



STATE OF NEW MEXICO

UNIFORM CRASH REPORT
INSTRUCTION MANUAL

**Transportation Statistics Section
New Mexico Department of Transportation
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PREFACE

Investigating traffic crashes is one of an officer's primary duties. Thus, the "Uniform Crash Report" form was designed to help the officer to systematically conduct and report on the investigation of the crash, and to aid the various state agencies to obtain necessary data. Information extracted from the form is used for engineering improvement planning, other traffic safety planning, and selective enforcement.

The State of New Mexico receives grant money based on meeting national standards on the coding of crashes. This crash report form is designed to comply with the standards set forth in the "Manual on Classification of Motor Vehicle Traffic Accidents and Model Minimum Uniform Crash Criteria." The report of the officer's investigation must answer questions as to WHERE and WHEN the crash happened; WHO was involved; WHAT the drivers were intending to do; WHAT types of vehicles were involved; and HOW the crash occurred. The officer's findings are used by the:

New Mexico Department of Transportation
Taxation & Revenue Department (Motor Vehicle Division)
New Mexico State Police
Courts
Other concerned agencies

It is the duty of each officer to thoroughly investigate all traffic crashes reported to him/her (even if one or more of the vehicles has been moved), and to submit the required, final, legible uniform crash report form(s). Statute 66-7-207c dictates, "Every law enforcement officer who, in the regular course of duty, investigates a motor vehicle crash of which report must be made as required in this section, either at the time of and at the scene of the crash or thereafter by interviewing participants or witnesses, shall, within twenty-four hours after completing the investigation, forward a written report of the crash to the New Mexico Department of Transportation."

We sincerely appreciate your efforts.

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GENERAL INSTRUCTIONS
FOR COMPLETING THE “UNIFORM CRASH REPORT” FORM

1. Please write legibly.
2. If three or more vehicles are involved, use additional “Uniform Crash Report” forms to record the information. Indicate the sheet number on the additional form; fill out the location block and other pertinent information. Sign and date the additional sheets.
3. If necessary, use one form (working copy) at the scene and transcribe the information later to a new form (final copy) in a very legible manner.
4. A measurement diagram should be made at the crash scene. All crash measurements should be made with a tape measure to ensure accuracy.
5. When necessary to mark boxes use an “X”. Clearly fill-in.
6. Only the State of New Mexico Uniform Crash Report form will be accepted by the New Mexico Department of Transportation. All others will be rejected.

NOTE: THE UCR IS PROVIDED BY THE NMDOT

PAGE ONE OF THE CRASH REPORT - ILLUSTRATION

		STATE OF NEW MEXICO UNIFORM CRASH REPORT		
REPORTING DEPARTMENT				
<input type="checkbox"/> ON PRIVATE PROPERTY		<input type="checkbox"/> FATAL INJURY		
<input type="checkbox"/> PROPERTY DAMAGE ONLY		<input type="checkbox"/> UNDER \$500 <input type="checkbox"/> \$500 OR MORE		
<input type="checkbox"/> HIT AND RUN		Case Number: _____		
CRASH DATE (MM/DD/YY) _____		NMDOT: _____ CAD Num: _____		
MILITARY TIME _____		CITY OCCURRED IN _____ COUNTY _____		
OCCURRED ON: (Route No. or Name) _____		AT INTERSECTION WITH: _____		
OTHER LOCATION _____		TRIBAL LAND? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PERMANENT LANDMARK - COUNTY LINE - INTERSECTION - MILEPOST _____		LAT: _____ LONG: _____		
CRASH OCCURRED <input type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway		CRASH CLASSIFICATION <input type="checkbox"/> Rollover <input type="checkbox"/> Other N-Col <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other Vehicle <input type="checkbox"/> Vehicle on Other Rdwy <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Animal <input type="checkbox"/> Other Object		
ANALYSIS CODE: _____				
Vehicle No. 1	VEHICLE NO. HEADED 1	On: _____	Left Scene of Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Drivers Full Name (Last, First, Middle) _____		Posted Speed _____ Safe Speed _____	
	Driver's License Number _____ State _____ Type _____ Status _____ Restrictions _____ Endorsements _____ Expires _____ City/State _____ Zip Code _____ Phone _____			
	Date of Birth - M/D/YR _____ Occupation _____ Seat _____ Age _____ Sex (M/F) _____ Race _____ Injury Code _____ OP Code _____ OP Used Property _____ Airbag Deploy _____ Ejected _____ EMS# _____ Med Trans _____			
	Seat Pos. _____ Occupant's Name (Last, First, Middle) _____ Occupant's Address (City, State, Zip) _____			
	Vehicle Yr. _____ Vehicle Make _____ Color _____ Body Style _____ Cargo Body Type _____ Vehicle Use (1) _____ Vehicle Use (2) _____ Towed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Damage Severity <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Slight <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> All Areas	
	License Yr. _____ State _____ License Plate Number _____ VIN _____		Extent <input type="checkbox"/> Disabled <input type="checkbox"/> Functional <input type="checkbox"/> Appearance <input type="checkbox"/> Property <input type="checkbox"/> Fire <input type="checkbox"/> None <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage	
	DOT # _____ Interstate Carrier _____ Towed By _____ Towed To _____		Towed due to disabling damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Number of Axles _____ Vehicle Weight Rating/Gross Combination Weight Rating <input type="checkbox"/> 10,000 lbs. or less <input type="checkbox"/> 10,001 lbs. to 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs.		HazMat Placard _____ HazMat Placard 4 digit # _____ OR Hazmat Name _____ AND 1 digit # _____ Hazmat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Carrier's Name _____ Carrier's Address _____ Carrier's Zip _____		Owner's Name _____ Owner's Company Name _____ Owner's Address _____ Owner's Zip _____ Owner's Telephone _____	
Insured By: (Name of Company) _____ Policy Number _____		Trailer or Towed Vehicles (1) Type _____ Year _____ Make _____ License Yr. _____ License State _____ License Number _____		
Trailer or Towed Vehicles (2) Type _____ Year _____ Make _____ License Yr. _____ License State _____ License Number _____		Trailer or Towed Vehicles (3) Type _____ Year _____ Make _____ License Yr. _____ License State _____ License Number _____		
Vehicle No. 2 or PEDESTRIAN - OTHER	VEHICLE NO. HEADED 2	On: _____	Left Scene of Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Drivers Full Name (Last, First, Middle) _____		Posted Speed _____ Safe Speed _____	
	Driver's License Number _____ State _____ Type _____ Status _____ Restrictions _____ Endorsements _____ Expires _____ City/State _____ Zip Code _____ Phone _____			
	Date of Birth - M/D/YR _____ Occupation _____ Seat _____ Age _____ Sex (M/F) _____ Race _____ Injury Code _____ OP Code _____ OP Used Property _____ Airbag Deploy _____ Ejected _____ EMS# _____ Med Trans _____			
	Seat Pos. _____ Occupant's Name (Last, First, Middle) _____ Occupant's Address (City, State, Zip) _____			
	Vehicle Yr. _____ Vehicle Make _____ Color _____ Body Style _____ Cargo Body Type _____ Vehicle Use (1) _____ Vehicle Use (2) _____ Towed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Damage Severity <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Slight <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> All Areas	
	License Yr. _____ State _____ License Plate Number _____ VIN _____		Extent <input type="checkbox"/> Disabled <input type="checkbox"/> Functional <input type="checkbox"/> Appearance <input type="checkbox"/> Property <input type="checkbox"/> Fire <input type="checkbox"/> None <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage	
	DOT _____ Interstate Carrier _____ Towed By _____ Towed To _____		Towed due to disabling damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Number of Axles _____ Vehicle Weight Rating/Gross Combination Weight Rating <input type="checkbox"/> 10,000 lbs. or less <input type="checkbox"/> 10,001 lbs. to 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs.		HazMat Placard _____ HazMat Placard 4 digit # _____ OR Hazmat Name _____ AND 1 digit # _____ Hazmat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Carrier's Name _____ Carrier's Address _____ Carrier's Zip _____		Owner's Name _____ Owner's Company Name _____ Owner's Address _____ Owner's Zip _____ Owner's Telephone _____	
Insured By: (Name of Company) _____ Policy Number _____		Trailer or Towed Vehicles (1) Type _____ Year _____ Make _____ License Yr. _____ License State _____ License Number _____		
Trailer or Towed Vehicles (2) Type _____ Year _____ Make _____ License Yr. _____ License State _____ License Number _____		Trailer or Towed Vehicles (3) Type _____ Year _____ Make _____ License Yr. _____ License State _____ License Number _____		
Crash Report Number _____		STATE OF NEW MEXICO UNIFORM CRASH REPORT NM Statute 66-7-209 NMDOT COPY		
Case Number _____		SHEET _____ OF _____ SHEETS		

