Maier Gutierrez & Associates

(702) 629-7900
8816 Spanish Ridge Avenue
Las Vegas, NV 89148

ACCIDENT SCENE

Instructions for Accident Diagram

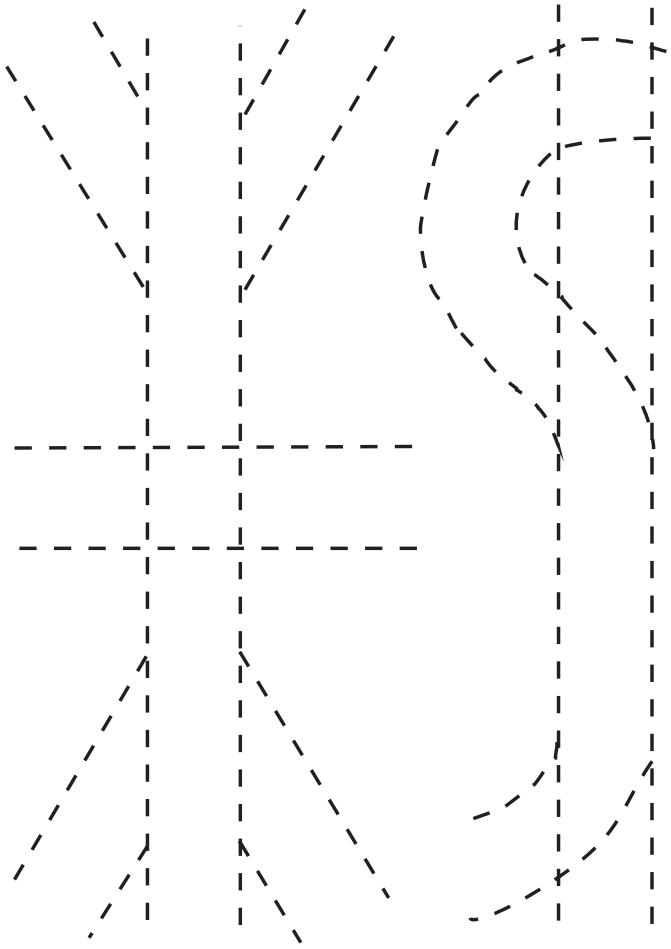
Fill in dotted lines to correspond with road at accident site. Show position of all vehicles, pedestrians, etc., as follows:

Your vehicle **1**

Other vehicle(s) **2** Numbered successively.

Pedestrian Traffic signal

Traffic sign (indicate type)



Signature _____

Date _____

DRIVER'S ACCIDENT REPORTING KIT

To Be Completed at Accident Scene

Driver's Name _____ Age _____

License No. _____

Phone No. _____

Vehicle Owner / Home Terminal _____

Equipment No. _____ Tractor: _____ TLR: _____

A. DATE, TIME, PLACE

Date _____ : Time _____ AM; _____ PM _____

In _____
(City or Town) (County) (State)

On _____
(Street or Highway)

At _____
(Street Address or Intersection)

Distance and
Direction from: _____
(Nearest community junction, etc.)

❒ Open Country ❒ Business-Shopping
❒ Residential ❒ Manufacturing-Industrial

❒ Other (Describe) _____

B. WITNESSES

Persons seeing the accident will be of service to our driver by giving their names and addresses.

NAME _____

Address _____ Phone _____

NAME _____

Address _____ Phone _____

License number and descriptions of first vehicles at scene.

_____

_____

INVESTIGATING OFFICER

Name _____

Badge No. _____ Dept. _____

Citation: You _____ Other _____

COR.OOG.0648 (9/94)

C. THOSE INVOLVED

COMPANY VEHICLE (VEHICLE #1)

Make & Model _____

Vin. No. _____ Fleet No. _____

Tag No. & State _____

OTHER VEHICLE (VEHICLE #2)

Make & Model _____

Tag No. & State _____

Driver _____

Address _____

Driver's License No. _____

Name, address and phone of owner (if not the driver) _____

_____

_____

Insurance Co. _____ Policy No. _____

OTHER VEHICLE (VEHICLE #3)

Make & Model _____

Tag No. & State _____

Driver _____

Address _____

Driver's License No. _____

Name, address and phone of owner _____

_____

_____

Insurance Co. _____ Policy No. _____

If other vehicles attach all information.

