PROPERTY DAMAGE ONLY ACCIDENT REPORT

Agency Name:

Event / Accident Number:

☐ Urban ☐ Rural | ☐ Hit and Run ☐ Private Property | ☐ Active Work Zone ☐ Non Active Work Zone | Collision Date | Time | Day | Beat / Sector | ☐ County ☐ City

Occured On: | ☐ At Intersection With Cross Street: ______ ☐ Or ______ ☐ Feet ☐ Miles ☐ Approximate / ☐ N ☐ S ☐ E ☐ W MM: ______ Of

Weather Conditions:
☐ Clear ☐ Cloudy ☐ Snow ☐ Rain ☐ Blowing Sand, Dirt, Soil, Snow ☐ Fog, Smog, Smoke, Ash ☐ Severe Crosswinds ☐ Sleet / Hail ☐ Unknown ☐ Other ______

Collision Type: ☐ Head On ☐ Rear End ☐ Backing ☐ Angle ☐ Rear to Rear ☐ Sideswipe - Meeting ☐ Sideswipe - Overtaking ☐ Non-Collision ☐ Unknown

#: ____ ☐ At Fault | ☐ Vehicle ☐ Pedestrian ☐ Pedal Cyclist ☐ Motorcycle ☐ Other *(Describe)* ______ | Direction of Travel: ☐ N ☐ S ☐ E ☐ W ☐ Unk Traveling On: ______

Vehicle Action :
☐ Straight ☐ Backing ☐ Leaving Lane ☐ Left Turn ☐ Right Turn ☐ Other Turning ☐ U-Turn ☐ Parked ☐ Enter Parked ☐ Wrong Way ☐ Stopped ☐ Driverless Vehicle ☐ Passing ☐ Racing ☐ Lane Change ☐ Leaving Parked ☐ Entering Lane ☐ Unknown ☐ Other *(Describe)* ______

Driver: *(Last Name, First Name, Middle Name, Suffix)* | Street Address:

City: | State: ☐ NV | Zip Code: | ☐ Male ☐ Female | DOB: | Phone Number: | Operator License Number: | State: ☐ NV

Seatbelt/Helmet Used: ☐ Yes ☐ No | Airbag Deployment: ☐ Yes ☐ No | Damaged Areas: ☐ Front ☐ Right Side ☐ Left Side ☐ Rear ☐ Right Front ☐ Right Rear ☐ Top ☐ Under Carriage ☐ Left Front ☐ Left Rear ☐ Other ______ ☐ Unknown | Extent of Damage: ☐ Minor ☐ Moderate ☐ Major ☐ Total ☐ None ☐ Unknown

Driver Factors:
☐ Had Been Drinking ☐ Suspected Alcohol ☐ Suspected Drugs ☐ Obstructed View ☐ Driver Ill/Injured ☐ Apparently Normal ☐ Apparently Fatigued/Asleep ☐ Other Improper Driving ☐ Driver Inattention/Distraction ☐ Physical Impairment ☐ Unknown

Vehicle Factors:
☐ Failed to Yield Right of Way ☐ Disregard Control Device ☐ Too Fast For Conditions ☐ Exceeding Speed Limit ☐ Wrong Way / Direction ☐ Mechanical Defect ☐ Drove Left of Center ☐ Failed to Maintain Lane ☐ Following Too Close ☐ Unsafe Lane Change ☐ Made Improper Turn ☐ Over Correct / Steering ☐ Other Improper Driving ☐ Driverless Vehicle ☐ Unsafe Backing ☐ Aggressive / Reckless / Careless ☐ Ran off Road ☐ Hit and Run ☐ Road Defect ☐ Object Avoidance ☐ Unknown ☐ Other ______

Vehicle Year: | Vehicle Make: | Vehicle Model: | Type: | Plate / Permit No: | State: ☐ NV | Expiration Date: | Vehicle Color: | Vehicle Identification Number:

Registered Owner Name: ☐ Same As Driver | Street Address: | City: | State: ☐ NV | Zip Code:

Insurance Company Name: | Policy Number: | Effective Date: | Expiration Date: | Company Address or Phone Number:

#: ____ ☐ At Fault | Traffic Unit Type: ☐ Vehicle ☐ Pedestrian ☐ Pedal Cyclist ☐ Motorcycle ☐ Other *(Describe)* ______ | Direction of Travel: ☐ N ☐ S ☐ E ☐ W ☐ Unk Traveling On: ______

Vehicle Action :
☐ Straight ☐ Left Turn ☐ Right Turn ☐ Parked ☐ Stopped ☐ Backing ☐ U-Turn ☐ Other Turning ☐ Racing ☐ Entering Lane ☐ Leaving Lane ☐ Entering Parked ☐ Leaving Parked ☐ Wrong Way ☐ Driverless Vehicle ☐ Lane Change ☐ Passing ☐ Unknown ☐ Other *(Describe)* ______

