



## Albuquerque Police Department

STATE OF NEW MEXICO  
UNIFORM CRASH REPORT  
XXXXXXXXXXXXXX

REPORTING DEPARTMENT										Case Number:					
Albuquerque Police Department										Agency Code: 0					
CRASH DATE (MM/DD/YYYY)										CAD Num:					
MILITARY TIME										COUNTY					
CITY OCCURRED IN										AT INTERSECTION WITH:					
OCCURRED ON: (Route No. or Name, Address)										LAT:					
MILEPOST - PERMANENT LANDMARK - COUNTY LINE - INTERSECTION										LONG:					
OTHER LOCATION										ANALYSIS CODE:					
CRASH OCCURRED										LOCATION OF FHE:					
VEHICLE NO. 1		MV Unit Type		N NE NW S SE SW E W		On:		Left Scene of Crash		Posted Speed		Safe Speed			
HEADED															
Driver's Full Name (Last, First, Middle)										Address					
Driver's License Number		State		Type		CDL		Status		Restrictions		Endorsements			
Expires		Interlock		City/State		ZIP Code		Phone							
Date of Birth - MM/DD/YYYY		Occupation		Incident Responder		Seat Pos.		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		Model		Color		Body Style		Cargo Body Type		Vehicle Use (1)			
Vehicle Use (2)		Vehicle Use (3)		Towed?		Damage Severity		Extent		Diagram					
License Yr.		State		License Plate Number		VIN		Towed due to disabling damage?		Yes No					
USDOT#		State #		Carrier Type Code		Towed By		Towed To		Hazard Name		AND			
Number of Axles		Vehicle Weight Rating/Gross Combination Weight Rating		Hazard Placard (cargo only)		Hazard Placard 4 digit #		OR		Hazard Name		AND			
Carrier's Name		Carrier's Address (Street/PO Box, City, State)		Carrier's ZIP											
Owner's Name		Owner's Company Name		Owner's Address (Street/PO Box, City, State)		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		MV Unit Type		N NE NW S SE SW E W		On:		Left Scene of Crash		Posted Speed		Safe Speed			
HEADED															
Driver's Full Name (Last, First, Middle)										Address					
Driver's License Number		State		Type		CDL		Status		Restrictions		Endorsements			
Expires		Interlock		City/State		ZIP Code		Phone							
Date of Birth - MM/DD/YYYY		Occupation		Incident Responder		Seat Pos.		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		Model		Color		Body Style		Cargo Body Type		Vehicle Use (1)			
Vehicle Use (2)		Vehicle Use (3)		Towed?		Damage Severity		Extent		Diagram					
License Yr.		State		License Plate Number		VIN		Towed due to disabling damage?		Yes No					
USDOT#		State #		Carrier Type Code		Towed By		Towed To		Hazard Name		AND			
Number of Axles		Vehicle Weight Rating/Gross Combination Weight Rating		Hazard Placard (cargo only)		Hazard Placard 4 digit #		OR		Hazard Name		AND			
Carrier's Name		Carrier's Address (Street/PO Box, City, State)		Carrier's ZIP											
Owner's Name		Owner's Company Name		Owner's Address (Street/PO Box, City, State)		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 XXXXXXXXXXXXXXXX

