

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 | | hh:mm |
| Time of arrival to the accident scene | | |
| Time to accident site | | |
| 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 | | |

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 | | 0 = No; 1 = Yes; 2 = Suspected |
| Drug Involvement | | |

Area

| | | |
|----------------------|--|---|
| Accident Environment | | 2 = Residential; 3 = Commercial; 4 = Industrial |
| Classification | | 2 = Urban; 3 = Rural |

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Assumed course of events

| | |
|--|--|
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Contact information

| | | | | |
|------------------|----------------------|-----------|-----------------|----------------------|
| Element, reg.nr. | <input type="text"/> | | Injury comments | <input type="text"/> |
| Name | <input type="text"/> | Ambulance | | <input type="text"/> |
| Phone | <input type="text"/> | | | <input type="text"/> |
| Element, reg.nr. | <input type="text"/> | | Injury comments | <input type="text"/> |
| Name | <input type="text"/> | Ambulance | | <input type="text"/> |
| Phone | <input type="text"/> | | | <input type="text"/> |
| Element, reg.nr. | <input type="text"/> | | Injury comments | <input type="text"/> |
| Name | <input type="text"/> | Ambulance | | <input type="text"/> |
| Phone | <input type="text"/> | | | <input type="text"/> |
| Element, reg.nr. | <input type="text"/> | | Injury comments | <input type="text"/> |
| Name | <input type="text"/> | Ambulance | | <input type="text"/> |
| Phone | <input type="text"/> | | | <input type="text"/> |

| | | |
|---------------------------|--|---|
| Position | | |
| Global Position Latitude | | DD° MM' SS,SSS" N/S |
| Global Position Longitude | | DD° MM' SS,SSS" E/W |
| Weather | | |
| Temperature | | ((°C) degrees Celcius) |
| Light condition | | 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 | | 2 = Very little; 3 = Middle; 4 = Total |
| Risk for dazzling lights | | 0 = No; 1 = Yes |
| Rainfall | | 0 = No; 3 = Light; 4 = Heavy; 5 = Hail |
| Snowfall | | 0 = No; 3 = Light; 4 = Heavy |
| Fog/Mist | | 0 = No; 3 = Light; 4 = Dense |
| Strong wind | | 0 = No; 3 = 10-15m/s; 4 = 15-20m/s; 5 = 20-25m/s; 6 = 25+m/s |
| Weather source | | 2 = Own observation; 3 = Police; 4 = Interview |
| Witness | | |
| Witness statement: | | |
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| Accident Spot | | |
| Accident spot type | | 2 = One Road; 3 = Crossroads; 4 = T-Junction; 5 = Y-Junction; 6 = Roundabout; 7 = Slip Road/Ramp |
| Number of road legs | | 1; 2; 3; 4; etc. |

When applicable, use below proposed codes.
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| Vehicle 1 | |
|---|---|
| General | Vehicle type |
| Vehicle make and model _____ | Car <input type="checkbox"/> |
| Registration no. _____ | Truck <input type="checkbox"/> |
| Number of occupants _____ | Bus <input type="checkbox"/> |
| Towed away to _____ | Other vehicle <input type="checkbox"/> |
| | Bicycle <input type="checkbox"/> |
| | PTW <input type="checkbox"/> |
| Leakage | |
| Leaking substances <input type="checkbox"/> | Fuel <input type="checkbox"/> |
| | <input type="checkbox"/> Liquid fuel |
| | <input type="checkbox"/> Gas fuel |
| | <input type="checkbox"/> Oil |
| | <input type="checkbox"/> Engine oil |
| | <input type="checkbox"/> Gearbox oil |
| | <input type="checkbox"/> Power steering oil |
| | <input type="checkbox"/> Acid |
| | <input type="checkbox"/> Other fluid |
| | <input type="checkbox"/> Washer fluid |
| | <input type="checkbox"/> Cooling liquid |
| | <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; |
| In luggage compartment <input type="checkbox"/> | 4 = 26-50 kg; |
| On roof <input type="checkbox"/> | 5 = 51-100 kg; |
| Towing vehicle <input type="checkbox"/> | 6 = More than 100 kg; |
| Trailer cargo weight <input type="checkbox"/> | 7 = Yes, unknown weight |
| | 0=No; 1=Yes |
| | kg |
| Anchored <input type="checkbox"/> | 0=No; |
| Anchored <input type="checkbox"/> | 1=Yes |
| Comments to cargo that might be changed before retrospective inspection | _____ |
| | _____ |
| | _____ |