Driver: *(Last Name, First Name, Middle Name, Suffix)* | Street Address:

City: | State: ☐ NV | Zip Code: | ☐ Male ☐ Female | DOB: | Phone Number: | Operator License Number: | State: ☐ NV

Seatbelt/Helmet Used: ☐ Yes ☐ No | Airbag Deployment: ☐ Yes ☐ No | Damaged Areas: ☐ Front ☐ Right Side ☐ Left Side ☐ Rear ☐ Right Front ☐ Right Rear ☐ Top ☐ Under Carriage ☐ Left Front ☐ Left Rear ☐ Other ______ ☐ Unknown | Extent of Damage: ☐ Minor ☐ Moderate ☐ Major ☐ Total ☐ None ☐ Unknown

Driver Factors:
☐ Had Been Drinking ☐ Suspected Alcohol ☐ Suspected Drugs ☐ Obstructed View ☐ Driver Ill/Injured ☐ Apparently Normal ☐ Apparently Fatigued/Asleep ☐ Other Improper Driving ☐ Driver Inattention/Distraction ☐ Physical Impairment ☐ Unknown

Vehicle Factors:
☐ Failed to Yield Right of Way ☐ Disregard Control Device ☐ Too Fast For Conditions ☐ Exceeding Speed Limit ☐ Wrong Way / Direction ☐ Mechanical Defect ☐ Drove Left of Center ☐ Failed to Maintain Lane ☐ Following Too Close ☐ Unsafe Lane Change ☐ Made Improper Turn ☐ Over Correct / Steering ☐ Other Improper Driving ☐ Driverless Vehicle ☐ Unsafe Backing ☐ Aggressive / Reckless / Careless ☐ Ran off Road ☐ Hit and Run ☐ Road Defect ☐ Object Avoidance ☐ Unknown ☐ Other ______

Vehicle Year: | Vehicle Make: | Vehicle Model: | Type: | Plate / Permit No: | State: ☐ NV | Expiration Date: | Vehicle Color: | Vehicle Identification Number:

Registered Owner Name: ☐ Same As Driver | Street Address: | City: | State: ☐ NV | Zip Code:

Insurance Company Name: | Policy Number: | Effective Date: | Expiration Date: | Company Address or Phone Number:

Investigation Complete	Statements	Date Notified	Time Notified	Arrival Date	Arrival Time	Elapsed Time	Page
☐ Yes ☐ No	☐ Yes ☐ No #:						of

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Sample

Agency Name:	PROPERTY DAMAGE ONLY ACCIDENT REPORT	Event / Accident Number:

Passengers

Vehicle #	Name *(Last Name, First Name, Middle Name)*	Address	Date of Birth	Seatbelt Used
				☐ Yes ☐ No ☐ CS/Helmet ☐ Unk
				☐ Yes ☐ No ☐ CS/Helmet ☐ Unk
				☐ Yes ☐ No ☐ CS/Helmet ☐ Unk
				☐ Yes ☐ No ☐ CS/Helmet ☐ Unk
				☐ Yes ☐ No ☐ CS/Helmet ☐ Unk
				☐ Yes ☐ No ☐ CS/Helmet ☐ Unk
				☐ Yes ☐ No ☐ CS/Helmet ☐ Unk
				☐ Yes ☐ No ☐ CS/Helmet ☐ Unk

Witnesses

Name *(Last Name, First Name, Middle Name)*	Address	Phone Number

Primary Accident Causing Violation

Driver #	NRS / County Ordinance / Municipal Code	Violation	NOC #	Citation Number
	☐ Pending			
	☐ Pending			

Property Damage To Other Than Vehicle

Describe Property Damage:

Owner's Name: ☐ Owner Notified	Owner's Address:	Owner's Phone Number:

Description Of Accident / Narrative

Sample

Accident Field Sketch

A.I.C. ______________________

Investigator(s)	ID Number	Date	Reviewed By	Date Reviewed	Page
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555 Wright Way
Carson City, NV 89711
Reno/Sparks/Carson City (775) 684-4DMV (4368)
Las Vegas Area (702) 486-4DMV (4368)
Rural Nevada (877) 368-7828
Website: www.dmvnv.com

REPORT OF TRAFFIC ACCIDENT
(NRS 484.229, 484.236)

INSTRUCTIONS:

Pursuant to NRS 484.229, this SR-1 report needs to be **completed within 10 days after an accident** that occurred in the State of Nevada and was NOT investigated at the scene by law enforcement. Please complete ALL sections. This report cannot be accepted or processed unless **ALL information has been completed for ALL DRIVERS AND VEHICLES** that were involved in the accident.

THE FOLLOWING ATTACHMENTS MUST BE INCLUDED (this SR-1 report will be considered VOID if not attached):
(1) **a copy of your insurance that was in effect on the date of the accident for the vehicle involved**;
(2) **an estimate of repairs or a statement of total loss** if there was $750 or more in vehicle or property damage (of any one person); and
(3) **a doctor's statement of injury for each person injured in your vehicle** (if the accident resulted in bodily injury or death).

