



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

Name: <i>(Last Name, First Name, Middle Name Suffix)</i>		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	DOB: / /	Phone Number:	Injury Severity: Code	Injury Location: Code	Code
<input type="checkbox"/> 2) Female			Airbags: Code	Airbag Switch: Code	Ejected: Code
			Trapped: Code		

Name: <i>(Last Name, First Name, Middle Name Suffix)</i>		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	DOB: / /	Phone Number:	Injury Severity: Code	Injury Location: Code	Code
<input type="checkbox"/> 2) Female			Airbags: Code	Airbag Switch: Code	Ejected: Code
			Trapped: Code		

Name: <i>(Last Name, First Name, Middle Name Suffix)</i>		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	DOB: / /	Phone Number:	Injury Severity: Code	Injury Location: Code	Code
<input type="checkbox"/> 2) Female			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:

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

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

<b>Cargo Body Type</b>		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	Carrier Number:
<input type="checkbox"/> 2) Tank	<input type="checkbox"/> 7) Concrete Mixer		<input type="checkbox"/> 2) USDOT	
<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	Page of
<input type="checkbox"/> 11) Grain, Gravel Chips	<input type="checkbox"/> 12) Bus, 9 - 15 Occupants			
<input type="checkbox"/> 13) Bus, > 15 Occupants	<input type="checkbox"/> 14) Other			

**Vehicle Information**