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| Vehicle 2 | |
|---|---|
| General | Vehicle type |
| Vehicle make and model _____ | Car <input type="checkbox"/> |
| Registration no. _____ | Truck <input type="checkbox"/> |
| Number of occupants _____ | Bus <input type="checkbox"/> |
| Towed away to _____ | Other vehicle <input type="checkbox"/> |
| | Bicycle <input type="checkbox"/> |
| | PTW <input type="checkbox"/> |
| Leakage | |
| Leaking substances <input type="checkbox"/> | Fuel <input type="checkbox"/> |
| | <input type="checkbox"/> Liquid fuel |
| | <input type="checkbox"/> Gas fuel |
| | <input type="checkbox"/> Oil |
| | <input type="checkbox"/> Engine oil |
| | <input type="checkbox"/> Gearbox oil |
| | <input type="checkbox"/> Power steering oil |
| | <input type="checkbox"/> Acid |
| | <input type="checkbox"/> Other fluid |
| | <input type="checkbox"/> Washer fluid |
| | <input type="checkbox"/> Cooling liquid |
| | <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; |
| In luggage compartment <input type="checkbox"/> | 4 = 26-50 kg; |
| On roof <input type="checkbox"/> | 5 = 51-100 kg; |
| Towing vehicle <input type="checkbox"/> | 6 = More than 100 kg; |
| Trailer cargo weight <input type="checkbox"/> | 7 = Yes, unknown weight |
| | 0=No; 1=Yes |
| | kg |
| Anchored <input type="checkbox"/> | 0=No; |
| Anchored <input type="checkbox"/> | 1=Yes |
| Comments to cargo that might be changed before retrospective inspection | _____ |
| | _____ |
| | _____ |

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| Vehicle 3 | |
|---|--|
| General | Vehicle type |
| Vehicle make and model _____ | Car <input type="checkbox"/> |
| Registration no. _____ | Truck <input type="checkbox"/> |
| Number of occupants _____ | Bus <input type="checkbox"/> |
| Towed away to _____ | Other vehicle <input type="checkbox"/> |
| | Bicycle <input type="checkbox"/> |
| | PTW <input type="checkbox"/> |
| Leakage | |
| Leaking substances <input type="checkbox"/> | Fuel <input type="checkbox"/> |
| | <input type="checkbox"/> Liquid fuel |
| | <input type="checkbox"/> Gas fuel |
| | Acid <input type="checkbox"/> |
| | Oil <input type="checkbox"/> |
| | <input type="checkbox"/> Engine oil |
| | <input type="checkbox"/> Gearbox oil |
| | <input type="checkbox"/> Power steering oil |
| | Other fluid <input type="checkbox"/> |
| | <input type="checkbox"/> Washer fluid |
| | <input type="checkbox"/> Cooling liquid |
| | <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; |
| In luggage compartment | <input type="checkbox"/> 4 = 26-50 kg; |
| On roof | <input type="checkbox"/> 5 = 51-100 kg; |
| Towing vehicle | <input type="checkbox"/> 6 = More than 100 kg; |
| Trailer cargo weight | <input type="checkbox"/> 7 = Yes, unknown weight |
| | <input type="checkbox"/> 0=No; 1=Yes |
| | <input type="checkbox"/> kg |
| Anchored | <input type="checkbox"/> 0=No; |
| Anchored | <input type="checkbox"/> 1=Yes |
| Comments to cargo that might be changed before retrospective inspection | _____ |
| | _____ |
| | _____ |

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