





# ACCIDENT INVESTIGATOR'S REPORT

Local Use										ACCIDENT INVESTIGATOR'S REPORT																																												
Accident Number										Hit & Run <input type="checkbox"/> Yes <input type="checkbox"/> No					Pages: Number of					Number of: Vehicles					Pedestrians																													
Year	Agency	ID Number	Month	Seq No	Date of Accident					Time	Name of City					City Code	Name of County					County Code																																
Occurred On										At Intersection Of										Miles	Of																																	
If Not At Intersection										Of										N S E W					(Location Code)																													
Class of Trafficway										Grade & Horiz Align.					Relation to Roadway					Relation to Junction					Latitude					Longitude																								
Construction/Maintenance Zone										Site Study Suggested					Speed Limit					Speed Limit Units					Traffic Controls					Bikeway					Reservation																			
Indicate North By Arrow										Range										Township					Section																													
COLLISION TYPE - Multiple Veh.										1 Rear-End					6 Right Angle					2 Sideswipe, Same Direction					7 Right Turn, Same Direction					3 Sideswipe, Opposite Direction					8 Right Turn, Opposite Direction					4 Left Turn, Same Direction					9 Head-On					0 Other				
Police Photos										Yes					No																																							

DRIVER										DRIVER										PEDESTRIAN																			
Driver's Name (Last) First Middle										Driver's Name (Last) First Middle										Driver's Name (Last) First Middle																			
Address - Number and Street										Address - Number and Street										Address - Number and Street																			
City State Zip Code										City State Zip Code										City State Zip Code																			
Driver License Number										State					Operator Commercial Other					Driver License Number										State					Operator Commercial Other				
Date of Birth										Driver License Status Restriction Compliance Other Licensing Data					Insurance Carrier					Date of Birth										Driver License Status Restriction Compliance Other Licensing Data					Insurance Carrier				
Violation Code 1										Summons No. 1					Policy Number					Violation Code 1										Summons No. 1					Policy Number				
Violation Code 2										Summons No. 2					Policy Number					Violation Code 2										Summons No. 2					Policy Number				

Vehicle										Vehicle																			
Owner <input type="checkbox"/> Same as Driver										Owner <input type="checkbox"/> Same as Driver																			
Number and Street										Number and Street																			
City State Zip Code										City State Zip Code																			
Vehicle Identification Number										License Plate Number					Vehicle Identification Number										License Plate Number				
Vehicle Make										Vehicle Year License State					Vehicle Make										Vehicle Year License State				
Vehicle Damage										Vehicle/Pedestrian Heading					Vehicle Damage										Vehicle/Pedestrian Heading				
 Severity: <input type="checkbox"/> None <input type="checkbox"/> Disabling <input type="checkbox"/> Functional <input type="checkbox"/> Other Towed Due to Damage: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Vehicle Damage (x) if Over \$400: <input type="checkbox"/> No <input type="checkbox"/> Undercarriage <input type="checkbox"/>										North <input type="checkbox"/> East <input type="checkbox"/> Unknown <input type="checkbox"/> South <input type="checkbox"/> West <input type="checkbox"/> Property Damaged By This Vehicle Owner/Address: _____ Wrecker Company: _____					 Severity: <input type="checkbox"/> None <input type="checkbox"/> Disabling <input type="checkbox"/> Functional <input type="checkbox"/> Other Towed Due to Damage: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Vehicle Damage (x) if Over \$400: <input type="checkbox"/> No <input type="checkbox"/> Undercarriage <input type="checkbox"/>										North <input type="checkbox"/> East <input type="checkbox"/> Unknown <input type="checkbox"/> South <input type="checkbox"/> West <input type="checkbox"/> Property Damaged By This Vehicle Owner/Address: _____ Wrecker Company: _____				

Driver and Passenger Names										If Deceased, Give Date of Death																																		
A																																												
B																																												
C																																												
D																																												
E																																												
F																																												
G																																												
Officer's Signature										ID Number					Date					Date Notified					Time					Date Arrived					Time					Reviewed By				