SPECIFIC INSTRUCTIONS FOR COMPLETING THE CRASH REPORT FORM

LINE 1



STATE OF NEW MEXICO
UNIFORM CRASH REPORT

REPORTING DEPARTMENT					
<input type="checkbox"/> ON PRIVATE PROPERTY	<input type="checkbox"/> FATAL INJURY	<input type="checkbox"/> PROPERTY DAMAGE ONLY	<input type="checkbox"/> UNDER \$500 <input type="checkbox"/> \$500 OR MORE	<input type="checkbox"/> HIT AND RUN	Case Number:
				NMDOT: _____	
				CAD Num: _____	

REPORTING DEPARTMENT	Print the entire name of the department making the report. Do not abbreviate.
ON PRIVATE PROPERTY	Place an "X" in this box only when the crash occurs on private property.
FATAL or INJURY	Place an "X" in the box of the greatest severity level of the crash, a fatality being most severe, etc.
PROPERTY DAMAGE ONLY	If Property Damage Only, place an "X" in either "UNDER \$500" or "\$500 OR MORE."
HIT AND RUN	If the crash involves hit and run, an "X" must be placed in the "Hit and Run" box, regardless of the other boxes marked.
Case Number	Number assigned by the respective law enforcement agency.
NMDOT	Number assigned by the NMDOT for Excel versions of the UCR.
CAD Num.	Enter Computer-Aided Dispatch number
STATE OF NEW MEXICO UNIFORM CRASH REPORT	UCR number assigned by the NMDOT.

LINE 2

CRASH DATE (MM/DD/YY)	MILITARY TIME	CITY OCCURRED IN	COUNTY
-----------------------	---------------	------------------	--------

CRASH DATE	Numerically enter the month, day, and year the crash occurred (MM/DD/YY).
MILITARY TIME	Military time must be entered. 1:00AM is not appropriate.
CITY OCCURRED IN	If the crash occurred within a municipality spell out the name of the city, otherwise spell out the name of the town or settlement where the crash occurred. <u>Do not abbreviate names.</u>
COUNTY	Spell out the county where the crash occurred. <u>Do not abbreviate county name.</u>

Military Time Examples:

Military Time (It begins at 1 minute after midnight)

12:00 Mid = 24:00	12:00 Noon = 12:00
12:01 AM = 00:01	1:00 PM = 13:00
1:00 AM = 01:00	6:00 PM = 18:00
11:59 AM = 11:59	11:59 PM = 23:59

LINE 3

Sun	M	Tu	W	Th	F	S	OCCURRED ON: (Route No. or Name)	AT INTERSECTION WITH:	TRIBAL LAND? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Sun M Tu W Th F S	Indicate by an "X" in proper box the day of the week the crash occurred.
OCCURRED ON	Route No. or Name – Enter the name or number of the street or highway on which the crash occurred. Use assigned street name or route number, whenever possible. Locally known or locally used name seldom provides enough information for accurate coding.
AT INTERSECTION WITH	If the crash occurred in the intersection, enter the name or number of the cross street.
TRIBAL LAND	"X" the appropriate box.

LINE 4

OTHER LOCATION	<input type="checkbox"/> FEET <input type="checkbox"/> MILES	N	NE	NW	S	SE	SW	E	W	PERMANENT LANDMARK – COUNTY LINE – INTERSECTION – MILEPOST	LAT: LONG:
----------------	---	---	----	----	---	----	----	---	---	--	---------------

OTHER LOCATION	FEET, MILES: Indicate the distance from a permanent point. Make the entry just to the left of the word "Miles." If the distance is measured in miles, measure to the nearest tenth (1/10) of a mile. If the distance is measured in feet, measure to exact foot. Do not use business names (such as Fred's Texaco or Wagon Wheel Bar) as reference points.
DIRECTION	N,NE,NW,S,SE,SW,E,W: Place an "X" in the proper box to indicate the direction from the permanent point.
PERMANENT LANDMARK, COUNTY LINE, INTERSECTION, MILEPOST	Indicate the closest permanent landmark (county line, major intersection, culvert, bridge, railroad crossing, etc.). Include all possible identifying numbers such as "Bridge 4766" attached to the railing or "Railroad Grade Crossing Number 21473B" attached to the cross buckle or gate assemblies. If in an urban area, always enter distance from the name of NEAREST intersecting road or street. DO NOT use city or town limits since these are not permanent points and can be moved. If mileposts are present on the street or highway on which the crash occurs. ALWAYS indicate <u>measurements</u> and <u>directions</u> from the nearest milepost. <u>Mileposts, if present, are to be used in all instances.</u>
LATITUDE, LONGITUDE	If known, indicate Latitude and Longitude.

LINE 5

CRASH <input type="checkbox"/> On Roadway OCCURRED <input type="checkbox"/> Off Roadway	CRASH CLASSIFICATION <input type="checkbox"/> Overturned <input type="checkbox"/> Other N-Col <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other Vehicle <input type="checkbox"/> Vehicle on Other Rdwy <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Rollover <input type="checkbox"/> RR Train <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Animal <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object	Analysis Code:
--	---	----------------

CRASH OCCURRED	"X" the appropriate box to indicate whether the first harmful event of the crash occurred "on roadway" or "off roadway." Definitions: On-Roadway - A crash is classified "On-Roadway" if it occurs in that portion of the traffic way designed, improved and ordinarily used for vehicular travel. Please note that it includes the centerline, but excludes median, shoulder, roadside and sidewalk. However, if at the time of the crash, the motor vehicle occupied any portion of the roadway, the crash shall be considered to have occurred on the roadway. Off-Roadway -Off-Roadway applies to any crash in which the first event producing damage or inflicting injury occurs off the roadway. Thus, a crash in which the first event occurs on the shoulder (paved or unpaved), roadside, median, or sidewalk is classified as "Off-Roadway." INADEQUATE INFORMATION – If there is insufficient information to determine clearly into which category the crash belongs, classify as "On Roadway" rather than "Off Roadway"
CRASH CLASSIFICATION	"X" the appropriate box in accordance with the description (see Crash Classification Descriptions on following 5 pages).
ANALYSIS CODE	Enter appropriate analysis code using the "Crash Classification and Analysis" code table.

ANALYSIS CODE Example Shown: For a rollover on the left side of the road, you "X" Rollover classification and enter "2" (Left Side Road) in the Analysis Code box.

CRASH <input type="checkbox"/> On Roadway OCCURRED <input type="checkbox"/> Off Roadway	CRASH CLASSIFICATION Vehicle Object <input checked="" type="checkbox"/> Rollover <input type="checkbox"/> RR Train <input type="checkbox"/> Pedal Cyclist <input type="checkbox"/> Animal <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other	Analysis Code: 2
--	--	------------------

CRASH CLASSIFICATIONS

CRASH CLASSIFICATION	DESCRIPTIONS	"X" THIS BOX
Overturning Crash	Any crash in which a motor vehicle in transport overturns for any reason without prior crash.	Overturned
Rollover	Any crash in which a motor vehicle in transport rolls over at least 360° with or without prior crash.	Rollover
Other Non-Collision Crash	<p>Any crash involving a motor vehicle in transport other than an overturning, rollover, and collision.</p> <p>INCLUDES: Accidental poisoning from carbon monoxide generated by a motor vehicle in transport.</p> <p>Breakage of any part of the motor vehicle, resulting in injury or further property damage.</p> <p>Explosion of any part of a motor vehicle.</p> <p>Fall, jump, or being pushed from a motor vehicle.</p> <p>Occupant hit by an object in, or thrown against some part of the motor vehicle.</p> <p>Injury or damage from moving part of the motor vehicle.</p> <p>Object falling from, or in the motor vehicle.</p> <p>Object falling on the motor vehicle.</p> <p>Toxic or corrosive chemicals leaking out of the motor vehicle.</p> <p>Injury or damage involving only the motor vehicle that is of a non-collision nature such as: a bridge giving way under the weight of a motor vehicle, striking holes or bumps on the surface of the traffic way, or driving into water without overturning or collision. Includes vehicles towing a sled, tube or other such device.</p> <p>Other injury or damage that originates upon or in the motor vehicle, excluding events not a hazard of transport such as: a fight between occupants, occupant injured by a burning cigarette, or similar events.</p> <p>EXCLUDES: Carbon monoxide poisoning in a motor vehicle not in transport.</p> <p>Breakage of any part such as fan belt, tire, or axle, if there is no additional damage or injury.</p> <p>Injury or damage resulting from a discharge of a firearm in the motor vehicle.</p> <p>Injury or damage resulting from working on a motor vehicle not in transport.</p>	Other N-Col

