

Accident and Vehicle

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

Accident protocol, General**Casenummer** _____**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	_____	_____	_____	

Vehicle On-scene Protocol

Casenummer _____

General

Vehicle make and model _____

Registration n:o _____

Towed away to _____

Vehicle path

Description of path / lane _____

Vehicle type

- ☐ Car
- ☐ Light truck
- ☐ Heavy truck
- ☐ Bus
- ☐ Other: see bottom of this page

Crash events

Number of impacts _____

Rollover ☐ Yes
☐ No

Leakage

☐

No leakage

☐

- ☐ Other fluid
- ☐ Washer fluid
- ☐ Cooling liquid
- ☐ Brakefluid
- ☐ Unknown substance

- ☐ Fuel
- ☐ Liquid fuel
- ☐ Gas fuel

☐ Acid

- ☐ Oil
- ☐ Gearbox oil
- ☐ Powersteering oil
- ☐ Engine oil

☐ Unknown state

Accessories

Accessories that might be removed before retrospective inspection _____

Other Vehicle information

Weight Kerb/estimated _____ Total weight _____

Length: _____

Width: _____

Height: _____

**Remember To take pictures of all angles,
and close ups of deformation and wheels**

Vehicle On-scene Protocol

Casenummer _____

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

Vehicle On-scene Protocol

Casenummer _____

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