



# ACCIDENT INVESTIGATOR'S REPORT

Local Use																														
1	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	20															
	Occurred On _____ At Intersection Of _____ Miles _____ Of _____																													
2	If Not At Intersection _____ Of _____ (Location Code) _____																													
	Class of Trafficway _____ Grade & Horiz Align _____ Relation to Roadway _____ Relation to Junction _____ Latitude _____ Longitude _____																													
3	Construction/Maintenance Zone _____ Site Study Suggested _____ Speed Limit _____ Speed Limit Units _____ Traffic Controls _____ Bikeway <input type="checkbox"/> Reservation <input type="checkbox"/>																													
4	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Indicate North By Arrow</p> <p>Police Photos: Yes <input type="checkbox"/> No <input type="checkbox"/></p> </div> <div style="width: 35%;"> <p>Range 0 X</p> <p>Township Y</p> <p>Section</p> </div> </div>																													
5	<p><b>COLLISION TYPE - Multiple Veh.</b></p> <table style="width: 100%; border: none;"> <tr> <td>1 Rear-End</td> <td>6 Right Angle</td> </tr> <tr> <td>2 Sideswipe, Same Direction</td> <td>7 Right Turn, Same Direction</td> </tr> <tr> <td>3 Sideswipe, Opposite Direction</td> <td>8 Right Turn, Opposite Direction</td> </tr> <tr> <td>4 Left Turn, Same Direction</td> <td>9 Head-On</td> </tr> <tr> <td>5 Left Turn, Opposite Direction</td> <td>0 Other</td> </tr> </table>															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	5 Left Turn, Opposite Direction	0 Other					
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																													
5 Left Turn, Opposite Direction	0 Other																													
6																														
7																														
	<b>DRIVER</b> _____ <input type="checkbox"/> <b>DRIVER</b> _____ <input type="checkbox"/> <b>PEDESTRIAN</b> _____																													
	Driver's Name (Last) _____ First _____ Middle _____					Driver's Name (Last) _____ First _____ Middle _____																								
	Address - Number and Street _____					Address - Number and Street _____																								
	City _____ State _____ Zip Code _____					City _____ State _____ Zip Code _____																								
	Driver License Number _____ State _____ Operator <input type="checkbox"/> Commercial <input type="checkbox"/> Other <input type="checkbox"/>					Driver License Number _____ State _____ Operator <input type="checkbox"/> Commercial <input type="checkbox"/> Other <input type="checkbox"/>																								
8	Date of Birth _____ Driver License Status _____ Restriction Compliance _____ Other Licensing Data _____					Date of Birth _____ Driver License Status _____ Restriction Compliance _____ Other Licensing Data _____					Insurance Carrier _____																			
	Violation Code 1 _____ Summons No. 1 _____					Violation Code 1 _____ Summons No. 1 _____																								
	Violation Code 2 _____ Summons No. 2 _____					Violation Code 2 _____ Summons No. 2 _____					Policy Number _____																			
	<b>Vehicle</b> _____ <input type="checkbox"/> <b>Vehicle</b> _____																													
	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 _____																								
	<p>Vehicle Damage</p>  <p><input type="checkbox"/> No Damage <input type="checkbox"/> Undercarriage <input type="checkbox"/></p> <p>Vehicle Damage (x) if Over \$400 <input type="checkbox"/></p>					<p>Vehicle Damage Severity</p> <p><input type="checkbox"/> None <input type="checkbox"/> Disabling <input type="checkbox"/> Functional <input type="checkbox"/> Other</p> <p>Towed Due to Damage <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>					<p>Vehicle/Pedestrian Heading</p> <p><input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> Unknown <input type="checkbox"/> South <input type="checkbox"/> West</p> <p>Property Damaged By This Vehicle Owner/Address _____</p> <p>Wrecker Company _____</p>					<p>Vehicle Damage</p>  <p><input type="checkbox"/> No Damage <input type="checkbox"/> Undercarriage <input type="checkbox"/></p> <p>Vehicle Damage (x) if Over \$400 <input type="checkbox"/></p>					<p>Vehicle Damage Severity</p> <p><input type="checkbox"/> None <input type="checkbox"/> Disabling <input type="checkbox"/> Functional <input type="checkbox"/> Other</p> <p>Towed Due to Damage <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>					<p>Vehicle/Pedestrian Heading</p> <p><input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> Unknown <input type="checkbox"/> South <input type="checkbox"/> West</p> <p>Property Damaged By This Vehicle Owner/Address _____</p> <p>Wrecker Company _____</p>				
9	Driver and Passenger Names _____ <i>If Deceased, Give Date of Death</i>																													
A																														
B																														
C																														
D																														
E																														
F																														
G																														
	Officers Signature _____					ID Number _____ Date _____					Date Notified _____ Time _____ Date Arrived _____ Time _____ Reviewed By _____																			