

ON SCENE ACCIDENT FORM

CASE NUMBER: _____

Order of data collection on scene

Investigator X

- Talk to police, fire brigade, accident involved persons and witnesses
- Fill out the accident in the form
- Fill out the vehicle(s) in the form
- Support investigation steps of investigator Y

Investigator Y

- Take photos of the vehicle end position(s)
- Take photos of the collision point(s) / collision object(s)
- 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 the ROAD INSPECTION FORM

When applicable, use below proposed codes.

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

ON SCENE ACCIDENT**Administration**

Type of road investigation

2 = On-Scene
3 = Retrospective**Administrative On-Scene Variables**

Time of alarm

Time of arrival to the accident scene

Time to accident site

Team back at office

Accessibility to the accident scene

hh:mm

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

Elements 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

Drug Involvement

0 = No; 1 = Yes; 2 = Suspected

Area

Accident

Environment

2 = Residential; 3 = Commercial; 4 = Industrial

Classification

2 = Urban; 3 = Rural

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Vehicle 1	
General	Vehicle type
Vehicle make and model _____	Car <input type="checkbox"/> Other vehicle <input type="checkbox"/>
Registration no. _____	Truck <input type="checkbox"/> Bicycle <input type="checkbox"/>
Number of occupants _____	Bus <input type="checkbox"/> PTW <input type="checkbox"/>
Towed away to _____	
Leakage	
Leaking substances <input type="checkbox"/>	Fuel <input type="checkbox"/> Acid <input type="checkbox"/>
	<input type="checkbox"/> Liquid fuel
	<input type="checkbox"/> Gas fuel
	<input type="checkbox"/> Oil <input type="checkbox"/> Other fluid <input type="checkbox"/>
	<input type="checkbox"/> Engine oil <input type="checkbox"/> Washer fluid
	<input type="checkbox"/> Gearbox oil <input type="checkbox"/> Cooling liquid
	<input type="checkbox"/> Power steering oil <input type="checkbox"/> Brakefluid
	<input type="checkbox"/> Unknown substance
<input type="checkbox"/> No leakage	<input type="checkbox"/> Unknown state
Accessories	
Accessories that might be removed before retrospective inspection _____	

Cargo	
In passenger compartment <input type="checkbox"/>	0 = No; 3 = 0-25 kg; Anchored <input type="checkbox"/> 0=No;
In luggage compartment <input type="checkbox"/>	4 = 26-50 kg; 5 = 51-100 kg; Anchored <input type="checkbox"/> 1=Yes
On roof <input type="checkbox"/>	6 = More than 100 kg; 7 = Yes, unknown weight
Towing vehicle <input type="checkbox"/>	0=No; 1=Yes
Trailer cargo weight <input type="checkbox"/>	kg
Comments to cargo that might be changed before retrospective inspection _____	

When applicable, use below proposed codes.

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Vehicle 2			
General		Vehicle type	
Vehicle make and model		Car	
Registration no.		Truck	Other vehicle
Number of occupants		Bus	Bicycle
Towed away to			PTW
Leakage			
Leaking substances	<input type="checkbox"/>	Fuel	<input type="checkbox"/> Acid
	<input type="checkbox"/>	Liquid fuel	
	<input type="checkbox"/>	Gas fuel	
	<input type="checkbox"/>	Oil	<input type="checkbox"/> Other fluid
	<input type="checkbox"/>	Engine oil	<input type="checkbox"/> Washer fluid
	<input type="checkbox"/>	Gearbox oil	<input type="checkbox"/> Cooling liquid
	<input type="checkbox"/>	Power steering oil	<input type="checkbox"/> Brakefluid
	<input type="checkbox"/>		<input type="checkbox"/> Unknown substance
	<input type="checkbox"/>	No leakage	<input type="checkbox"/> Unknown state
Accessories			
Accessories that might be removed before retrospective inspection	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>		
Cargo			
In passenger compartment	<input type="checkbox"/>	0 = No; 3 = 0-25 kg; 4 = 26-50 kg;	Anchored <input type="checkbox"/> 0=No;
In luggage compartment	<input type="checkbox"/>	5 = 51-100 kg;	Anchored <input type="checkbox"/> 1=Yes
On roof	<input type="checkbox"/>	6 = More than 100 kg; 7 = Yes, unknown weight	
Towing vehicle	<input type="checkbox"/>	0=No; 1=Yes	
Trailer cargo weight	<input type="checkbox"/>	kg	
Comments to cargo that might be changed before retrospective inspection	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>		

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Vehicle 3	
General	Vehicle type
Vehicle make and model _____	Car <input type="checkbox"/> Other vehicle <input type="checkbox"/>
Registration no. _____	Truck <input type="checkbox"/> Bicycle <input type="checkbox"/>
Number of occupants _____	Bus <input type="checkbox"/> PTW <input type="checkbox"/>
Towed away to _____	
Leakage	
Leaking substances	<input type="checkbox"/> Fuel <div style="display: inline-block; vertical-align: top; margin-left: 10px;"> <input type="checkbox"/> Liquid fuel <input type="checkbox"/> Gas fuel </div> <div style="display: inline-block; vertical-align: top; margin-left: 100px;"> <input type="checkbox"/> Acid </div>
	<input type="checkbox"/> Oil <div style="display: inline-block; vertical-align: top; margin-left: 10px;"> <input type="checkbox"/> Engine oil <input type="checkbox"/> Gearbox oil <input type="checkbox"/> Power steering oil </div> <div style="display: inline-block; vertical-align: top; margin-left: 100px;"> <input type="checkbox"/> Other fluid <div style="display: inline-block; vertical-align: top; margin-left: 10px;"> <input type="checkbox"/> Washer fluid <input type="checkbox"/> Cooling liquid <input type="checkbox"/> Brakefluid <input type="checkbox"/> Unknown substance </div> </div>
	<input type="checkbox"/> No leakage <div style="display: inline-block; vertical-align: top; margin-left: 100px;"> <input type="checkbox"/> Unknown state </div>
Accessories	
Accessories that might be removed before retrospective inspection	_____ _____ _____ _____
Cargo	
In passenger compartment	<input type="checkbox"/> 0 = No; 3 = 0-25 kg; <div style="display: inline-block; vertical-align: top; margin-left: 10px;"> <input type="checkbox"/> Anchored </div>
In luggage compartment	<input type="checkbox"/> 4 = 26-50 kg; <div style="display: inline-block; vertical-align: top; margin-left: 10px;"> <input type="checkbox"/> Anchored </div>
On roof	<input type="checkbox"/> 5 = 51-100 kg; <div style="display: inline-block; vertical-align: top; margin-left: 10px;"> <input type="checkbox"/> 0=No; </div>
Towing vehicle	<input type="checkbox"/> 6 = More than 100 kg; <div style="display: inline-block; vertical-align: top; margin-left: 10px;"> <input type="checkbox"/> 1=Yes </div>
Trailer cargo weight	<input type="checkbox"/> 7 = Yes, unknown weight <input type="checkbox"/> 0=No; 1=Yes <input type="checkbox"/> kg
Comments to cargo that might be changed before retrospective inspection	_____ _____ _____

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