ Pending			
	☐ Pending			

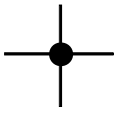
Property Damage To Other Than Vehicle

Describe Property Damage:

Owner's Name: ☐ Owner Notified	Owner's Address:	Owner's Phone Number:

Description Of Accident / Narrative

Accident Field Sketch



Indicate North

A.I.C. _____

Investigator(s)	ID Number	Date	Reviewed By	Date Reviewed	Page
					of