Case Number

STATE OF NEW MEXICO UNIFORM CRASH REPORT

NM Statute 66-7-209

SHEET

OF

SHEETS

ROAD - WEATHER		LIGHTING (Check 1)		WEATHER (Check up to 2)		ROAD COND (Check 1 for each)		ROAD SURFACE (Check 1 for each)		TRAFFIC CONTROL (Check 1 for each)		ROAD CHARACTER (Check 1 for each)		RELATION TO JUNCTION		Work Zone Information						
		<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"/> Dark -Unknown Lighting <input type="checkbox"/> Other <input type="checkbox"/> Unknown or Not Reported	<input type="checkbox"/> Clear <input type="checkbox"/> Blowing Sand, Soil, Dirt <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog, Smog, Smoke <input type="checkbox"/> Raining <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Sleet or Hail <input type="checkbox"/> Snowing <input type="checkbox"/> Freezing Rain or Freezing Drizzle <input type="checkbox"/> Wind <input type="checkbox"/> Other (Specify in narrative)	V1 <input type="checkbox"/> V2 <input type="checkbox"/>	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Loose <input type="checkbox"/> Material <input type="checkbox"/> Oil <input type="checkbox"/> Standing or Moving Water <input type="checkbox"/> Other	V1 <input type="checkbox"/> V2 <input type="checkbox"/>	<input type="checkbox"/> Lane Markers <input type="checkbox"/> Paved Unstripped <input type="checkbox"/> Paved Center Stripe <input type="checkbox"/> Paved Center & Edgeline <input type="checkbox"/> Unpaved	V1 <input type="checkbox"/> V2 <input type="checkbox"/>	<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. Xing Device (sign, signal, gate, etc.) <input type="checkbox"/> All Way Stop <input type="checkbox"/> Flashers <input type="checkbox"/> No Controls <input type="checkbox"/> School Zone Sign/Device <input type="checkbox"/> Other (Specify in narrative) <input type="checkbox"/> Inoperative/ Missing	V1 <input type="checkbox"/> V2 <input type="checkbox"/>	<input type="checkbox"/> Straight <input type="checkbox"/> Curve Left <input type="checkbox"/> Curve Right  GRADE (Check 1 for each) V1 <input type="checkbox"/> V2 <input type="checkbox"/> <input type="checkbox"/> Level <input type="checkbox"/> Hillcrest <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill <input type="checkbox"/> Dip  Intersection Type (Check 1) <input type="checkbox"/> Not an Intersection <input type="checkbox"/> Five-Point or More <input type="checkbox"/> Four-Way <input type="checkbox"/> Roundabout <input type="checkbox"/> Traffic Circle	<input type="checkbox"/> Non-Junction <input type="checkbox"/> Acceleration/Deceleration Lane <input type="checkbox"/> Crossover <input type="checkbox"/> Crossover Related <input type="checkbox"/> Driveway <input type="checkbox"/> Driveway Access Related <input type="checkbox"/> Entrance/Exit Ramp <input type="checkbox"/> Entrance/Exit Ramp Related <input type="checkbox"/> Intersection <input type="checkbox"/> Intersection Related <input type="checkbox"/> Railway Grade Crossing <input type="checkbox"/> Shared-Use Path or Trail <input type="checkbox"/> Through Roadway	Location: Type of Work Zone: Workers Present: Law Enforcement Present:  ROAD DESIGN (Check 1 for each per section) V1 <input type="checkbox"/> V2 <input type="checkbox"/> <input type="checkbox"/> 1 Lane <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(>4ft) <input type="checkbox"/> Physical Barrier <input type="checkbox"/> No Shoulder		<input type="checkbox"/> Alley <input type="checkbox"/> Full Access Control <input type="checkbox"/> One-Way <input type="checkbox"/> Ramp <input type="checkbox"/> Two-way, Divided <input type="checkbox"/> Two-way, Not Divided <input type="checkbox"/> Two-way, Not Divided Continuous Left Turn Lane <input type="checkbox"/> Undeveloped <input type="checkbox"/> Other							
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 <input type="checkbox"/> V2 <input type="checkbox"/>	DRIVER Avoid no contact - other Avoid no contact - vehicle Cell phone Disregarded traffic signal Driver distracted by texting Driver distracted by talking on cell phone Driver distracted by talking on hand free device Driver distracted by passenger Driver distracted by other activity Driver inattention Drove left of center Excessive Speed Failed to yield - Emrgncy Veh(s) Failed to yield - Police Veh(s) Failed to yield right-of-way Following too closely High speed pursuit Improper backing		V1 <input type="checkbox"/> V2 <input type="checkbox"/>	Improper lane change Improper overtaking Made improper turn No driver error Other improper driving Passed stop sign Pedestrian error Speed too fast for conditions Under influence of alcohol Under influence of drugs