CRASH CLASSIFICATION	DESCRIPTIONS	"X" THIS BOX
Collision involving Railway Train	<p>Any crash involving a motor vehicle in transport and a railway train or railway vehicle.</p> <p>INCLUDES: Railway train, with or without cars.</p> <p>Motorized railway device.</p> <p>EXCLUDES: Non-motorized devices not set in motion by a railway train or railway vehicle.</p> <p>Collisions in which a railway train was involved in a railway transport crash prior to involvement with the motor vehicle, such as derailment, or throwing some part, other road vehicle, animal, or pedestrian against a motor vehicle.</p> <p>GENERAL: Motion of the motor vehicle is immaterial; it can be stopped in the path of the railway train or in motion.</p> <p>Whether the motor vehicle or railway train does the actual striking is immaterial.</p>	R.R. Train
Collision involving a pedestrian	<p>Any crash involving a motor vehicle in transport and a pedestrian.</p> <p>INCLUDES: Person on foot, sitting, lying, or working upon a land, way, or place.</p> <p>Person in or operating a pedestrian conveyance.</p> <p>EXCLUDES: Person boarding or alighting from another conveyance, except a pedestrian conveyance.</p> <p>Person in the process of jumping or falling from a motor vehicle in transport.</p> <p>Any crash involving a motor vehicle in transport and a pedalcyclist in transport.</p>	Pedestrian

CRASH CLASSIFICATION	DESCRIPTIONS	"X" THIS BOX
<p>Collision Involving Pedalcyclist</p>	<p>INCLUDES: Any of the following devices in transport: Unicycle Bicycle Tricycle Trailers or sidecars attached to any of the above devices</p> <p>EXCLUDES: Pedalcycle towed by a motor vehicle, including: Hitching Unoccupied Pedalcycle.</p> <p>GENERAL: A pedalcyclist is any person riding upon a pedalcycle or in a sidecar attached to the pedalcycle.</p> <p>EXCEPTION: A stopped pedalcycle is considered to be in transport if in readiness for transport, such as stopped at a stop sign, traffic light, or waiting in traffic for any reason, if attended, and the pedalcyclist need not be occupying the riding saddle, but not pushing the bicycle.</p> <p>A coasting bicycle pedalcycle with rider in transport.</p> <p>If the motor vehicle and the pedalcycle are in transport, which one does the striking is immaterial.</p>	<p>Pedalcyclist</p>
<p>Collision Involving Motor Vehicle in Transport</p>	<p>Any crash involving at least two motor vehicles in transport upon the same roadway or upon roadways within an intersection.</p> <p>INCLUDES: Collision with motor vehicle stopped, disabled, or abandoned on a roadway other than an area designated for parking. In addition, includes vehicle parts, debris or gravel/rock falling from vehicle or set in motion from the roadway. Includes towed vehicles or trailers disconnecting.</p> <p>EXCLUDES: Collision with motor vehicle on other roadway.</p>	<p>Other Vehicle</p>
<p>Collision Involving an Animal</p>	<p>Any crash involving a motor vehicle in transport and a herded or unattended animal.</p> <p>INCLUDES: Domestic and wild animals, and flying animals such as birds and bats.</p> <p>EXCLUDES: Ridden animals, animal drawn conveyance.</p> <p>GENERAL: Injury to wild animals, such as birds and rabbits, is excluded if there is no injury to any person or damage to the motor vehicle.</p>	<p>Animal</p>

CRASH CLASSIFICATION	DESCRIPTIONS	"X" THIS BOX
Collision Involving Motor Vehicle on Other Road	<p>Any crash in which a motor vehicle is in transport leaves the roadway on which it is in transport and collides with another motor vehicle in transport on another roadway.</p> <p>INCLUDES: Crossing median and colliding on opposite roadway. Crossing barrier and colliding on collector-distributor roadway. Crossing shoulder and colliding on frontage roadway.</p> <p>EXCLUDES: Crossing centerline of multiple-lane roadway. Leaving roadway and returning to same roadway. Collision at intersecting roadway.</p>	Vehicle on Other Rdwy
Collision Involving Fixed Object	<p>Any crash involving a motor vehicle in transport and a fixed object.</p> <p>INCLUDES: Any object attached to the terrain. Tree, boulder, utility pole, traffic signals, guardrail, bridge, abutment, or similar objects. Any object intentionally placed for an official purpose: traffic barricades, road machinery, construction machinery, construction materials, or similar objects placed on or along the roadway placed for some purpose.</p> <p>EXCLUDES: Any object in motion.</p>	Fixed Object
Collision Involving Parked Motor Vehicle	<p>Any crash involving a motor vehicle in transport with a motor vehicle not in transport.</p> <p>INCLUDES: Motor vehicle parked in a place designed for parking, even if the permitted time-period has expired. Motor vehicle stopped or parked along the roadway where normal usage permits such stopping or parking, including parking adjacent to curbs and parking on traffic way shoulders. Motor vehicle stopped, disabled, or abandoned off roadway. Load in the process of falling from a parked motor vehicle.</p> <p><i>Continued next page</i></p>	Parked Vehicle

CRASH CLASSIFICATION	DESCRIPTIONS	“X” THIS BOX
Collision Involving Parked Motor Vehicle	<p>EXCLUDES: Motor vehicle stopped or parked in traffic lanes, such as double-parked, stalled, or abandoned vehicle. In tunnels or on bridges where parking is prohibited, or in a parking lot during the hours that it is required to be clear for traffic.</p> <p>Stopped or parked self-propelled machinery, even though such machinery is considered a motor vehicle when in transport.</p> <p>Load that has fallen from a parked motor vehicle.</p>	Parked Vehicle
Collision Involving Other Objects	<p>Any crash involving a motor vehicle in transport and any other object that is moveable or moving.</p> <p>INCLUDES: Animal –drawn vehicle of any type.</p> <p>Animal carrying a person.</p> <p>Streetcar.</p> <p>Objects dropped from motor vehicle or other vehicles, but not in motion.</p> <p>Special devices not considered in transport or as fixed objects.</p> <p>Fallen tree or stone.</p> <p>Landslide or avalanche materials not in motion.</p> <p>Pedalcycle not in transport.</p> <p>Railway devices moved by human power.</p> <p>Non-motorized devices not set in motion by railway train or railway vehicle.</p> <p>EXCLUDES: Objects set in motion by aircraft, watercraft, railway, or other motor vehicle.</p> <p>Objects set in motion by cataclysm, lightning, or other natural or environmental factors.</p>	Other Object

Definitions used in crash descriptions

IN TRANSPORT: is the state or condition of a vehicle when it is in use primarily for moving persons or property (including the vehicle itself) from one place to another and is:

- in motion,
- in readiness for motion, or
- on a roadway, but not parked in a designated parking area.

IN MOTION: includes motion of a vehicle off a roadway, as well as on a roadway.

IN READINESS FOR MOTION: does not apply to a vehicle that is in any area designated for parking or that is on a shoulder. A motor vehicle in a parking area or on a shoulder cannot be IN TRANSPORT unless the vehicle is IN MOTION.

ON A ROADWAY: excludes designated parking areas.

ROADWAY: includes the portion of a street or highway improved, designed, or ordinarily used for vehicular travel, including the centerline.
Excludes: the berm, shoulder, median, roadside, and sidewalk.

PEDESTRIAN CONVEYANCE: is any human powered device by which a pedestrian may move, or by which a person may move another pedestrian, other than by pedaling. Includes: baby carriage, coaster wagon, ice skates, perambulator, push cart, roller skates, scooter, skis, sled, wheel chair, rickshaw. Excludes: any pedalcycle.

PEDESTRIAN: is a person not in or upon a motor vehicle or other road vehicle. Includes: a person afoot, sitting, lying, or working upon a roadway; or a person in or operating a pedestrian conveyance. Excludes: a person boarding or alighting from another conveyance, except a pedestrian conveyance, and any person falling or jumping from a motor vehicle in transport.