HO1509

# COMMERCIAL VEHICLE AND FATAL ACCIDENT SUPPLEMENT

Carrier Name/Address/Street/City/State \_\_\_\_\_ ICC# \_\_\_\_\_  
 Zip Code (if other than owner) \_\_\_\_\_ DOT# \_\_\_\_\_

**V1 V2 VEHICLE CONFIGURATION**

<input type="checkbox"/>	<input type="checkbox"/>	1 Bus (seats for 15 people)
<input type="checkbox"/>	<input type="checkbox"/>	2 Single-unit truck (2-axle, 6-tire)
<input type="checkbox"/>	<input type="checkbox"/>	3 Single-unit truck (3 or more axles)
<input type="checkbox"/>	<input type="checkbox"/>	4 Truck / Trailer
<input type="checkbox"/>	<input type="checkbox"/>	5 Truck Tractor (bobtail)
<input type="checkbox"/>	<input type="checkbox"/>	6 Tractor / semitrailer
<input type="checkbox"/>	<input type="checkbox"/>	7 Tractor double trailer
		A Standard
		B Rocky Mountain
		C Turnpike
		D Truck / trailer-trailer
<input type="checkbox"/>	<input type="checkbox"/>	8 Tractor / triple
<input type="checkbox"/>	<input type="checkbox"/>	9 Unknown Truck, cannot classify

**Picard ID#** \_\_\_\_\_ **Haz Mat Code** \_\_\_\_\_

<b>Picard</b>	<b>Y</b>	<b>N</b>
<b>Release</b>	<b>Y</b>	<b>N</b>

**Haz Mat Name (shipping paper)** \_\_\_\_\_

**V1 V2 CARGO BODY TYPE**

<input type="checkbox"/>	<input type="checkbox"/>	1 Bus (seats for 15 people)
<input type="checkbox"/>	<input type="checkbox"/>	2 Van/Enclosed
<input type="checkbox"/>	<input type="checkbox"/>	3 Cargo Tank
<input type="checkbox"/>	<input type="checkbox"/>	4 Flatbed
<input type="checkbox"/>	<input type="checkbox"/>	5 Dump
<input type="checkbox"/>	<input type="checkbox"/>	6 Concrete Mixer
<input type="checkbox"/>	<input type="checkbox"/>	7 Auto Transporter
<input type="checkbox"/>	<input type="checkbox"/>	8 Garbag/Refuse
<input type="checkbox"/>	<input type="checkbox"/>	9 Other

**Trucks, Buses, etc.** \_\_\_\_\_ **number of axles (including Trailers)** \_\_\_\_\_

**Veh 1** \_\_\_\_\_

**Veh 2** \_\_\_\_\_

**Veh1** \_\_\_\_\_ **Veh2** \_\_\_\_\_

**GVWR** \_\_\_\_\_

V1	V2	Sequence of Events	Trafficway
1 2 3 4	1 2 3 4	A. Ran off road	1 Not physically divided (2-way traffic)
1 2 3 4	1 2 3 4	B. Jackknife	2 Divided highway, median strip w/o barrier
1 2 3 4	1 2 3 4	C. Overtum	3 Divided highway, median strip w/ barrier
1 2 3 4	1 2 3 4	D. Downhill Runaway	4 One-way trafficway
1 2 3 4	1 2 3 4	E. Cargo loss or shift	
1 2 3 4	1 2 3 4	F. Explosion or fire	<b>Access Control</b>
1 2 3 4	1 2 3 4	G. Separation of units	1 No control (unlimited access)
1 2 3 4	1 2 3 4	H. Collision involving pedestrian	2 Full control (only ramp entry/exit)
1 2 3 4	1 2 3 4	I. Collision involving motor vehicle in transport	3 Other
1 2 3 4	1 2 3 4	J. Collision involving parked motor vehicle	
1 2 3 4	1 2 3 4	K. Collision involving train	
1 2 3 4	1 2 3 4	L. Collision involving pedalcycle	
1 2 3 4	1 2 3 4	M. Collision involving animal	
1 2 3 4	1 2 3 4	N. Collision involving fixed object	
1 2 3 4	1 2 3 4	O. Collision involving other object	

