

REPORTING DEPARTMENT

ON PRIVATE PROPERTY

PROPERTY DAMAGE ONLY

HIT AND RUN

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)

FATAL

AT INTERSECTION WITH:

UNDEVELOPED?

Yes No

OTHER LOCATION

FEET MILES

N NE NW S SE SW E W

INJURY

LAT: LONG:

\$500 OR MORE

CRASH OCCURRED On Roadway Off Roadway

CRASH CLASSIFICATION

Overturned Rollover Other N-Col R. R. Train Pedestrian Pedalcyclist Other Vehicle Animal Vehicle on Other Rdwy Fixed Object Other Object Parked Vehicle Other Object

ANALYSIS CODE:

VEHICLE NO. HEADED

N NE NW S SE SW E W

Posted Speed

Safe Speed

Drivers Full Name (Last, First, Middle)

Address

Driver's License Number

State

Restrictions

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 No. 0

Vehicle Yr.

Vehicle Make

Color

Body Style

Cargo Body Type

Vehicle Use (1)

Vehicle Use (2)

Towed?

Yes No

Damage Severity

Heavy

Moderate

Slight

None

Unknown

All Areas

Extent

Disabled

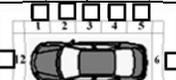
Functional

Appearance

Property

Fire

None



License Yr.

State

License Plate Number

VIN

Towed due to disabling damage?

Yes No

DOT #

Towed

Number of Axles

Vehicle Weight Rating/Cross Combination Weight Rating

10,000 lbs. or less

10,001 lbs. to 26,000 lbs.

Greater than 26,000 lbs.

Hazmat Placard 4 digit #

OR

Hazmat Name

AND

1 digit #

Hazmat Released?

Carrier's Name

Carrier's Address

Carrier's Zip

Owner's Name

Owner's Address

Owner's Zip

Owner's Telephone

Insured By: (Name of Company)

Policy Number

Trailer or Towed

Type

Status

Year

Make

License Yr.

License State

License Number

Endorsements

Exp

Trailer

Type

Vehicle No. 1 or PEDESTRIAN - OTHER

VEHICLE NO. HEADED

N NE NW S SE SW E W

Posted Speed

Safe Speed

Drivers Full Name (Last, First, Middle)

Address

Driver's License Number

State

Restrictions

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)

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Towed?

Yes No

Damage Severity

Heavy

Moderate

Slight

None

Unknown

All Areas

Extent

Disabled

Functional

Appearance

Property

Fire

None



License Yr.

State

License Plate Number

VIN

Towed due to disabling damage?

Yes No

Towed By

Towed To

Number of Axles

Vehicle Weight Rating/Cross Combination Weight Rating

10,000 lbs. or less

10,001 lbs. to 26,000 lbs.

Greater than 26,000 lbs.

Hazmat Placard 4 digit #

OR

Hazmat Name

AND

1 digit #

Hazmat Released?

Carrier's Name

Carrier's Address

Carrier's Zip

Owner's Name

Owner's Address

Owner's Zip

Owner's Telephone

Insured By: (Name of Company)

Policy Number

Interstate Carrier Code

Trailer or Towed

Type

Year

Make

License Yr.

License State

License Number

Endorsements

Exp

Trailer

Type

ROAD - WEATHER	LIGHTING	WEATHER	ROAD COND	ROAD SURFACE	TRAFFIC CONTROL	ROAD CHARACTER	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	<input type="checkbox"/> V0 <input type="checkbox"/> V0 <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Loose <input type="checkbox"/> Other <input type="checkbox"/> Standing or Moving Water <input type="checkbox"/> Slush Type	<input type="checkbox"/> V0 <input type="checkbox"/> V0 <input type="checkbox"/> Paved <input type="checkbox"/> Paved <input type="checkbox"/> Paved Center & Edgeline <input type="checkbox"/> Unpaved Year Make	<input type="checkbox"/> V0 <input type="checkbox"/> V0 <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 License Yr.	<input type="checkbox"/> Straight <input type="checkbox"/> Curve GRADE (Check 1) <input type="checkbox"/> Level <input type="checkbox"/> Hillcrest <input type="checkbox"/> On Grade <input type="checkbox"/> Dip License State	Case Number 0 ROAD DESIGN (Check 1 OR more for each) <input type="checkbox"/> V <input type="checkbox"/> V <input type="checkbox"/> V0 <input type="checkbox"/> V <input type="checkbox"/> 1 Lane <input type="checkbox"/> 2 Lanes <input type="checkbox"/> 3 Lanes <input type="checkbox"/> 4 + Lanes <input type="checkbox"/> Undivided <input type="checkbox"/> Physical Divider <input type="checkbox"/> Painted <input type="checkbox"/> One Way <input type="checkbox"/> Ramp <input type="checkbox"/> Full Access Control <input type="checkbox"/> Undeveloped <input type="checkbox"/> Alley <input type="checkbox"/> Other <input type="checkbox"/> Constr. Zone License Number