LINE 6

VEHICLE NO. HEADED	1	N	NE	NW	S	SE	SW	E	W	ON:	Left Scene of Crash <input type="checkbox"/> YES <input type="checkbox"/> NO	Posted Speed	Safe Speed
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VEHICLE NO. 1 HEADED	<p><u>N,NE,NW,S,SE,SW,E,W:</u> "X" the appropriate box to indicate the direction the vehicle was headed.</p> <p><u>ON</u> – In the "On" box, spell out the name of the street or highway.</p> <p><u>Left Scene Of Crash</u> - "X" the appropriate box.</p> <p><u>Posted Speed</u> - Place posted speed limit in the "Posted Speed" box.</p> <p><u>Safe Speed</u> – In the "Safe Speed" box, indicate your opinion as to the safe speed based on your observations of road, weather, traffic, or other conditions existing at the time of the crash. If the safe speed differs from the posted speed, clarify your opinion of safe speed in the narrative portion of the report.</p>
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LINE 7

Driver's Full Name (Last, First, Middle)	Address
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(Pertains to Vehicle No. 1 Driver)

DRIVER'S FULL NAME	Enter driver's full name (last name, first name, then middle name). The name should be verified by his/her driver's license and other identification.
ADDRESS	Ask the driver for his/her address and compare with his/her driver's license. Enter the correct address.

LINE 8

Driver's License Number	State	Type	Status	Restrictions	Endorsements	Expires	City/State	Zip Code	Phone
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(Pertains to Vehicle No. 1 Driver)

DRIVER'S LICENSE NUMBER	Enter the driver's license number.
STATE	Enter the state that issued the driver's license.
TYPE	Enter the class of driver's license.
STATUS	Enter the appropriate initial for the status of the driver's license: V-Valid, S-Suspended, R-Revoked, or E-Expired.
RESTRICTIONS	List the numeric code for any restrictions shown on the driver's license.
ENDORSEMENTS	List any applicable endorsements from the driver's license.
EXPIRES	Enter expiration date of driver's license.
CITY/STATE	Enter city and state shown on the driver's license.
ZIP CODE	Enter zip code shown on the driver's license.
PHONE	Enter driver's home phone or work phone number.

LINE 9

Date of Birth – M/D/YR	Occupation	Seat
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(Pertains to No. 1 Vehicle Driver)

DATE OF BIRTH	Enter driver's date of birth. Example: M = 8 / D = 1 / YR = 45
OCCUPATION	Enter driver's occupation.
SEAT	Enter driver's seat position. Use 'Driver Seat Position' codes under "Occupant Information" on the Code Sheet.

LINE 10

Seat Pos.	Occupant's Name (Last, First, Middle)	Occupant's Address (City, State, Zip)
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(Pertains to Vehicle No. 1)

SEAT POSITION	Enter each passenger's seating position. Use 'Occupant Seat Position' codes under "Occupant Information" on the Code Sheet.
OCCUPANT'S NAME	Enter each passenger's name.
OCCUPANT'S ADDRESS	Enter each passenger's address.

LINE 11

Age	Sex (M/F)	Race	Injury Code	OP Code	OP Used Properly	Airbag Deploy	Ejected	EMS #	Med. Trans.
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AGE	Enter the age for the driver and all passengers.
SEX	Enter the sex (M or F) for the driver and all passengers.
RACE	Enter the race for the driver and all passengers.
INJURYCODE	Enter the appropriate injury code for the driver and all passengers. Use an 'Injury Code' under "Occupant Information" on the Code Sheet. Example: Enter "K" if killed.
OP CODE	Enter the appropriate 'Occupant Protection' code for the driver and all passengers. Codes are under "Occupant Information" on the Code Sheet.
OP USED PROPERLY	Enter "Y" or "N" if occupant protection was used properly by the driver and all passengers. Use "I" for indeterminate.
AIRBAG DEPLOY	Enter the appropriate Airbag Deployed code for the driver and all passengers. Codes are under "Occupant Information" on the Code Sheet.
EJECTED	Enter the appropriate Ejection code for the driver and all passengers. Codes are under "Occupant Information" on the Code Sheet.
EMS #	Enter the 5-digit EMS # from emergency vehicle.
MED. TRANS.	If EMS transport, enter 'EMS.' If not EMS transport, enter 'Not.'

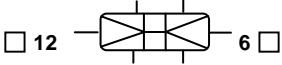
LINE 12

Vehicle Yr.	Vehicle Make	Color	Body Style	Cargo Body Type	Vehicle Use (1)	Vehicle Use (2)
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(Pertains to Vehicle No. 1)

VEHICLE YEAR	Enter the year the vehicle was manufactured.
VEHICLE MAKE	Enter vehicle make. Use abbreviations shown on the back of page 2 of the UCR under "VEHICLE INFORMATION" – "Vehicle Make." Example: Chevrolet: CHEV; Mercury: MERC, etc.
VEHICLE COLOR	Enter vehicle color. Use abbreviations shown on the back of page 2 of the UCR under "VEHICLE INFORMATION" – "Color." When vehicle is of one color, the appropriate three-letter code is sufficient (i.e. GLD). When vehicle is more than one color, the order of listing shall be from top to bottom or front to rear. Use a slash (/) to separate (i.e. White top and Red bottom: WHI/RED).
BODY STYLE	Use the codes shown on the back of page 2 of the UCR under "VEHICLE INFORMATION" – "Body Style."
CARGO BODY TYPE	Use the codes shown on the back of page 2 of the UCR under "VEHICLE INFORMATION" – "Cargo Body Type." The cargo body type should be the one which best represents the purpose for which the vehicle was designed and built. When there is no type of Cargo Body attached to the vehicle, such as on a Truck / Tractor (Bobtail), enter 'NA' - Not Applicable. If the Cargo Body type does not match any in the list, enter 'OT'-Other.
VEHICLE USE (1)	<u>(this applies only to large trucks and buses)</u> Enter appropriate code using the "Vehicle Use 1" codes on the back of page 2 of the UCR.
VEHICLE USE (2)	<u>(this applies only to large trucks and buses)</u> Enter appropriate code using the "Vehicle Use 2" codes on the back of page 2 of the UCR.

LINE 13

Towed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Damage Severity <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Slight <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> All Areas	Extent <input type="checkbox"/> Disabled <input type="checkbox"/> Functional <input type="checkbox"/> Appearance <input type="checkbox"/> Property <input type="checkbox"/> Fire <input type="checkbox"/> None	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 <input type="checkbox"/> 12  6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11 10 9 8 7 <input type="checkbox"/> Top <input type="checkbox"/> Under carriage
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TOWED	"X" appropriate box.
TOWED DUE TO DISABLING DAMAGE	"X" appropriate box.
OVERALL VEHICLE DAMAGE	"X" to reflect the severity of the damage to the vehicle.
EXTENT	"X" the appropriate extent of damage to the vehicle.
VEHICLE DIAGRAM	"X" boxes where damage occurred on the vehicle.

LINE 14

License Yr.	State	License Plate Number	VIN
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LICENSE YR.	Indicate the most current registration year.
STATE	Enter the abbreviation of the state that issued the license plate.
LICENSE PLATE NUMBER	Enter the number that is shown on the license plate. Do not enter any validation sticker number.
VIN	Enter the vehicle identification number. The registration certificate should be used to verify the VIN.

LINE 15

DOT #	Interstate Carrier Code	Towed By	Towed To
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(Refers to Vehicle No. 1)

DOT NUMBER	<i>(this applies only to large trucks and buses)</i> Obtain from the Single State Registration or from the side of the vehicle. If the vehicle is not regulated, enter 'N/A' for not applicable.
INTERSTATE CARRIER CODE	<i>(this applies only to large trucks and buses)</i> Enter appropriate "Carrier Type" code from "Other Codes" on the Code Sheet.
TOWED BY	Enter full name of tow company, and city of tow company.
TOWED TO	Enter the location where the vehicle was towed, if applicable.