**V1 V2 APPARENT DRIVER CONDITION**

<input type="checkbox"/>	<input type="checkbox"/>	1 Appeared normal
<input type="checkbox"/>	<input type="checkbox"/>	2 Had been drinking
<input type="checkbox"/>	<input type="checkbox"/>	3 Illegal drug use
<input type="checkbox"/>	<input type="checkbox"/>	4 Sick
<input type="checkbox"/>	<input type="checkbox"/>	5 Fatigue
<input type="checkbox"/>	<input type="checkbox"/>	6 Asleep
<input type="checkbox"/>	<input type="checkbox"/>	7 Medication
<input type="checkbox"/>	<input type="checkbox"/>	8 Unknown

**FATAL ACCIDENT ONLY:**

<b>Notification Time EMS (military time)</b> 0000_not notified	<b>Arrival Time EMS</b>	<b>EMS time at hospital of Most Severly Injured</b> 0000_no one transported
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of person/s involved	BAC Test Given	Method of Alcohol Determination (On-scene) (use codes below)	Ejection Path (use codes below)
1. _____	Y N ? Refused	_____	_____
2. _____	Y N ? Refused	_____	_____
3. _____	Y N ? Refused	_____	_____
4. _____	Y N ? Refused	_____	_____
5. _____	Y N ? Refused	_____	_____

Roadway Surface Type	Veh1	Veh2	Veh3
1 Concrete			
2 Blacktop (bituminous)			
3 Slag, Gravel or stone			
4 Dirt			
5 Other			
	Est. Speed _____		
	Number of Traffic Lanes: _____		

- Evidential Test (Breath, Blood, Urine)
  - Priminary Breath Test (PBT)
  - Behavioral (Field Sobriety Test)
  - Observed (Smell, speech, etc)
  - Other (saliva test, tissue test)
  - Passive Alcohol Sensor (PAS)
- Not ejected/not applicable
  - Through side door opening
  - Through side window
  - Through windshield
  - Through back windows
  - Through back door/tailgate opening
  - Out roof opening (sunroof, top down)
  - Out roof (top up)
  - Other path (e.g. back of pickup)
  - Unknown

**Commercial motor vehicle definition:**

- (a) The vehicle is equipped for carrying property and has at least two (2) axles and six (6) tires.
- (b) The vehicle is designed to transport more than 15 passengers, including the driver; or
- (c) The vehicle is used in the transportation of hazardous material in a quantity requiring placarding under regulation issued by the Secretary under the Hazardous Materials Transportation Act.

**CARRIER NAME:**

- 1. May be leased to a carrier (Name usually located somewhere on tractor)
- 2. May be a trip lease load (temporary sign on tractor, or trip lease agreement)

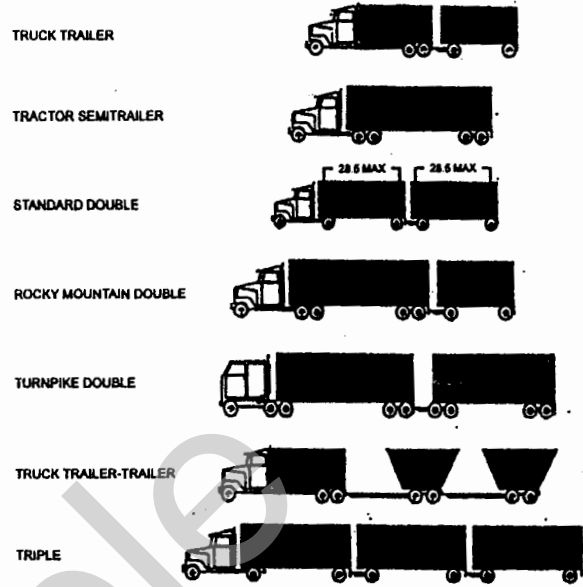
**GROSS VEHICLE WEIGHT RATING (GVWR):**

This can be found inside the drivers door on the manufactures plate, or the registration.

