

CRASH
INVESTIGATION
SH 10074
REVISED
Mar. 6, 2014
NMDOTUCR
E92809

STATE OF NEW MEXICO UNIFORM
CRASH REPORT

0000000000

REPORTING DEPARTMENT

☐ ON
PRIVATE
PROPERTY

☐ FATAL
INJURY

☐ PROPERTY
DAMAGE
ONLY

☐ UNDFR
\$500 OR

☐ HIT AND
RUN

TOTAL NUMBER OF VEHICLES:

Case Number:

NMDOT:

CAD Num:

CRASH DATE (MM/DD/YY)

MILITARY TIME

CITY OCCURRED IN

COUNTY

Sun ☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ S ☐

OCCURRED ON: (Route No. or Name)

AT INTERSECTION WITH:

TRIBAL LAND?

☐ Yes ☐ No

OTHER
LOCATION

☐ FEET
☐ MILES

N NE NW S SE SW E W

PERMANENT LANDMARK - COUNTY LINE - INTERSECTION

Milepost

LAT:

LONG:

CRASH
OCCURRED ☐ On Roadway
☐ Off Roadway

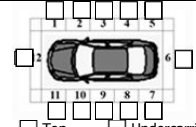
CRASH
CLASSIFICATION

☐ Overturned ☐ Other N-Col ☐ Pedestrian ☐ Other Vehicle ☐ Vehicle on Other Rdwy ☐ Parked Vehicle

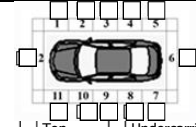
☐ Rollover ☐ R. R. Train ☐ Pedalcyclist ☐ Animal ☐ Fixed Object ☐ Other Object

ANALYSIS
CODE:

Vehicle No. 1

VEHICLE NO. HEADED	1	N	NE	NW	S	SE	SW	E	W	On	Left Scene of Crash	Posted Speed	Safe Speed									
Drivers Full Name (Last, First, Middle)										Address												
Driver's License Number		State	Type	Status	Restrictions	Endorsement	Expires	Interlock	City/State	Zip Code	Phone											
Date of Birth - M/D/YR					Occupation					Seat	Age	Sex (M/F)	Race	Injury Code	OP Code	OP Used Properly	Airbag Deploy	Ejected	EMS#	Med Trans		
Seat Pos.	Occupant's Name (Last, First, Middle)										Occupant's Address (City, State, Zip)											
Vehicle Yr.	Vehicle Make		Color	Body Style	Cargo Body Type		Vehicle Use (1)		Vehicle Use (2)		Towed?	Damage Severity		Extent								
											<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Slight <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> All Areas		<input type="checkbox"/> Disabled <input type="checkbox"/> Functional Appearance <input type="checkbox"/> Property <input type="checkbox"/> Fire <input type="checkbox"/> None								
											Towed due to disabling damage?											
											<input type="checkbox"/> Yes <input type="checkbox"/> No											
Number of Axles	Vehicle Weight Rating/Gross Combination Weight Rating				HazMat Placard		Hazmat Placard 4 digit #		OR Hazmat Name		AND		1 digit #		Hazmat Released?							
		<input type="checkbox"/> 10,000 lbs. or less <input type="checkbox"/> 10,001 lbs. to 26,000 <input type="checkbox"/> Greater than 26,000 lbs.														<input type="checkbox"/> Yes <input type="checkbox"/> N						
Carrier's Name										Carrier's Address										Carrier's Zip		
Owner's Name					Owner's Company Name					Owner's Address					Owner's Zip		Owner's Telephone					
Insured By: (Name of Company)					Policy Number					Trailer or Towed Vehicles (1)		Type	Year	Make	License Yr.	License State	License Number					
Trailer or Towed Vehicles (2)		Type	Year	Make	License Yr.	License	License Number		Trailer or Towed Vehicles (3)		Type	Year	Make	License Yr.	License	License Number						