LINE 16

Number of Axles	Vehicle Weight Rating/Gross Combination Weight Rating	Hazmat Placard	Hazmat Placard 4 digit # -	OR - Hazmat Name #	AND	1 digit	Hazmat Released?
	<input type="checkbox"/> 10,000 lbs or less <input type="checkbox"/> 10,001 lbs to 26,000 lbs <input type="checkbox"/> Greater than 26,000 lbs						

NUMBER OF AXLES	<u>(this applies only to large trucks and buses)</u> Indicate the number of axles on the vehicle.
VEHICLE WEIGHT RATING/ GROSS COMBINATION WEIGHT RATING	<u>(this applies only to large trucks and buses)</u> The GVWR for most vehicles is located on a metal plate on the driver's door edge or door latch post. The GVWR for larger trucks is usually found on the driver's side of the vehicle by opening the door and looking at the hinge pillar, door-latch post, or door edge. Mark the appropriate box. NOTE: The GVWR for BUSES is often difficult to locate. If you are unable to locate this information, obtain the GVWR from the vehicle registration. Mark the appropriate box.
HAZMAT PLACARD is there a box or not? yes on paper – no on excel vs.	<u>(this applies only to large trucks and buses)</u> Check the box if Hazmat Placard is displayed appropriately. Most vehicles carrying hazardous materials are required by law to conspicuously display a placard indicating the class, type, or the specific name of the hazardous materials cargo. All Placards are diamond shaped.
HAZMAT PLACARD 4 DIGIT #	<u>(this applies only to large trucks and buses)</u> In addition, vehicles transporting hazardous materials in tank cars, cargo tanks or portable tanks are required to display the 4-digit Hazardous Material Number assigned to the specific material on placards or orange panels. If the vehicle displays a hazardous material placard with a 4-digit number, then enter that number in the space provided.
HAZMAT NAME AND 1 DIGIT#	<u>(this applies only to large trucks and buses)</u> If the 4-digit number is not displayed, then the placard should have a name on it. Enter this name in the space. Get the 1-digit Placard Number from Bottom of Diamond - If a 1-digit number also appears at the bottom tip of the diamond, enter it in the space provided.
HAZMAT RELEASED	The purpose of this question is to record whether or not the placarded material was released. The correct answer is "YES" only if material was released from the cargo tank or compartment of the truck. Fuel spilled from the vehicle fuel tank should not be counted, although it is a hazardous material.

LINE 17

Carrier's Name	Carrier's Address	Carrier's Zip
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CARRIER'S NAME	<u>(this applies only to large trucks and buses)</u> Enter the name of the motor carrier responsible for the shipment.
CARRIER'S ADDRESS	<u>(this applies only to large trucks and buses)</u> Indicate the principal place of business used by the carrier name above. Fill in the city and state.
CARRIER'S ZIP	<u>(this applies only to large trucks and buses)</u> Indicate state zip code where principal place of business is located.

NOTE: Determining the motor carrier and recording the carrier's identification number, name, and address can be difficult. A motor carrier is the party responsible for the transportation of the goods, property or people, which means that the carrier name may be different from the name on the side of the truck due to contractual arrangements. The first place you should look for a company name to verify the correct carrier is on the SHIPPING PAPERS the driver carries in the cab. In case of a bus, the driver must carry a TRIP MANIFEST or CHARTER ORDER with the name of the motor carrier.

LINE 18

Owner's Name	Owner's Company Name	Owner's Address	Owner's Zip	Owner's Telephone
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OWNER'S NAME	Enter the registered owner's name as found on the vehicle registration certificate (All Vehicles – Commercial & Non-Commercial). Do not enter the lien holder.
OWNER'S COMPANY NAME	Enter the registered owner's company name.
OWNER'S ADDRESS	Enter registered owner's address. City and State may be abbreviated.
OWNER'S ZIP	Indicate owner's state zip code.
OWNER'S TELEPHONE	Enter owner's office or home telephone number.

LINE 19

Insured By: (Name of Company)	Policy Number	Trailer or Towed vehicles (1)	Type	Year	Make	License Yr.	License State	License Number
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(Insurance information refers to Vehicle No. 1)

NOTE: This should be current and valid insurance information for the vehicle.

INSURED BY	Enter the vehicle owner's insurance company name.
POLICY NUMBER	Enter the policy number.
TYPE	Enter the type of trailer or trailers according to the 'Trailer/Towed Vehicle Type' list on back of page 2 of the UCR. (If towed vehicle is not a trailer, use the 'Body Style' list on the back of page 2 of the UCR.)
YEAR	Indicate the year model of the trailer or trailers.
MAKE	Abbreviate the manufacturer of the trailer(s) or vehicle(s) in tow.
LICENSE YR.	Indicate the most current registration year.
LICENSE STATE	Indicate the state issuing the license plate.
LICENSE NUMBER	Indicate the state license plate number for the trailer(s) or vehicle(s) in tow. If the trailer has more that one license plate, the "home state" plate should be used.

LINE 20

Trailer or Towed Vehicles (2)	Type	Year	Make	License Yr.	License State	License Number	Trailer or Towed Vehicles (3)	Type	Year	Make	License Yr.	License State	License Number
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COMPLETE AS FOR VEHICLE ONE ABOVE – SEE LINE 19.

LINES 21 through 34

If using this section for **VEHICLE #2**, indicate same type of information shown for **VEHICLE #1**.

If using this section for **PEDESTRIAN** information, draw a line through “**Vehicle No.2**” on Line 21 and “**Driver**” on Line 22.

Pedestrian information should include the following:

- Line 21** Complete information for pedestrian, except “Posted Speed” and “Safe Speed.”
- Line 22** Complete for pedestrian.
- Line 23** Complete for pedestrian, if information is available.
- Line 24** Complete for pedestrian, except for “Seat Pos.”
- Line 25** N/A – do not complete for pedestrian.
- Line 26** Complete for pedestrian, except “OP Code, OP Used Properly, Airbag Deploy, Ejected.”
- Line 27 – 35** Skip for pedestrian.

LINE 36

CRASH REPORT NUMBER: XXXXXXXXXX CASE NUMBER:	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM Statute 66-7-209 NMDOT COPY	SHEET OF SHEETS
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CRASH REPORT NUMBER	UCR number generated from NMDOT.
CASE NUMBER	Number assigned by the respective law enforcement agency.
SHEET OF SHEETS	Indicate the sheet number and the total number of forms, pages of supplementary narratives, passenger lists, diagrams, etc... Example 1: One form used: SHEET 1 of 2 SHEET Example 2: One form and one Diagram/Narrative used: SHEET 1 of 3 SHEETS SHEET 2 of 3 SHEETS SHEET 3 of 3 SHEETS

