

INVESTIGATOR'S MOTOR VEHICLE ACCIDENT REPORT

Agency Case No.

Sheet \_\_\_ of \_\_\_

Header section containing accident date, time, location, and road information. Includes fields for date of accident, time of accident, county, city, street, and highway details.

Vehicle information section for two vehicles. Includes driver details, license information, vehicle specifications, and insurance data.

Accident analysis section. Includes diagrams for impact points, vehicle movement before collision, and conditions of vehicles at the scene.

Restraint and helmet use section. Includes tables for seat belt usage, air bag deployment, and helmet use for both vehicles.

Injured persons section. Includes a table for recording details of injured individuals, including names, addresses, and medical conditions.

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

**INDICATE BY DIAGRAM WHAT HAPPENED**



**Indicate  
North  
by Arrow**

**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>PROPERTY</b>	OBJECT DAMAGED:	NAME OF OWNER:	ADDRESS:	PHONE:	APPROX. COST OF DAMAGE: \$
	OBJECT DAMAGED:	NAME OF OWNER:	ADDRESS:	PHONE:	APPROX. COST OF DAMAGE: \$
<b>WITNESSES</b>	NAME:	ADDRESS:			PHONE:
	NAME:	ADDRESS:			PHONE:

WAS INVESTIGATION MADE AT SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS INVESTIGATION COMPLETE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S REPORT FORM FURNISHED TO? <input type="checkbox"/> 1 <input type="checkbox"/> 2	WERE PHOTOGRAPHS TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	SHOULD LOCATION HAVE AN ENGINEERING STUDY? <input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER NO.:	<b>DATE OF REPORT</b>
INVESTIGATOR'S PRINTED OR TYPED NAME:		INVESTIGATOR'S SIGNATURE:		DEPARTMENT:	TROOP:	

# INVESTIGATOR'S MOTOR VEHICLE ACCIDENT REPORT OVERLAY

**INSTRUCTIONS ON REVERSE SIDE**  
Please explain any selection marked with an asterisk (\*) in the accident description.

## ACCIDENT CLASSIFICATION

### A. Weather Condition (Enter one)

- |                                  |               |
|----------------------------------|---------------|
| 1. No adverse conditions         | 5. Fog        |
| 2. Rain                          | 6. High winds |
| 3. Sleet, hail, or freezing rain | * 7. Other    |
| 4. Snow                          |               |

#### TEMPERATURE

### B. Light Condition (Enter one)

- |                |                                |
|----------------|--------------------------------|
| 1. Daylight    | 3. Dark - With street lighting |
| 2. Dawn - Dusk | 4. Dark                        |

### C. Traffic Control (Enter up to two)

- |                                    |                               |
|------------------------------------|-------------------------------|
| 1. None                            | 10. Pedestrian signal         |
| 2. Yield sign                      | 11. Pedestrian crosswalk      |
| 3. Stop sign                       | 12. Railroad gates and lights |
| 4. All-Way stop                    | 13. Railroad flashing lights  |
| 5. Flashing beacon                 | 14. Railroad crossing sign    |
| 6. Traffic signal                  | 15. Officer/Flagperson        |
| 7. Traffic signal in flashing mode | 16. No passing zone           |
| 8. School speed zone               | * 17. Other                   |
| 9. Roadwork signing                |                               |

### D. Road Character (Enter one)

- |                            |                          |
|----------------------------|--------------------------|
| 1. Straight and level      | 4. Curved and level      |
| 2. Straight and on slope   | 5. Curved and on slope   |
| 3. Straight and on hilltop | 6. Curved and on hilltop |

### E. Road Surface (Enter one)

- |             |            |
|-------------|------------|
| 1. Concrete | 4. Gravel  |
| 2. Asphalt  | 5. Dirt    |
| 3. Brick    | * 6. Other |

### F. Road Surface Condition (Enter one)

- |        |              |
|--------|--------------|
| 1. Dry | 3. Snowy-icy |
| 2. Wet | * 4. Other   |

### G. Total Number of Through Lanes (Enter one)

- |                |                      |
|----------------|----------------------|
| 1. One lane    | 4. Four lanes        |
| 2. Two lanes   | 5. Five lanes        |
| 3. Three lanes | 6. Six or more lanes |