Vehicle No. 2 or PEDESTRIAN - OTHER

VEHICLE NO. HEADED	2	N	NE	NW	S	SE	SW	E	W	On	Left Scene of Crash	Posted Speed	Safe Speed									
Drivers Full Name (Last, First, Middle)										Address												
Driver's License Number		State	Type	Status	Restriction	Endorsement	Expire	Interlock	City/State	Zip Code	Phone											
Date of Birth - M/D/YR					Occupation					Seat Pos.	Age	Sex (M/F)	Race	Injury Code	OP Code	OP Used Properly	Airbag Deploy	Ejected	EMS #	Med Trans		
Seat Pos.	Occupant's Name (Last, First, Middle)										Occupant's Address (City, State, Zip)											
Vehicle Yr.	Vehicle Make		Color	Body Style	Cargo Body Type		Vehicle Use (1)		Vehicle Use (2)		Towed?	Damage Severity		Extent								
											<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Slight <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> All Areas		<input type="checkbox"/> Disabled <input type="checkbox"/> Functional Appearance <input type="checkbox"/> Property <input type="checkbox"/> Fire <input type="checkbox"/> None								
											Towed due to disabling damage?											
											<input type="checkbox"/> Yes <input type="checkbox"/> No											
Number of Axles	Vehicle Weight Ratings/Gross Combination Weight Rating				HazMat Placard		Hazmat Placard 4 digit #		OR Hazmat Name		AND		1 digit #		Hazmat Released?							
		<input type="checkbox"/> 10,000 lbs. or less <input type="checkbox"/> 10,001 lbs. to 26,000 <input type="checkbox"/> Greater than 26,000 lbs.														<input type="checkbox"/> Yes <input type="checkbox"/> N						
Carrier's Name										Carrier's Address										Carrier's Zip		
Owner's Name					Owner's Company Name					Owner's Address					Owner's Zip		Owner's Telephone					
Insured By: (Name of Company)					Policy Number					Trailer or Towed Vehicles (1)		Type	Year	Make	License Yr.	License State	License Number					
Trailer or Towed Vehicles (2)		Type	Yea	Make	License Yr.	License	License		Trailer or Towed Vehicles (3)		Type	Yea	Mak	License Yr.	License	License Number						