PAGE TWO OF THE CRASH REPORT - ILLUSTRATION

ROAD - WEATHER	LIGHTING (Check 1) <input type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark - Lighted <input type="checkbox"/> Dark - Not Lighted <input type="checkbox"/> Other and not stated	WEATHER (Check 1) <input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Dust <input type="checkbox"/> Wind <input type="checkbox"/> Other <input type="checkbox"/> Sleet or Hail	ROAD COND (Check 1 for each) V1 <input type="checkbox"/> Dry V2 <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Loose Material <input type="checkbox"/> Other <input type="checkbox"/> Standing or Moving Water <input type="checkbox"/> Slush	ROAD SURFACE (Check 1 for each) V1 <input type="checkbox"/> Paved V2 <input type="checkbox"/> Unstriated <input type="checkbox"/> Paved Center Stripe <input type="checkbox"/> Paved Center & Edgeline <input type="checkbox"/> Unpaved	TRAFFIC CONTROL (Check 1 for each) V1 <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Stop Sign <input type="checkbox"/> Traffic Signals <input type="checkbox"/> Yield Sign <input type="checkbox"/> R.R. Gate <input type="checkbox"/> 4 Way Stop <input type="checkbox"/> Flashers <input type="checkbox"/> No Controls <input type="checkbox"/> Other	ROAD CHARACTER (Check 1) <input type="checkbox"/> Straight <input type="checkbox"/> Curve GRADE (Check 1) <input type="checkbox"/> Level <input type="checkbox"/> Hillcrest <input type="checkbox"/> On Grade <input type="checkbox"/> Dip	Crash Report Number Case Number ROAD DESIGN (Check 1 OR more for each) V1 <input type="checkbox"/> 1 Lane V2 <input type="checkbox"/> 2 Lanes <input type="checkbox"/> 3 Lanes <input type="checkbox"/> 4 + Lanes <input type="checkbox"/> Undivided <input type="checkbox"/> Physical Divider <input type="checkbox"/> Painted Divider V1 <input type="checkbox"/> One Way V2 <input type="checkbox"/> Ramp <input type="checkbox"/> Full Access Control <input type="checkbox"/> Undeveloped <input type="checkbox"/> Alley <input type="checkbox"/> Other <input type="checkbox"/> Constr. Zone			
	APPARENT CONTRIBUTING FACTORS (Check 1 or more for each)						DRIVERS' ACTIONS (Check 1 or more for each)		SEQUENCE OF EVENTS (See event codes)	
	EVENT	V1 <input type="checkbox"/> Excessive Speed <input type="checkbox"/> Speed too fast for conditions <input type="checkbox"/> Failed to yield right of way <input type="checkbox"/> Passed stop sign <input type="checkbox"/> Disregarded traffic signal <input type="checkbox"/> Drove left of center <input type="checkbox"/> Improper overtaking <input type="checkbox"/> Avoid no contact vehicle <input type="checkbox"/> Avoid no contact -other <input type="checkbox"/> Cell phone <input type="checkbox"/> Low Visibility due to smoke	V2 <input type="checkbox"/> Following too closely <input type="checkbox"/> Made improper turn <input type="checkbox"/> Driver inattention <input type="checkbox"/> Under influence of alcohol <input type="checkbox"/> Other improper driving <input type="checkbox"/> Pedestrian error <input type="checkbox"/> Inadequate brakes <input type="checkbox"/> Driverless moving vehicle <input type="checkbox"/> Failed to yield - Police Veh(s) <input type="checkbox"/> Failed to yield - Emrgcy Veh(s) <input type="checkbox"/> Under the influence of Drugs or Medication <input type="checkbox"/> High speed pursuit	V1 <input type="checkbox"/> Defective steering <input type="checkbox"/> Defective tires <input type="checkbox"/> Other mech. defect <input type="checkbox"/> Road defect <input type="checkbox"/> Other No driver error <input type="checkbox"/> Traffic control not functioning <input type="checkbox"/> Improper lane change <input type="checkbox"/> Improper backing <input type="checkbox"/> None <input type="checkbox"/> Vehicle Skidded Before Brake	V1 <input type="checkbox"/> Going Straight <input type="checkbox"/> Overtaking/Passing <input type="checkbox"/> Right Turn <input type="checkbox"/> Left Turn <input type="checkbox"/> U Turn <input type="checkbox"/> Slowing <input type="checkbox"/> Backing	V1 <input type="checkbox"/> Stopped for traffic <input type="checkbox"/> Stopped for sign/signal <input type="checkbox"/> Start in traffic lane <input type="checkbox"/> Start from park <input type="checkbox"/> Parked <input type="checkbox"/> Other	V1 V2 FIRST EVENT SECOND EVENT THIRD EVENT FOURTH EVENT			
DRIVER	DRIVER/PED/PEDALCYCLIST SOBRIETY (Check 1 or more for each with X) D1 <input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> Consumed a Controlled Substance <input type="checkbox"/> Had Not Consumed Alcohol <input type="checkbox"/> Sobriety Unknown <input type="checkbox"/> Consumed Medication <input type="checkbox"/> Tested by Instrument <input type="checkbox"/> Breath Test Administered gms/210 L <input type="checkbox"/> Blood Test Administered <input type="checkbox"/> Standard Field Sobriety Test Administered <input type="checkbox"/> Refused Test		DRIVER/PED/PEDALCYCLIST PHYSICAL COND. (Mark 1 or more for each with X) D1 <input type="checkbox"/> Fatigue-Asleep <input type="checkbox"/> Eyesight Imp. <input type="checkbox"/> Hearing Imp. <input type="checkbox"/> Illness D2 <input type="checkbox"/> Medication <input type="checkbox"/> Amputee <input type="checkbox"/> No App. Defects <input type="checkbox"/> *Other Physical Impairment <input type="checkbox"/> Unknown		PEDESTRIAN/PEDALCYCLIST ACTION					
PEDESTRIAN			At Intersection P1 <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Crossing Diagonally		Not at Intersection P1 <input type="checkbox"/> From Behind Obstruction <input type="checkbox"/> No Crosswalk <input type="checkbox"/> Crosswalk <input type="checkbox"/> Walking W/Traffic <input type="checkbox"/> *Other		P1 <input type="checkbox"/> Walking Against Traffic P2 <input type="checkbox"/> Standing <input type="checkbox"/> Pushing or Working on Vehicle <input type="checkbox"/> Playing in Road			
Describe what happened - refer to vehicles by number.										
NARRATIVE Use Diagram/Narrative Sheet for additional information										
OTHER PROPERTY INVOLVED		Property Type	DESCRIPTION OF PROPERTY AND DAMAGE							
		Owner's Name	Owner's Address				Owner's Zip Code	Owner's Telephone		
WITNESS	NAME		AGE	ADDRESS				TELEPHONE		
ENFORCEMENT ACTION	VEH. NO.	NAME		VIOLATION (COMMON NAME)				ACTION		
								<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending		
								<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending		
								<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending		
Time Notified	Time Arrived	Notified By		Supervisor at Scene			Checked By			
Officer's Signature			Printed Officers Name			Rank	ID No.	District	Date of Report	
Crash Report Number		STATE OF NEW MEXICO UNIFORM CRASH REPORT						SHEET		
Case Number		NM Statute 66-7-209						OF SHEETS		
		NMDOT COPY								

LINE 37 - ROAD - WEATHER

	LIGHTING (Check 1)	WEATHER (Check 1)	ROAD COND (Check 1 for each)	ROAD SURFACE (Check 1 for each)	TRAFFIC CONTROL (Check 1 for each)	ROAD CHARACTER (Check 1)	CRASH REPORT NUMBER: 000000000 CASE NUMBER:
ROAD - WEATHER	<input type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Not Lighted <input type="checkbox"/> Other and not stated	<input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Dust <input type="checkbox"/> Wind <input type="checkbox"/> Other <input type="checkbox"/> Sleet or Hail	V1 V2 <input type="checkbox"/> <input type="checkbox"/> Dry <input type="checkbox"/> <input type="checkbox"/> Wet <input type="checkbox"/> <input type="checkbox"/> Snow <input type="checkbox"/> <input type="checkbox"/> Ice <input type="checkbox"/> <input type="checkbox"/> Loose Material <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Standing or Moving Water <input type="checkbox"/> <input type="checkbox"/> Slush	V1 V2 <input type="checkbox"/> <input type="checkbox"/> Paved Unstriped <input type="checkbox"/> <input type="checkbox"/> Paved Center Stripe <input type="checkbox"/> <input type="checkbox"/> Paved Center & Edge line <input type="checkbox"/> <input type="checkbox"/> Unpaved	V1 V2 <input type="checkbox"/> <input type="checkbox"/> No Passing Zone <input type="checkbox"/> <input type="checkbox"/> Stop Sign <input type="checkbox"/> <input type="checkbox"/> Traffic Signals <input type="checkbox"/> <input type="checkbox"/> Yield Sign <input type="checkbox"/> <input type="checkbox"/> R.R. Gate <input type="checkbox"/> <input type="checkbox"/> 4 Way Stop <input type="checkbox"/> <input type="checkbox"/> Flashers <input type="checkbox"/> <input type="checkbox"/> No Controls <input type="checkbox"/> <input type="checkbox"/> Other	<input type="checkbox"/> Straight <input type="checkbox"/> Curve <hr/> GRADE (Check 1) <input type="checkbox"/> Level <input type="checkbox"/> Hillcrest <input type="checkbox"/> On Grade <input type="checkbox"/> Dip	ROAD DESIGN (Check 1 OR more for each) V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1 Lane <input type="checkbox"/> <input type="checkbox"/> 2 Lanes <input type="checkbox"/> <input type="checkbox"/> 3 Lanes <input type="checkbox"/> <input type="checkbox"/> 4 + Lanes <input type="checkbox"/> <input type="checkbox"/> Undivided <input type="checkbox"/> <input type="checkbox"/> Physical Divider <input type="checkbox"/> <input type="checkbox"/> Painted Divider V1 V2 <input type="checkbox"/> <input type="checkbox"/> One Way <input type="checkbox"/> <input type="checkbox"/> Ramp <input type="checkbox"/> <input type="checkbox"/> Full Access Control <input type="checkbox"/> <input type="checkbox"/> Undeveloped <input type="checkbox"/> <input type="checkbox"/> Alley <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Constr. Zone

LIGHTING	Place an "X" in the box next to appropriate lighting condition. If some condition other than the specific ones exists, place an "X" next to "other" and specify what lighting condition exists below this box. Check one condition only.
WEATHER	Place an "X" in the box next to the appropriate weather condition. If some condition other than the specific ones exists, place an "X" next to "other" and specify what weather condition exists below this box. Check only one condition. An example of "other" is sandstorm.
ROAD CONDITION	Place an "X" in the box provided for each vehicle "X" to describe the road conditions. Only one box for each vehicle should be marked.
ROAD SURFACE	Place an "X" in the box for the applicable road surface for each vehicle. Only one box for each vehicle should be marked.
TRAFFIC CONTROL	Place an "X" in the box provided for each vehicle showing the traffic control provided at the intersection or highway. Only one box for each vehicle should be marked.
ROAD CHARACTER	"X" the one block that best describes the road character for the crash location.
GRADE	"X" the one block that best describes the road grade for the crash location.
ROAD DESIGN	Place an "X" in one or more of the blocks for each vehicle. The numbers of lanes refers to the number available to one vehicle.