**HAZARDOUS MATERIALS CODES:**

- Explosives 1.1
- Explosives 1.2
- Explosives 1.3
- Explosives 1.4
- Explosives 1.5
- Explosives 1.6
- Flammable Gas 2.1
- Nonflammable Gas 2.2
- Poison Gas 2.3
- Flammable 3
- Flammable Solid 4.1
- Spontaneously Combustible 4.2
- Dangerous When Wet 4.3
- Oxidizer 5.1
- Organic Peroxide 5.2
- Poison & Keep Away From Food 6.1
- Infectious Substances 6.2
- Radioactive 7
- Corrosive 8
- Class 9
- Combustible Liquid
- Other

**VEHICLE CONFIGURATION:**



**CODES FOR ALL ACCIDENTS (Continued from front side)**

CLASS OF TRAFFICWAY	RELATION TO JUNCTION	SPEED LIMIT UNITS	BIKEWAY
1 Interstate	0 Non Junction	M Miles Per Hour	0 No Bicycle Involved
3 U.S.. Route	1 In Intersection	K Kilometers Per Hour	1 Bikeway Separated from Roadway
4 Secondary Route (MT, Secondary, FAU)	2 Intersection Related		2 Bikeway Adjacent to Roadway
6 County or Rural Route	3 In Driveway Access		3 No Blkeway or Bike Route
7 Local Street	4 Driveway Related		4 Bike Route
8 Private	5 Railroad Crossing Related		
	6 Interchange (In or related)		
GRADE AND HORIZONTAL ALIGNMENT	CONSTRUCTION/ MAINTENANCE ZONE	TRAFFIC CONTROLS	RESERVATION
1 Straight and Level	0 None	0 None	1 Blackfeet
2 Curve and Level	2 Construction	1 Traffic Signals	2 Crow
3 Straight and Grade	3 Maintenance	2 Traffic Signals Not Working	3 Flathead
4 Curve and Grade	4 Utility	3 Traffic Signals Flashing	4 Fort Belknap
	5 Work Zone, Type Unknown	5 Flasher	5 Fort Peck
		6 Flasher Not Working	6 Northern Cheyenne
		7 Stop Sign	7 Rocky Boy's
		8 Yield Sign	
		9 RR Signals	
		10 RR Signals Not Working	
		11 RR Signals & Gates	
		12 RR Gates Not Working	
		13 RR Crossing With Crossbuck	
		14 Traffic Signs & Pavement Markings	
		15 Traffic Signs	
		16 Pavement Markings	
		17 Traffic Control Down/Missing	
		18 No Passing Zone	
		19 No Signs, No Pavement Markings	
RELATION TO ROADWAY	SITE STUDY SUGGESTED	MAXIMUM SPEED LIMIT	DRIVER LICENSE STATUS
1 On Roadway	0 None	nnn Posted or Statutory Speed Limit	0 No Drivers License
2 Shoulder	1 Study Suggested	000 Not Posted or Statutory Speed Limit	1 Valld Drivers License
3 Median		999 Unknown	2 Probationary
4 Outside Shoulder - Left			3 Expired
5 Outside Shoulder - Right			4 Cancelled/Denied
6 Off Rd. - Location Unknown			
7 Gore			
9 Unknown			
DRIVER RELATED CODES	DRIVER LICENSE STATUS	DRIVER LICENSE RESTRICTIONS COMPLIANCE	
	5 Revoked	0 Not Applicable	
	6 Suspended	1 Complied With Restrictions	
	7 License Not Valid for Vehicle Type	2 Did Not Comply With Restrictions	
	8 Learner Permit Only		