

**INTACT Protocol On-scene**  
**Accident and Vehicle**

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

**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

Casenumber

Date

Time of acc

Time of alarm

Time to acc site

GPS

Time of arrival

Time of departure

Back at office

Sketch

Course of events:

Contact information

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

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

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

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

**Weather**

Temperature	_____	
Light condition	<input type="text"/>	2=Daylight, 3=Twilight 4=Darkness 5=Electric light 6=Indoor road infrastructure with electric light 7=Indoor road infrastructure without electric light
Cloud cover	<input type="text"/>	2=very little 3=middle 4=Total
Risk for dazzling lights	<input type="text"/>	0=No 1=Yes
Rainfall	<input type="text"/>	0=No, 3=Little 4=heavy
Snowfall	<input type="text"/>	0=No, 3=Little 4=heavy
Fog/mist	<input type="text"/>	0=No, 3=Little 4=heavy
Strong Wind	<input type="text"/>	0=NO, 3= 10-15m/s 4= 15-20m/s 5= 20-25m/s 6= 25+m/s

**Rescue**

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

General

Vehicle make and model

Registration n:o

Number of occupants

Towed away to

Vehicle type

☐ Car

☐ Light truck

☐ Heavy truck

☐ Bus

☐ Other

Crash events

Number of impacts

Rollover

0=No  
1=Yes

Leakage

Leaking substances

☐ Fuel

☐ Liquid fuel

☐ Gas fuel

☐ Acid

☐ No leakage

☐ Oil

☐ Gearbox oil

☐ Powersteering oil

☐ Engine oil

☐ Other fluid

☐ Washer fluid

☐ Cooling liquid

☐ Brakefluid

☐ Unknown substance

☐ Unknown state

Accessories

Accessories that might  
be removed before  
retrospective inspection

## Vehicle On-scene Protocol

Casenummer \_\_\_\_\_

### Cargo

In passenger compartment	<input type="text"/>	0=No 3=0-25 4=26-50 5= 51-100 6=more than 100 7= yes but unknown weight
In luggage compartment	<input type="text"/>	
On roof	<input type="text"/>	
Ancored		
In passenger compartment	<input type="text"/>	0=No 1=Yes
In luggage compartment	<input type="text"/>	

### Trailer

Towing Vehicle	<input type="text"/>	0= No 1=Yes
Trailer kerb weight	<input type="text"/>	kg
Trailer gross weight	<input type="text"/>	kg
Trailer cargo weight	<input type="text"/>	kg
Trailer center of gravity	<input type="text"/>	2= center 3=Far front 4=Far rear
Trailer vertical center of gravity	<input type="text"/>	2= High 3=Low 4=Medium
Trailer overload	<input type="text"/>	0= No 1=Yes
Identified mechanical failure in trailer	<input type="text"/>	0= No 1=Yes
Trailer details	_____	

### Seat Belt use

Seat	1.1	1.2	1.3	2.1	2.2	2.3
correctly used	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
not correctly used	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
used but unknown how	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
use claimed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
not used	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Other Vehicle information

Kerb Weight (Estimated)	_____	<b>Remember to take pictures of all angles and closeups of deformations and wheels</b>
Length	_____	
Width	_____	
Height	_____	
Total Weight	_____	

General

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

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

Number of occupants \_\_\_\_\_

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

Vehicle type

☐ Car

☐ Light truck

☐ Heavy truck

☐ Bus

☐ Other

Crash events

Number of impacts

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1=Yes

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Leaking substances

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