The following are descriptions of the various types of roadways:

Two-way, not divided - Two-way traffic street or highway with opposing lanes of traffic, separated by nothing more than a standard painted centerline. As long as the markings are not more than two feet in overall width, it is considered "not physically divided." If the overall width of the markings exceeds two feet, it should be classified as "Two-way, divided, unprotected median."

Two-way, divided, unprotected median – Two-way traffic street or highway with opposing lanes of traffic separated by a median. Medians may be depressed, raised or flush with the pavement surface and may be grass, landscaped, or constructed of asphalt or concrete. A continuous left-turn lane is physical separation.

Two-way, divided, positive median barrier - Two-way traffic highway with opposing lanes of traffic separated by a concrete wall, guardrail, or other barrier intended to restrain or redirect an errant vehicle.

One-way, not divided- Roadway, including ramps, one-way streets, etc., that serves traffic moving in only one direction.

Unknown- If roadway does not meet any of the above, mark this box.

Example 1: On an interstate highway in an urban area, a tractor/semi-trailer collided with a passenger car resulting in severe injuries to the car's driver. The opposing direction of the interstate was separated by a narrow concrete barrier. The correct box is "Two-way, divided, positive median barrier."

Example 2: A truck exiting an interstate highway rolled over on a sharp curve while still on the exit ramp. The correct code is "One-way, not divided."

Crashes at intersections require special attention. The proper code for a reportable crash at an intersection would be the type of roadway on which the truck or bus was traveling just prior to the crash.

Example 1: A truck exiting an interstate highway collided with a passenger car in the middle of the intersection where the interstate ramp met a four-lane cross street.

Since this crash occurred in the middle of the intersection, and the truck had been traveling on the ramp just prior to the collision, the correct code is "One-way, not divided."

LINE 38 - EVENT

EVENT	APPARENT CONTRIBUTING FACTORS (Check 1 or more for each)			DRIVERS' ACTIONS (Check 1 or more for each)		SEQUENCE OF EVENTS (See event codes)	
	V1 V2	V1 V2	V1 V2	V1 V2	V1 V2	V1 V2	
EVENT	<input type="checkbox"/> <input type="checkbox"/> Excessive Speed	<input type="checkbox"/> <input type="checkbox"/> Following too closely	<input type="checkbox"/> <input type="checkbox"/> Defective steering	<input type="checkbox"/> <input type="checkbox"/> Going Straight	<input type="checkbox"/> <input type="checkbox"/> Stopped for traffic	<input type="checkbox"/> <input type="checkbox"/>	FIRST EVENT
	<input type="checkbox"/> <input type="checkbox"/> Speed too fast for conditions	<input type="checkbox"/> <input type="checkbox"/> Made improper turn	<input type="checkbox"/> <input type="checkbox"/> Defective tires	<input type="checkbox"/> <input type="checkbox"/> Overtaking/Passing	<input type="checkbox"/> <input type="checkbox"/> Stopped for sign/signal	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> Failed to yield right of way	<input type="checkbox"/> <input type="checkbox"/> Driver inattention	<input type="checkbox"/> <input type="checkbox"/> Other mechanical defect	<input type="checkbox"/> <input type="checkbox"/> Right Turn	<input type="checkbox"/> <input type="checkbox"/> Start in traffic lane	<input type="checkbox"/> <input type="checkbox"/>	THIRD EVENT
	<input type="checkbox"/> <input type="checkbox"/> Passed stop sign	<input type="checkbox"/> <input type="checkbox"/> Under influence of alcohol	<input type="checkbox"/> <input type="checkbox"/> Road defect	<input type="checkbox"/> <input type="checkbox"/> Left Turn	<input type="checkbox"/> <input type="checkbox"/> Start from park	<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> Disregarded traffic signal	<input type="checkbox"/> <input type="checkbox"/> Other improper driving	<input type="checkbox"/> <input type="checkbox"/> Other – No driver error	<input type="checkbox"/> <input type="checkbox"/> U Turn	<input type="checkbox"/> <input type="checkbox"/> Parked	<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/> Drove left of center	<input type="checkbox"/> <input type="checkbox"/> Pedestrian error	<input type="checkbox"/> <input type="checkbox"/> Traffic control not functioning	<input type="checkbox"/> <input type="checkbox"/> Slowing	<input type="checkbox"/> <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/> Improper overtaking	<input type="checkbox"/> <input type="checkbox"/> Inadequate brakes	<input type="checkbox"/> <input type="checkbox"/> Improper lane change	<input type="checkbox"/> <input type="checkbox"/> Backing		<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/> Avoid no contact vehicle	<input type="checkbox"/> <input type="checkbox"/> Driverless moving vehicle	<input type="checkbox"/> <input type="checkbox"/> None			<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/> Avoid no contact – other	<input type="checkbox"/> <input type="checkbox"/> Failed to yield–Police	<input type="checkbox"/> <input type="checkbox"/> Vehicle Skidded Before Brake			<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/> Cell Phone	<input type="checkbox"/> <input type="checkbox"/> Failed to yield–Emergency				<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/> Low visibility due to smoke	<input type="checkbox"/> <input type="checkbox"/> Under the influence of Drugs or Medication				<input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> High speed pursuit				<input type="checkbox"/> <input type="checkbox"/>		

APPARENT CONTRIBUTING FACTORS	Place an "X" next to the appropriate circumstance or circumstances for each driver. It is possible to mark more than one box for a driver.
DRIVERS' ACTIONS	Place an "X" on the block most applicable for each vehicle involved. EXAMPLE: If a vehicle is passing while going straight ahead, place an "X" in OVERTAKING/ PASSING.
SEQUENCE OF EVENTS	Enter the "Sequence of Events" codes, found on the Code Sheet. Follow the order of events that occurred involving this vehicle. Only the first four events should be reported. As this can be somewhat confusing, the following are examples of how this section should be filled in: Example 1: A tractor/semi-trailer goes out of control on an icy roadway and eventually strikes a bridge abutment and overturns. The tractor then catches on fire after overturning. The following codes are entered to properly describe the sequence of events for this crash: <p style="text-align: center;"> Event 1: ROR (Ran Off Road) Event 2: FO (Fixed Object) Event 3: OR (Overturn/ Rollover) Event 4: EX (Explosion or Fire) </p> Example 2: An automobile strikes a guardrail and then strikes a single unit truck. The truck then overturns and loses its cargo. The following sequence should be entered for this crash: <p style="text-align: center;"> Event 1: FO (Fixed Object) Event 2: MVT (Motor Vehicle in Transport) Event 3: OR (Overturn/Rollover) Event 4: CLS (Cargo Loss or Shift) </p>