Crash Report Number 0000000000

STATE OF NEW MEXICO UNIFORM CRASH REPORT
NM Statute 66-7-209

SHEET

OF

SHEETS

ROAD - WEATHER	LIGHTING (Check 1)	WEATHER (Check 1)	ROAD COND (Check 1 for each)		ROAD SURFACE (Check 1 for each)		TRAFFIC CONTROL (Check 1 for each)		ROAD CHARACTER (Check 1)	Crash Report Number 000000000	
	<input type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark - Lighted <input type="checkbox"/> Dark - Not Lighted <input type="checkbox"/> Other and not stated	<input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Dust <input type="checkbox"/> Wind <input type="checkbox"/> Other <input type="checkbox"/> Sleet or	V1 <input type="checkbox"/> V2 <input type="checkbox"/>	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Loose Material <input type="checkbox"/> Other <input type="checkbox"/> Standing or Moving Water <input type="checkbox"/> Slush	V1 <input type="checkbox"/> V2 <input type="checkbox"/>	<input type="checkbox"/> Paved <input type="checkbox"/> Paved <input type="checkbox"/> Paved Center & Edgeline <input type="checkbox"/> Unpaved	V1 <input type="checkbox"/> V2 <input type="checkbox"/>	<input type="checkbox"/> No Passing Zone <input type="checkbox"/> Stop Sign <input type="checkbox"/> Traffic Signals <input type="checkbox"/> Yield Sign <input type="checkbox"/> R.R. Gate <input type="checkbox"/> 4 Way Stop <input type="checkbox"/> Flashers <input type="checkbox"/> No Controls <input type="checkbox"/> Other	<input type="checkbox"/> Straight <input type="checkbox"/> Curve	Case Number	
	GRADE (Check 1)		ROAD DESIGN (Check 1 OR more for each)		V1 <input type="checkbox"/> V2 <input type="checkbox"/>		V1 <input type="checkbox"/> V2 <input type="checkbox"/>		V1 <input type="checkbox"/> V2 <input type="checkbox"/>		
EVENT	APPARENT CONTRIBUTING FACTORS (Check 1 or more for each)						DRIVERS' ACTIONS (Check 1 or more for each)		SEQUENCE OF EVENTS (See event codes)		
	V1 <input type="checkbox"/> V2 <input type="checkbox"/>		V1 <input type="checkbox"/> V2 <input type="checkbox"/>		V1 <input type="checkbox"/> V2 <input type="checkbox"/>		V1 <input type="checkbox"/> V2 <input type="checkbox"/>		V1 <input type="checkbox"/> V2 <input type="checkbox"/>		
	<input type="checkbox"/> Excessive Speed <input type="checkbox"/> Speed too fast for conditions <input type="checkbox"/> Failed to yield right of way <input type="checkbox"/> Passed stop sign <input type="checkbox"/> Disregarded traffic signal <input type="checkbox"/> Drove left of center <input type="checkbox"/> Improper overtaking <input type="checkbox"/> Avoid no contact vehicle <input type="checkbox"/> Avoid no contact -other <input type="checkbox"/> Cell Phone <input type="checkbox"/> Texting <input type="checkbox"/> Low Visibility due to smoke		<input type="checkbox"/> Following too closely <input type="checkbox"/> Made improper turn <input type="checkbox"/> Driver inattention <input type="checkbox"/> Under influence of alcohol <input type="checkbox"/> Other improper driving <input type="checkbox"/> Pedestrian error <input type="checkbox"/> Inadequate brakes <input type="checkbox"/> Driverless moving vehicle <input type="checkbox"/> Failed to yield - Police Veh(s) <input type="checkbox"/> Failed to yield - Emrgcy Veh(s) <input type="checkbox"/> Under the influence of Drugs <input type="checkbox"/> High speed pursuit		<input type="checkbox"/> Defective steering <input type="checkbox"/> Defective tires <input type="checkbox"/> Other mech. defect <input type="checkbox"/> Road defect <input type="checkbox"/> Other No driver error <input type="checkbox"/> Traffic control not <input type="checkbox"/> Improper lane change <input type="checkbox"/> Improper backing <input type="checkbox"/> None <input type="checkbox"/> Vehicle Skidded		<input type="checkbox"/> Going Straight <input type="checkbox"/> Overtaking/Passing <input type="checkbox"/> Right Turn <input type="checkbox"/> Left Turn <input type="checkbox"/> U Turn <input type="checkbox"/> Slowing <input type="checkbox"/> Backing		<input type="checkbox"/> Stopped for traffic <input type="checkbox"/> Stopped for sign/signal <input type="checkbox"/> Start in traffic lane <input type="checkbox"/> Start from park <input type="checkbox"/> Parked <input type="checkbox"/> Other		FIRST EVENT SECOND EVENT THIRD EVENT FOURTH EVENT
DRIVER	DRIVER/PED/PEDALCYCLIST SOBRIETY (Check 1 or more for each with X)		DRIVER/PED/PEDALCYCLIST PHYSICAL COND. (Mark 1 or more for each with X)		PEDESTRIAN		PEDESTRIAN/PEDALCYCLIST ACTION				
	D1 <input type="checkbox"/> D2 <input type="checkbox"/>		D1 <input type="checkbox"/> D2 <input type="checkbox"/>		P1 <input type="checkbox"/> P2 <input type="checkbox"/>		P1 <input type="checkbox"/> P2 <input type="checkbox"/>		P1 <input type="checkbox"/> P2 <input type="checkbox"/>		
	<input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> Consumed a Controlled Substance <input type="checkbox"/> Had Not Consumed Alcohol <input type="checkbox"/> Sobriety Unknown <input type="checkbox"/> Consumed Medication <input type="checkbox"/> Tested by Instrument <input type="checkbox"/> Breath Test Administered gms/210 <input type="checkbox"/> Blood Test Administered <input type="checkbox"/> Standard Field Sobriety Test Administered <input type="checkbox"/> Refused Test		<input type="checkbox"/> Fatigue-Asleep <input type="checkbox"/> Eyesight Imp. <input type="checkbox"/> Hearing Imp. <input type="checkbox"/> Illness <input type="checkbox"/> Medication <input type="checkbox"/> Amputee <input type="checkbox"/> No App. Defects <input type="checkbox"/> *Other Physical Impairment <input type="checkbox"/> Unknown *SPECIFY D1 *SPECIFY D2		At Intersection <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Crossing		Not at Intersection <input type="checkbox"/> From Behind Obstruction <input type="checkbox"/> No Crosswalk <input type="checkbox"/> Crosswalk <input type="checkbox"/> Walking W/Traffic <input type="checkbox"/> *Other *SPECIFY 1 *SPECIFY 2		<input type="checkbox"/> Walking Against Traffic <input type="checkbox"/> Standing <input type="checkbox"/> Pushing or Working on Vehicle <input type="checkbox"/> Playing in Road		
NARRATIVE	Describe what happened – refer to vehicles by number.										
	Use Diagram/Narrative Sheet for additional information										
OTHER PROPERTY INVOLVED	Property Type		DESCRIPTION OF PROPERTY AND DAMAGE								
	Owner's Name		Owner's Address				Owner's Zip Code		Owner's Telephone		
	NAME		AGE		ADDRESS				TELEPHONE		
WITNESS	NAME		AGE		ADDRESS				TELEPHONE		
	NAME		AGE		ADDRESS				TELEPHONE		
	NAME		AGE		ADDRESS				TELEPHONE		
ENFORCEMENT ACTION	VEH. NO.		NAME		VIOLATION (COMMON NAME)				ACTION		
									<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending		
									<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending		
Time Notified		Time Arrived		Notified By		Supervisor at Scene		Checked By			
Officer's Signature			Printed Officers Name			Rank		ID No.		District	
Crash Report Number 000000000			STATE OF NEW MEXICO UNIFORM CRASH REPORT NM Statute 66-7-209						SHEET		
Case Number									OF SHEETS		

DIAGRAM/NARRATIVE
 Use Additional Sheets As Necessary

CRASH REPORT NUMBER: 0000000000	CASE NUMBER: 	DIAGRAM DRAWING BY: 	MEASUREMENTS TAKEN BY:
--	----------------------	-----------------------------	--------------------------------



Crash Report Number 0000000000
Case Number

STATE OF NEW MEXICO UNIFORM CRASH REPORT
 NM Statute 66-7-209

SHEET OF	SHEETS
-----------------	--------