Once completed, please sign your name on the second page, attach all required documents, and mail the complete report to the DMV at the above address. Only reports that have been properly completed for all drivers and vehicles, and include the required attachments, will be accepted and processed. Any SR-1 report that is incomplete or does not meet the requirements of NRS 484.229, as specified above, will not be retained by the Department. Failure to submit this report after it has been requested by the Department of Motor Vehicles may result in the suspension of your driving privilege for up to one year (per NRS 484.236).

ACCIDENT INFORMATION:
Date and time of accident:

Date	Day of Week	Time

LOCATION WHERE THE ACCIDENT OCCURRED:

Highway No. or Street Name	City	County

DRIVER AND VEHICLE INFORMATION:
If more than two vehicles were involved, please provide the additional driver and vehicle information on a separate page. NOTE: *Plate number only will NOT be accepted.*

No. 1 Driver 1-☐ Pedestrian 2-☐ Parked Vehicle 3-☐ Pedal Cyclist 4-☐ Other 5-☐	**No. 2** Driver 1-☐ Pedestrian 2-☐ Parked Vehicle 3-☐ Pedal Cyclist 4-☐ Other 5-☐
Name (*Last, First, Middle*)	Name (*Last, First, Middle*)
Street Address / City / State / Zip	Street Address / City / State / Zip
Driver License No. and State / Date of Birth (MM/DD/YYYY)	Driver License No. and State / Date of Birth (MM/DD/YYYY)
License Plate No. and State / Year and Make	License Plate No. and State / Year and Make
Body Type / Vehicle ID No.	Body Type / Vehicle ID No.

OWNER'S INFORMATION: If the driver and owner of the vehicle are the same, please print *"Same as Above."*

No. 1	**No. 2**
Owner's Name (*Last, First, Middle*)	Owner's Name (*Last, First, Middle*)
Owner's Street Address / City / State / Zip	Owner's Street Address / City / State / Zip
Owner's Driver License No. and State / Owner's Date of Birth	Owner's Driver License No. and State / Owner's Date of Birth

INSURANCE INFORMATION:

A COPY OF YOUR INSURANCE CARD MUST BE ATTACHED TO THIS REPORT.

Please ensure to attach a copy of your insurance card that was in effect on the date of the accident for the vehicle involved. This information is necessary to verify that the vehicle was insured at the time of the accident. If insurance was not in effect on the date of the accident, your driving privilege and registration may be suspended under Chapter 485 of Nevada Revised Statutes.

ACCIDENT DESCRIPTION

Please write a brief description of the accident: ______________________________

____

____

____

____

PROPERTY DAMAGE (other than the vehicle):

If you answer *"Yes"* below, please explain in the space provided:

☐ ***Yes*** ☐ ***No*** **Was there damage to property other than the vehicle? If *Yes,* describe:** ______________________________

____

Property Owner's Name: ______________________________

Property Owner's Address: ______________________________

ESTIMATE OF REPAIRS:

AN ESTIMATE OF REPAIRS OR A STATEMENT OF TOTAL LOSS MUST BE ATTACHED if there was $750 or more in vehicle or property damage (of any one person). Pursuant to NRS 484.229, the estimate of repairs or statement of total loss must be from an established repair garage, an insurance adjuster employed by an insurer licensed to do business in the State of Nevada, an adjuster licensed pursuant to chapter 684A of NRS, or an appraiser licensed pursuant to Chapter 684B of NRS. **This SR-1 report will be considered VOID if not attached.**

PERSONAL INJURY:

If an injury occurred, A DOCTOR'S STATEMENT OF INJURY FOR EACH INDIVIDUAL INJURED IN YOUR VEHICLE MUST BE ATTACHED. VOID if not attached!

☐ **Driver** ☐ **Passenger**

Name			Age	Sex

Street Address	City	State	Zip Code	Relationship to Driver of Your Vehicle*

*Husband, wife, son, daughter, etc.

Nature and Extent of Injuries ______________________________

SIGNATURE:

By completing this report, you are authorizing the Department of Motor Vehicles to release your name, mailing address, and insurance information to the other parties involved in the traffic accident and/or to their insurer (NRS 484.229).

I hereby certify all statements made in this report are true. I agree and understand any person who completes this report knowing or having reason to believe the information is false is guilty of a gross misdemeanor. (NRS 484.236)

______________________________ ______________________________

Signature **Date Signed**

***** VOID IF NOT SIGNED *****

NOTE: Only reports that have been properly completed for all drivers and vehicles, and include the required attachments, will be accepted and processed. Any SR-1 report that is incomplete or does not meet the requirements of NRS 484.229, as specified above, will not be retained by the Department.