or medication		V1 <input type="checkbox"/> V2 <input type="checkbox"/>	Defective Tires Exhaust System Inadequate brakes Lights (head, signal, tail) Mirrors Other mech. Defect Suspension Wheels Windows/Windshield Wipers ROADWAY Backup - prior crash Backup - prior incident Debris Obstruction in road Road defect Road surface conditions Traffic Congestion Traffic control not functioning		V1 <input type="checkbox"/> V2 <input type="checkbox"/>	Going Straight Overtaking/Passing Right Turn Left Turn U Turn Slowing Backing Negotiating a Curve Changing Lanes Leaving Traffic Lane Entering Traffic Lane Parked Stopped in Traffic Other (Specify in narrative)		V1 <input type="checkbox"/> V2 <input type="checkbox"/>	Stopped for traffic Stopped for sign/signal Start in traffic lane Start from park Operated MV in Reckless or Aggressive Manner Over-correcting/Over-steering Ran Red Light Wrong Way		V1 <input type="checkbox"/> V2 <input type="checkbox"/>	FIRST EVENT SECOND EVENT THIRD EVENT FOURTH EVENT MHE				
DRIVER		DRIVER/PED/PEDALCYCLIST SOBRIETY (Check 1 or more for each)				DRIVER/PED/PEDALCYCLIST PHYSICAL COND. (Mark 1 or more for each)				PEDESTRIAN/PEDALCYCLIST ACTION												
		D1 <input type="checkbox"/> D2 <input type="checkbox"/>	<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 for: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both <input type="checkbox"/> Breath Test Administered _____ gms/210 L _____ gms/210L <input type="checkbox"/> Blood Test Administered <input type="checkbox"/> Standard Field Sobriety Test Administered <input type="checkbox"/> Refused Test <input type="checkbox"/> Test not Given <input type="checkbox"/> Suspected Drug Use		D1 <input type="checkbox"/> D2 <input type="checkbox"/>	<input type="checkbox"/> Fatigue-Asleep <input type="checkbox"/> Eyesight Imp. <input type="checkbox"/> Hearing Imp. <input type="checkbox"/> Illness, Fainted <input type="checkbox"/> *Other  *Specify in narrative		D1 <input type="checkbox"/> D2 <input type="checkbox"/>	<input type="checkbox"/> Under the influence of Medication/Drugs/Alcohol <input type="checkbox"/> Amputee <input type="checkbox"/> No App. Defects <input type="checkbox"/> *Other Physical Impairment <input type="checkbox"/> Emotional (depressed, angry, disturbed, etc.) <input type="checkbox"/> Unknown		PEDESTRIAN/PEDALCYCLIST ACTION <input type="checkbox"/> At Intersection <input type="checkbox"/> Not at Intersection  ACTIONS PRIOR TO CRASH Crossing Roadway Moving Against Traffic Moving With Traffic Waiting to Cross Roadway Walking/Cycling on Sidewalk In Roadway - Other Adjacent to Roadway (shoulder, median) Working in Trafficway (Incident Response) ACTIONS AT TIME OF CRASH No Improper Action Dart/Dash Failure to yield right-of-way Failure to Obey Traffic Signs, Signals From behind obstruction In roadway improperly (standing, lying, working, playing) Pushing or working on vehicle Entering/Exiting Parked/Standing Vehicle Not Visible (dark clothing, no lighting, etc.) Improper Turn/Merge Improper Passing Wrong-way Riding or Walking											
ADDITIONAL OCCUPANTS		V1 <input type="checkbox"/> V2 <input type="checkbox"/>		Occupant's Name (Last, First, Middle)				Occupant's Address (City, State, ZIP)				Seat Pos.	Age	Sex (M/F)	Race	Injury Code	OP Code	OP Used Property	Airbag Deploy	Ejected	EMS #	Med Trans
OTHER PROPERTY INVOLVED		Property Type		Description of Property and Damage																		
		Owner's Name		Owner's Address				Owner's ZIP Code				Owner's Telephone										
WITNESSES		NAME		AGE		ADDRESS				TELEPHONE												
ENFORCEMENT ACTION		VEH. NO.		NAME				VIOLATION (COMMON NAME)				ACTION (Check one)										
												<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending <input type="checkbox"/> Warning <input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending <input type="checkbox"/> Warning <input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending <input type="checkbox"/> Warning										
Time Notified		Time Arrived		Time Roadway Cleared		Time Incident Cleared		Notified By				Supervisor at Scene				Checked By						
Officer's Signature				Printed Officer's Name				Rank		ID No.		District		Date of Report								
Crash Report Number				XXXXXXXXXXXXXX				STATE OF NEW MEXICO UNIFORM CRASH REPORT NM Statute 66-7-209												SHEET		
Case Number																				OF SHEETS		

DIAGRAM/NARRATIVE

Use Additional Sheets As Necessary

		CRASH REPORT NUMBER: XXXXXXXXXXXX	CASE NUMBER: #	DIAGRAM DRAWING BY:	MEASUREMENTS TAKEN BY:
Crash Report Number	XXXXXXXXXXXX	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM Statute 66-7-209		SHEET	
Case Number				OF	SHEETS