### H. Median Type (Enter one)

- |                           |                      |
|---------------------------|----------------------|
| 1. Median Barrier         | 4. Painted (No curb) |
| 2. Raised median (Curbed) | 5. None              |
| 3. Grass Median (No curb) |                      |

### I. Work Zone (Enter one)

1. Road construction zone
2. Road maintenance zone (repair with traffic control)
3. Road maintenance activity (snowplowing, mowing, striping, etc.)
4. Utility activity
5. None

### J. Major Contributing Human Factor

(Enter one code per accident and the associated Vehicle Number)

- |                                  |   |
|----------------------------------|---|
| 1. Speed too fast for conditions | 11. Wrong way in one-way traffic          |
| 2. Exceeding speed limit         | 12. Improper lane change                  |
| 3. Backing unsafely              | 13. Drove left of center                  |
| 4. Ran stop sign                 | 14. Evasive action                        |
| 5. Disregarded traffic signal    | 15. Improper overtaking                   |
| 6. Failure to yield              | 16. Improper loading or securing of cargo |
| 7. Following too closely         | 17. None                                  |
| 8. Improper right turn on red    | * 18. Other                               |
| 9. Other improper turn           |   |
| 10. Improper or no turn signal   |   |

### K. Major Contributing Environmental Factor (Enter one)

- |                              |                       |
|------------------------------|-----------------------|
| 1. Animal on roadway         | 6. Vision obstruction |
| 2. Debris on roadway         | 7. Bad weather        |
| 3. Water standing on roadway | 8. None               |
| 4. Pavement defect           | * 9. Other            |
| 5. Previous accident         |                       |

## PEDESTRIAN CLASSIFICATION

### L. Pedestrian Actions (Enter one)

- |                                |                           |
|--------------------------------|---------------------------|
| 1. Properly crossing roadway   | 6. Working on vehicle     |
| 2. Improperly crossing roadway | 7. Standing/sitting       |
| 3. Playing                     | 8. Getting in/out vehicle |
| 4. Moving with traffic         | 9. Lying down             |
| 5. Moving against traffic      | * 10. Other               |

### M. Pedestrian Location (Enter one)

#### At Intersection

1. With signal
2. Without signal

#### Not at Intersection

3. Crosswalk with pedestrian signal
4. Crosswalk
5. On roadway
6. Off roadway

### N. Pedestrian Condition (Enter one)

- |                   |                  |
|-------------------|------------------|
| 1. Normal         | 5. Illegal drugs |
| 2. Fatigue/asleep | 6. Medication    |
| 3. Illness        | 7. Unknown       |
| 4. Drinking       | * 8. Other       |

## COMPLETE THIS SECTION FOR ALL INJURED PERSONS

### Transported to Medical Facility (Enter one)

Was the individual transported from the crash site to a medical facility for treatment of injuries received in the crash?

1. Yes
2. No
3. Unknown

### Injury Severity (Enter one)

1. Killed
2. Disabling - cannot leave scene without assistance (broken bones, severe cuts, prolonged unconsciousness, etc.)
3. Visible but not disabling (minor cuts, swelling, etc.)
4. Possible but not visible (complaint of pain, etc.)

### Body Region with Most Severe Injury (Enter one)

- |                       |                         |
|-----------------------|-------------------------|
| 1. Head               | 7. Elbow/lower arm/hand |
| 2. Face               | 8. Abdomen/pelvis       |
| 3. Neck               | 9. Hip/upper leg        |
| 4. Chest              | 10. Knee/lower leg/foot |
| 5. Back/spine         | 11. Entire body         |
| 6. Shoulder/upper arm | 12. Unknown             |

### Ejected/Trapped (Enter one)

1. Not ejected or trapped
2. Partially ejected
3. Totally ejected
4. Trapped - Occupant removed without use of equipment
5. Trapped - Equipment used in extrication
6. Unknown

### Seating Position (Enter one)

	3	6	9	
-	2	5	8	
	1	4	7	

10. Other enclosed passenger/cargo area
11. Other unenclosed passenger/cargo area
12. Riding on vehicle exterior
13. Sleeper section of truck cab
14. Trailing unit
15. Moped
16. Motorcycle operator
17. Motorcycle passenger
18. Pedestrian
19. Bicycle
20. Unknown