INJURED PERSONS

Number of persons injured _____ Killed _____

Name _____ Age _____

Address _____

Injuries _____

Where taken _____

Name _____ Age _____

Address _____

Injuries _____

Where taken _____

Estimate of property damage $ _____

D. TYPE OF ACCIDENT

❒ Collision with Other Vehicle ❒ Collision with Fixed Object

	Veh. 1	Veh. 2	Veh. 3
❒ Ran off Road	❒	❒	❒
❒ Overturn in Road	❒	❒	❒
❒ Mechanical Defect	❒	❒	❒
❒ Fire	❒	❒	❒
❒ Loading or Unloading	❒	❒	❒
❒ Boarding / Alighting	❒	❒	❒
❒ Occupant fell out	❒	❒	❒
❒ Occupant injured inside vehicle	❒	❒	❒

❒ Other _____

PEDESTRIAN ACTION

Crossing at Intersection ❒ Between Intersections ❒

With Signal ❒ Against Signal ❒

No Signal ❒ Diagonally ❒

Walking in Roadway ❒ Sidewalk ❒ No Sidewalk ❒

With Traffic ❒ Against Traffic ❒

Other (Describe): _____

_____

E. VEHICLE MOVEMENT

	Veh. 1	Veh. 2	Veh. 3
Straight Ahead	❒	❒	❒
Turning Right	❒	❒	❒
Turning Left	❒	❒	❒
Slowing or Stopping	❒	❒	❒
Stopped in Traffic	❒	❒	❒
Starting in Traffic	❒	❒	❒
Starting from Curb or Shoulder	❒	❒	❒
Parked	❒	❒	❒
Backing	❒	❒	❒
U-Turn	❒	❒	❒
Skidding	❒	❒	❒
Overtaking	❒	❒	❒
Weaving	❒	❒	❒
Wrong Side	❒	❒	❒
Crowded off Road	❒	❒	❒
Evasive Action	❒	❒	❒

Other _____

_____

_____

F. VEHICLE CONDITION

MECHANICAL CONDITION

	Veh. 1	Veh. 2	Veh. 3
No Defect	❒	❒	❒
Lights	❒	❒	❒
Brakes	❒	❒	❒
Tires / Wheels	❒	❒	❒
Engine	❒	❒	❒
Couplings	❒	❒	❒
Windshield / Windows	❒	❒	❒
Disabled	❒	❒	❒

Other _____

G. ROADWAY CONDITIONS AND CONTROLS

❒ Not at Intersection ❒ Bridge / Overpass
❒ Street Intersection ❒ Underpass
❒ Drive or Alley ❒ Private property
❒ Crosswalk ❒ Other off-street
Other (describe) _____
❒ Not Divided ❒ Divided ❒ Limited Access
❒ No. of Lanes 2 3 4 6 _____
(Specify)

ROAD SURFACE

❒ Lanes Marked ❒ Unmarked
❒ Concrete ❒ Gravel
❒ Blacktop ❒ Other Unpaved
❒ Metal Grating (Bridge)
❒ Other (specify) _____
❒ No Defects ❒ Mud
❒ Dry ❒ Loose Material
❒ Wet ❒ Cracks, holes, etc.
❒ Ice ❒ Fresh Oil
❒ Snow ❒ Under construction or repair _____
❒ Other (describe)
❒ Straight ❒ Level ❒ Hills ❒ Steep ❒ Moderate
❒ Curve ❒ R ❒ L ❒ Sharp ❒ Moderate

TRAFFIC CONTOLS

❒ Traffic Light ❒ RR Crossing Signal / Gate
❒ Stop Sign ❒ No Traffic Control
❒ Yield Sign ❒ Posted Speed Limit _____
❒ Police Officer ❒ Other _____
Were controls operating? ❒ Yes ❒ No

WEATHER CONDITIONS

❒ Clear ❒ Daylight
❒ Snow ❒ Dawn
❒ Sleet ❒ Sunset
❒ Fog ❒ Dark - road lighted
❒ Rain ❒ Dark - road unlighted
❒ Other (specify) _____

H. PROPERTY DAMAGE

Point of Impact

	Veh. 1	Veh. 2	Veh. 3
Front	❒	❒	❒
Rear	❒	❒	❒
Right Front	❒	❒	❒
Left Front	❒	❒	❒
Right Rear	❒	❒	❒
Left Rear	❒	❒	❒
Right Side	❒	❒	❒
Left Side	❒	❒	❒
Roof	❒	❒	❒

Other _____
Cargo Weight / Type: _____
_____
Cargo Damage: _____
_____
Other Property Damage: _____
_____

I. MISCELLANEOUS INFORMATION

Time you reported for duty: _____
_____
Total preceding hours off duty: _____
_____
Hours since last sleep at time of going on duty: _____
_____
Hours on duty at time of accident: _____
_____
Total rest-stop time since going on duty: _____
_____
Total other time, loading, etc.: _____
_____

Place of reporting on duty: _____

Destination this trip: _____

Miles traveled this trip
until time of accident: _____

ICC Permits: _____

Trailer owned by others: Yes ❒ No ❒
If yes, by whom _____

Result of drug/alcohol tests _____

J. WHAT HAPPENED?

At what distance did you first see danger? _____ Ft.

How fast were you going? _____ MPH

What was your speed at impact? _____ MPH

How far did your vehicle go after impact? _____ Ft.

Describe in your own words the circumstances of the accident:

Describe damage to:

Your vehicle: _____

Other vehicles: _____

Cargo: _____

Property: _____

COMMENTS AND ADDITIONAL INFORMATION