EVENT	Towed vehicles (2)				APPARENT CONTRIBUTING FACTORS				DRIVERS' ACTIONS (Check 1 or more for each)				SEQUENCE OF EVENTS (See event codes)			
	<input type="checkbox"/> V0 <input type="checkbox"/> V0 <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"/> Call phone <input type="checkbox"/> Texting <input type="checkbox"/> Low Visibility due to smoke	<input type="checkbox"/> V0 <input type="checkbox"/> V0 <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"/> 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"/> V0 <input type="checkbox"/> V0 <input type="checkbox"/> Defective steering <input type="checkbox"/> Defective tires <input type="checkbox"/> Other mech. defect <input type="checkbox"/> Road defect <input type="checkbox"/> Traffic control not <input type="checkbox"/> Impropr lane change <input type="checkbox"/> Improper backing <input type="checkbox"/> None Type <input type="checkbox"/> Vehicle Skidded	<input type="checkbox"/> V0 <input type="checkbox"/> V0 <input type="checkbox"/> Going Straight On: <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 Status Restrictions	<input type="checkbox"/> V0 <input type="checkbox"/> V0 <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	<input type="checkbox"/> V0 <input type="checkbox"/> V0 FIRST EVENT SECOND THIRD FOURTH EVENT Endorsements										

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/PEDALCYCLIST ACTION			
	<input type="checkbox"/> D1 <input type="checkbox"/> D2 <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 <input type="checkbox"/> Blood Test Administered <input type="checkbox"/> Standard Field Sobriety Test Administered <input type="checkbox"/> Refused Test	<input type="checkbox"/> D0 <input type="checkbox"/> D0 <input type="checkbox"/> Fatigue-Asleep <input type="checkbox"/> Eyesight Imp. <input type="checkbox"/> Hearing Imp. <input type="checkbox"/> Illness	<input type="checkbox"/> D0 <input type="checkbox"/> D0 <input type="checkbox"/> Medication <input type="checkbox"/> Amputee <input type="checkbox"/> No App. Defects <input type="checkbox"/> *Other Physical <input type="checkbox"/> Unknown	<input type="checkbox"/> P0 <input type="checkbox"/> P0 <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Crossing	<input type="checkbox"/> P0 <input type="checkbox"/> P0 <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	<input type="checkbox"/> P0 <input type="checkbox"/> P0 <input type="checkbox"/> Walking Against Traffic <input type="checkbox"/> Standing <input type="checkbox"/> Pushing or Working on Vehicle <input type="checkbox"/> Playing in Road						

Describe what happened - refer to vehicles by number.

Sample

Use Diagram/Narrative Sheet for additional information

OTHER PROPERTY INVOLVED	DOT #	DESCRIPTION OF PROPERTY AND DAMAGE		Interstate Carrier	Owner's Name	Code	Owner's Address	Owner's Zip Code	Owner's Telephone
WITNESS	NAME	AGE	ADDRESS				TELEPHONE		
	Vehicle Weight Ratings/Gross Combination Weight Rating						HazMat		
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	Owner's Company Name	Checked By				
Officer's Signature	Printed Officers Name			Rank	ID No.	District	Date of Report		
Crash Report Number 000000000	STATE OF NEW MEXICO UNIFORM CRASH REPORT					SHEET			
Case Number 0	0					OF SHEETS			

Trailer or Towed
Vehicles (2)

Type

DIAGRAM/NARRATIVE

Year

Make

License Yr.

License State

License Number

Use Additional Sheets As Necessary

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CRASH REPORT NUMBER:
0000000000

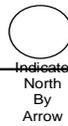
CASE NUMBER:
0

DIAGRAM DRAWING BY:

MEASUREMENTS TAKEN BY:

Sample

Hail



Crash Report Number **000000000**

Case Number **0**

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

0

SHEET

OF SHEETS