

**Order of data collection on scene**

Investigator X

- Talk to police, fire brigade, accident involved persons and witnesses
- Fill out accident protocol
- Fill out vehicle protocol
- Support investigation steps of investigator A

Investigator Y

- Take photos of the vehicle end position(s)
- Take photos of the collision point(s) / collision object(s)
- Take photos of "run out" and "run in" traces
- Mark vehicle end position(s), collision point(s) and vehicle / object traces
- Take photos of all marked areas
- Draw hand sketch
- Evaluate all non-permanent sight restrictions
- Conduct all "on-road" measurements
- Conduct all "off-road" measurements
- Fill out rest of the road protocol

**Accident protocol, Contact**

**Casenummer** \_\_\_\_\_

**Date** \_\_\_\_\_

**Time of acc** \_\_\_\_\_

Time of alarm \_\_\_\_\_

Time to acc site \_\_\_\_\_

Time of arrival \_\_\_\_\_

Time of departure \_\_\_\_\_

Back at office \_\_\_\_\_

GPS \_\_\_\_\_

**Sketch**

**Course of events:**

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**Contact information**

Vehicle _____ Reg.nr. _____ Name _____ Phone _____	Vehicle _____ Reg.nr. _____ Name _____ Phone _____
Vehicle _____ Reg.nr. _____ Name _____ Phone _____	Vehicle _____ Reg.nr. _____ Name _____ Phone _____

**Number of vehicles involved and number of their occupants**

Car	_____ / _____	Bicycle	_____ / _____
Heavy truck	_____ / _____	Pedestrians	_____ / _____
Bus	_____ / _____	Animals	_____ / _____
2-Wheelers	_____ / _____	Other	_____ / _____

**Weather**

Rainfall	No <input type="checkbox"/>	Fog/mist	No <input type="checkbox"/>
	Little <input type="checkbox"/>		Little <input type="checkbox"/>
	Heavy <input type="checkbox"/>		Heavy <input type="checkbox"/>
Snowfall	No <input type="checkbox"/>	Cloud cover	Very little <input type="checkbox"/>
	Little <input type="checkbox"/>		Middle <input type="checkbox"/>
	Heavy <input type="checkbox"/>		Total <input type="checkbox"/>
Light condition	Daylight <input type="checkbox"/>	Risk for dazzling light	_____
	Twilight <input type="checkbox"/>	Temperature	_____
	Darkness <input type="checkbox"/>	Strong wind	_____
	Electric lights <input type="checkbox"/>		

**Rescue**

Number of firefighting vehicles	_____
Number of ambulances	_____
Number of ambulance helicopters	_____

**Seatbelt usage**

Vehicle	_____	_____	_____
Person	_____	_____	_____
Seat	_____	_____	_____
Seatbelt used	correctly used <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	not correctly used <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	used but unknown how <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	use claimed <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	not used <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment	_____	_____	_____
Vehicle	_____	_____	_____
Person	_____	_____	_____
Seat	_____	_____	_____
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	use claimed <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	not used <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment	_____	_____	_____

**General**

Vehicle make and model \_\_\_\_\_

Registration n:o \_\_\_\_\_

Towed away to \_\_\_\_\_

**Vehicle type**

Car

Light truck

Heavy truck

Bus

*Other: see protocol for other vehicle*

**Crash events**

Number of impacts  1  
 2  
 3  
 >3

Rollover  Yes  
 No

**Leakage**

Leaking substances

Fuel  
 Liquid fuel  
 Gas fuel

Oil  
 Gearbox oil  
 Powersteering oil  
 Engine oil

Acid

Other fluid  
 Washer fluid  
 Cooling liquid  
 Brakefluid  
 Unknown substance

No leakage

Unknown state

**Accessories**

Accessories that might be removed before retrospective inspection

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Cargo**

In passenger compartment	<input type="checkbox"/> No cargo <input type="checkbox"/> 0-25 kg <input type="checkbox"/> 26-50 kg <input type="checkbox"/> 51-100 kg <input type="checkbox"/> >100 kg <input type="checkbox"/> Unknown weight <input type="checkbox"/> Unknown	<input type="checkbox"/> Inadequately anchored
In luggage compartment	<input type="checkbox"/> No cargo <input type="checkbox"/> 0-25 kg <input type="checkbox"/> 26-50 kg <input type="checkbox"/> 51-100 kg <input type="checkbox"/> >100 kg <input type="checkbox"/> Unknown weight <input type="checkbox"/> Unknown	<input type="checkbox"/> Inadequately anchored
On roof	<input type="checkbox"/> No cargo <input type="checkbox"/> 0-25 kg <input type="checkbox"/> 26-50 kg <input type="checkbox"/> 51-100 kg <input type="checkbox"/> >100 kg <input type="checkbox"/> Unknown weight <input type="checkbox"/> Unknown	

**Trailer**

Trailer on vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Trailer overloaded
Center of gravity	<input type="checkbox"/> Far front <input type="checkbox"/> Middle <input type="checkbox"/> Far rear <input type="checkbox"/> Unknown	<input type="checkbox"/> Identified mechanical failure

*N.B. This section does not apply to heavy trucks, see Truck protocol*

**Notes**

_____
_____
_____
_____
_____
_____

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