



TRAFFIC INCIDENT FORM

Reference Number: _____

I. DATE, TIME AND LOCATION OF TRAFFIC INCIDENT

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Date: ___/___/___ Day of the week:

1. The road where the incident occurred: _____

2. Nearest Street: _____

Neighbourhood: _____ Postal Code: _____ Delegation: _____

Weather conditions: Cloudy:___ Sunny:___ Rainy:___ Foggy:___ Time:___ a.m. ___ p.m.

II. TYPE OF INCIDENT

Collision with pedestrian	
<i>Caída de Pasajero</i>	
Collision with motor vehicle	
Collision with fixed object	
Collision with cyclist	
Collision with motorcycle	
Skid out	
Automobile flipped	
Other	

III. TYPE OF INTERSECTION

Four-way	
T junction	
Y junction	
5 or 6-way	
Traffic circle	
Magpie	
Overpass	

IV. VEHICLE TYPE

Vehicle	Licence Plate	Condition	Brand	Sub Brand	Colour	Model
Automobile						
Passenger Microbus						
Cargo Microbus						
Urban Passenger Bus						
<i>Autobús de Pasajeros Foráneo</i>						
Cargo Bus						
Motorcycle						
Bike						
Metrobus						
Taxi						
<i>Tráiler (doble remolque)</i>						
Trolleybus						
Light Train						
<i>RTP</i>						
Other						

V. POSSIBLE INCIDENT CAUSE

Driver error	Road Conditions
Speed limit excess	Road surface
Drinking and driving	Potholes
Cell phone use	Road obstacle
Carelessness	Lack of signs
Children's car seat, helmet, use of seat belt	Other
Other	Climate Conditions
Vehicle Error	Rainy
Mechanical failure	Cloudy
Tire problems	Hail