LINE 39 – DRIVER OR PEDESTRIAN CONDITION & ACTION

	DRIVER/ PED/ PEDALCYCLIST SOBRIETY (Check 1 or more for each with X)	DRIVER/ PED/ PEDALCYCLIST PHYSICAL COND (Mark 1 or more for each with X)	PEDESTRIAN/ PEDALCYCLIST ACTION				
			At Intersection	Not at Intersection			
DRIVER	D1 D2 <input type="checkbox"/> <input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> <input type="checkbox"/> Consumed a Controlled Substance <input type="checkbox"/> <input type="checkbox"/> Had Not Consumed Alcohol <input type="checkbox"/> <input type="checkbox"/> Sobriety Unknown <input type="checkbox"/> <input type="checkbox"/> Consumed Medication <input type="checkbox"/> <input type="checkbox"/> Breath Test Administered ___gms/210 L ___gms/210 L <input type="checkbox"/> <input type="checkbox"/> Blood Test Administered <input type="checkbox"/> <input type="checkbox"/> Standard Field Sobriety Test Administered <input type="checkbox"/> <input type="checkbox"/> Refused Test	D1 D2 D1 D2 <input type="checkbox"/> <input type="checkbox"/> Fatigue-Asleep <input type="checkbox"/> <input type="checkbox"/> Eyesight Imp. <input type="checkbox"/> <input type="checkbox"/> Hearing Imp. <input type="checkbox"/> <input type="checkbox"/> Illness *Specify	D1 D2 <input type="checkbox"/> <input type="checkbox"/> Medication <input type="checkbox"/> <input type="checkbox"/> Amputee <input type="checkbox"/> <input type="checkbox"/> No App. Defects <input type="checkbox"/> <input type="checkbox"/> *Other Physical Impairment	PEDESTRIAN	P1 P2 <input type="checkbox"/> <input type="checkbox"/> With Signal <input type="checkbox"/> <input type="checkbox"/> Against Signal <input type="checkbox"/> <input type="checkbox"/> No Signal <input type="checkbox"/> <input type="checkbox"/> Crossing Diagonally	P1 P2 P1 P2 <input type="checkbox"/> <input type="checkbox"/> From Behind Obstruction <input type="checkbox"/> <input type="checkbox"/> No Crosswalk <input type="checkbox"/> <input type="checkbox"/> Crosswalk W/Traffic <input type="checkbox"/> <input type="checkbox"/> *Other	P1 P2 <input type="checkbox"/> <input type="checkbox"/> Walking Against Traffic <input type="checkbox"/> <input type="checkbox"/> Standing <input type="checkbox"/> <input type="checkbox"/> Pushing or Working on Vehicle <input type="checkbox"/> <input type="checkbox"/> Playing in Road

DRIVER/ PED/ PEDALCYCLIST SOBRIETY	Based on your investigation and observations, indicate the sobriety of each driver, pedestrian, or pedalcyclist involved. This block applies to both alcohol and narcotic drugs. More than one block can be checked for each driver, pedestrian, or pedalcyclist.
DRIVER/ PED/ PEDALCYCLIST PHYSICAL CONDITION	Indicate the apparent physical condition of each driver, pedestrian, or pedalcyclist involved. The term “medication” will include any legal prescription drug or over-the-counter medication such as cough syrup or aspirin, as well as illegal drugs of any type.
PEDESTRIAN/ PEDALCYCLIST ACTION	Place an “X” in the appropriate box provided for what the pedestrian or pedalcyclist was doing before the crash.

LINE 40 - NARRATIVE

NARRATIVE	Describe what happened – refer to vehicles by number.
	<p>Use Diagram/Narrative Sheet for additional information</p>

NARRATIVE: Use short sentences to describe how the crash happened.

Describe and explain important and pertinent information such as the direction and manner of travel before and during the crash, evasive action taken, and events of the crash to provide a clearer picture of what happened.

(instructions continue on next page)

- 1) Narrative subject areas to be considered:
 - Introductory paragraph
 - Driver statements
 - Witness statements
 - Vehicle examination
 - Scene examination
 - Opinions/Conclusions
 - Other details dealing with the investigation
- 2) Avoid the use of vague statements.
- 3) Do not repeat facts found in other parts of the report, but you may emphasize or explain any point that needs clarification.
- 4) State if the crash involved DWI/DUI. **Document** if breath and/or blood test were administered. If so, **document** results if available.
- 5) If more space is needed, use the supplemental Diagram/Narrative.

The above information, properly correlated with an examination of the vehicle and statements from principals and witnesses, gives an investigator clues as to *why* the crash happened.

LINE 41 – OTHER PROPERTY INVOLVED

OTHER PROPERTY INVOLVED	Property Type	DESCRIPTON OF PROPERTY AND DAMAGE		
	Owner's Name	Owner's Address	Owner's Zip Code	Owner's Telephone

PROPERTY TYPE	Insert initial of property type – C = Commercial or Business; H = NM Highway Dept.; P = Private; U = Unknown
DESCRIPTION OF PROPERTY AND DAMAGE	Describe the property damaged and detail the damage - other than the vehicle(s) damaged in the crash.
OWNER'S NAME	Enter the property owner's name.
OWNER'S ADDRESS	Enter the property owner's address.
OWNER'S ZIP CODE	Enter the property owner's zip code.
OWNER'S TELEPHONE	Enter the property owner's telephone number.

LINE 42 – WITNESS INFORMATION

WITNESS	NAME	AGE	ADDRESS	TELEPHONE

NAME	Enter witness name.
AGE	Enter the age of witness.
ADDRESS	Enter address of witness (address, city, state, zip code).
TELEPHONE	Enter telephone number of witness (work, home, cell phone).

LINE 43 – ENFORCEMENT ACTION

ENFORCEMENT ACTION	VEH. NO.	NAME	VIOLATION (COMMON NAME)	ACTION
				<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending
				<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending
				<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending

VEHICLE NUMBER	Enter the vehicle number of violator.
NAME	Enter the name(s) of the violator(s).
VIOLATION	Enter the common name(s) of the violation(s).
ACTION	"X" if booked; "X" if cited; "X" if pending

LINE 44

Time Notified	Time Arrived	Notified By	Supervisor at Scene	Checked By

TIME NOTIFIED	Enter time you were notified using military time.
TIME ARRIVED	Enter time you arrived using military time.
NOTIFIED BY	If possible, try to obtain the name and address of person(s) calling in the crash. If information is received by radio, enter "via radio" or "via State Police, Albuquerque", "via Roswell Police Department Radio," etc...
SUPERVISOR AT SCENE	If supervisor is present, enter name & rank; otherwise enter "none."
CHECKED BY	This box is to be used for the supervisor checking the report prior to final submission.

LINE 45

Officer's Signature	Printed Officer's Name	Rank	ID No.	District	Date of Report

OFFICER'S SIGNATURE	Sign the report with a black ballpoint pen.
PRINT OFFICER'S NAME	Print legibly or type in Officer's name.
RANK	Enter Officer's rank.
ID No.	Enter Officer's ID number.
DISTRICT	Enter if District or Division.
DATE OF REPORT	Enter date of report.

LINE 46

CRASH REPORT NUMBER: XXXXXXXXXX	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM Statute 66-7-209 NMDOT COPY	SHEET OF SHEETS
CASE NUMBER:		

CRASH REPORT NUMBER	UCR number generated from NMDOT.
CASE NUMBER	Number assigned by the respective law enforcement agency.
SHEET OF SHEETS	Indicate the sheet number and the total number of forms, pages of supplementary narratives, passenger lists, diagrams, etc... Example 1: One form used: SHEET 1 of 2 SHEET Example 2: One form and one Diagram/Narrative used: SHEET 1 of 3 SHEETS SHEET 2 of 3 SHEETS SHEET 3 of 3 SHEETS

The report is complete.

GENERAL INSTRUCTIONS FOR COMPLETING THE DIAGRAM/NARRATIVE

A Diagram / Narrative Form may be used for additional narrative, diagram, or other information helpful in clarifying the information found on the original report form. Include the following information in the diagram or narrative:

- Uniform Crash Report number
- Case number
- Diagram drawn by
- Measurements taken by
- Sheet number of the diagram/narrative
- Specific location
- Date of crash
- Drivers or owners of vehicles
- Identify vehicles as they are numbered on the original report
- Identify the county and/or city in which the crash occurred
- List the time the crash occurred

Three types of crash diagrams are used:

- Field sketch that the officer keeps.
- Finished diagram on the crash report or on an additional 8½ x 11 piece of paper (supplementary).
- A large court exhibit that can be completed anytime prior to the court trial.

The diagram should be drawn with the necessary information to provide the reader with a picture of what occurred. A good diagram will clarify the word picture given in the description of what happened.

A ruler or template should be used on all diagrams. Measurements are necessary for reconstruction and should be used on all diagrams. Show the direction of north by an arrow inserted in a circle in the upper right hand corner of the diagram block.

When drawing a diagram, draw vehicles to an approximate scale and number each vehicle as on the first page of the crash report. Label objects with a number, and label measurements with a letter.

The horizontal distance from the edge of the driving lane to a struck, fixed object and/or to the final resting position of the crash vehicle is an extremely useful measurement for analyzing highway design standards and should be reported whenever possible.