

ACCIDENT INSPECTION FORM							
CASE NUMBER: _____							
Administration							
Type of road investigation				2 = On-Scene 3 = Retrospective			
Administrative On-Scene Variables							
Time of alarm				hh:mm			
Time of arrival to the accident scene							
Team back at office							
Accessibility to the accident scene				2 = Good; 3 = Bad, Comment			
Investigators	Name						
	Name						
General							
Time							
Date				yyyymmdd, Day of Week			
Rescue							
Time of alarm to ambulance				hh:mm			
Nr of ambulances							
Nr of ambulance helicopters							
Vehicles Involved							
Number of:	Cars	Trucks	Buses	Pedestrians	Other Vehicles	PTW	Bicycles
Other							
Animal Involvement				0 = No; 3 = Yes, steered to avoid; 4 = Yes, the animal was hit			
Alcohol Involvement				0 = No; 1 = Yes; 2 = Suspected			
Drug Involvement							
Area							
Accident Environment				2 = Residential; 3 = Commercial; 4 = Industrial			
Classification				2 = Urban; 3 = Rural			

When applicable, use below proposed codes.

—= Not applicable (7777) OT= Other (8888) U= Unknown (9999)

