MOTOR VEHICLE ACCIDENT REPORT
DIVISION OF MOTOR VEHICLE SAFETY RESPONSIBILITY SECTION

DO NOT WRITE IN THIS SPACE
CARD NO. 1

LOCATION & TIME

MONTH 7 | DAY 9 | YEAR 11 | DAY OF WEEK ☐ SUNDAY ☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY ☐ SATURDAY | HOUR 13 | MIN 16 | 17 AM ☐ 1 PM ☐ 2

TOTAL VEHICLES INVOLVED 18 | TOTAL INJURED INVOLVED 19 | TOTAL PEDESTRIANS INVOLVED 20

ACCIDENT OCCURRED ON (PRINT NAME OF STREET OR HIGHWAY) 21

ACCIDENT OCCURRED IN (NAME OF CITY OR TOWN) 41

IF AT INTERSECTION (NAME OF INTERSECTING STREET OR HIGHWAY) 60 ☐ 1

IF NOT AT AN INTERSECTION

23 HOW MANY FEET FROM NEAREST INTERSECTION

24 IN WHAT DIRECTION N ☐ 1 S ☐ 2 E ☐ 3 W ☐ 4 FROM

25 NAME NEAREST INTERSECTING STREET OR HIGHWAY

ENVIRONMENTAL CONDITIONS

LIGHT CONDITION 46	WEATHER 47	ROAD SURFACE 48	ROAD CONDITION 49	TRAFFIC CONTROLS PRESENT 50
1 ☐ DAYLIGHT	1 ☐ CLEAR	1 ☐ DRY	1 ☐ NO DEFECTS	1 ☐ STOP SIGN
2 ☐ DAWN OR DUSK	2 ☐ FOGGY	2 ☐ WET	2 ☐ HOLES, RUTS, PUMPS	2 ☐ YIELD SIGN
3 ☐ DARK - ROAD LIGHTED	3 ☐ CLOUDY	3 ☐ SNOWY	3 ☐ FOREIGN MATTER	3 ☐ WARNING SIGN
4 ☐ DARK - NOT LIGHTED	4 ☐ RAINING	4 ☐ ICE	4 ☐ DEFECTIVE SHOULDER	4 ☐ SIGNAL LIGHT
	5 ☐ SNOWING	5 ☐ FRESH OIL	5 ☐ UNDER CONSTRUCTION	5 ☐ FLASHING LIGHT
	6 ☐ SLEETING	6 ☐ OTHER ____	6 ☐ OTHER ____	6 ☐ R.R. CROSSING GATE
				7 ☐ R.R. AUTOMATIC SIGNAL
				8 ☐ OFFICER OR FLAGMAN
				9 ☐ CONTROL NOT WORKING
				0 ☐ NO CONTROL PRESENT

ACCIDENT CONDITIONS

ACCIDENT INVOLVED COLLISION WITH 51	PEDESTRIAN ACTION 52	COLLISION TYPE 53
1 ☐ PEDESTRIAN	1 ☐ ENTERING OR CROSSING ROAD	1 ☐ SIDESWIPE - OPPOSITE DIRECTION
2 ☐ PEDALCYCLE	2 ☐ MOVING WITH TRAFFIC	2 ☐ SIDESWIPE - SAME DIRECTION
3 ☐ NO COLLISION - RAN OFF ROAD	3 ☐ MOVING AGAINST TRAFFIC	3 ☐ HEAD-ON
4 ☐ MOVING VEHICLE	4 ☐ STANDING IN ROAD	4 ☐ BROADSIDE
5 ☐ VEHICLE STOPPED IN ROAD	5 ☐ GETTING ON/OFF VEHICLE	5 ☐ ANGLE
6 ☐ PARKED MOTOR VEHICLE	6 ☐ PUSHING OR WORKING ON VEHICLE	6 ☐ REAR END
7 ☐ FIXED OBJECT	7 ☐ PLAYING IN ROADWAY	7 ☐ OTHER
8 ☐ OBJECT IN ROAD	8 ☐ WORKING IN ROADWAY	8 ☐ HIT AND RUN
9 ☐ NO COLLISION - OVERTURNED	9 ☐ HITCHHIKING	
0 ☐ OTHER ____	0 ☐ OTHER ____	

PROP. DAMAGE

DESCRIBE NON-VEHICLE PROPERTY DAMAGE:

DAMAGED BY VEHICLE NO. 36

NAME AND ADDRESS OF PROPERTY OWNER

APPROXIMATE COST TO REPAIR 37

80 ☐ 2

YOUR VEHICLE VEHICLE NO. 1

OPERATOR'S NAME (FIRST, MIDDLE INITIAL, LAST) | 7 DATE OF BIRTH MO / DAY / YEAR | 8 SEX ☐ 1 ☐ 2 | 10 OPERATOR'S LICENSE NUMBER | 31 STATE | 23 DIRECTION OF TRAVEL N ☐ 1 S ☐ 2 E ☐ 3 W ☐ 4

RESIDENCE ADDRESS (NO. AND STREET, CITY OR TOWN, AND STATE/ZIP) | 24 VEHICLE REGISTRATION NUMBER | 32 STATE

VEHICLE OWNER (COMPLETE NAME AND ADDRESS) | 34 VEHICLE IDENTIFICATION NUMBER (VIN)

67 VEHICLE MAKE | 68 MODEL | 73 YEAR | REGISTRATION CLASSIFICATION 75 (PASSENGER, COMMERCIAL, MOTORCYCLE, CAMPER, ETC.) | VEHICLE NO. 79 ☐ | 80 ☐ A

OTHER VEHICLE

OPERATOR'S NAME (FIRST, MIDDLE INITIAL, LAST) | 7 DATE OF BIRTH MO / DAY / YEAR | 8 SEX ☐ 1 ☐ 2 | 10 OPERATOR'S LICENSE NUMBER | 31 STATE | 23 DIRECTION OF TRAVEL N ☐ 1 S ☐ 2 E ☐ 3 W ☐ 4

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ACCIDENT INFORMATION

IF FIXED OBJECT, OBJECT COLLIDED WITH 7

01 ☐ MEDIAN BARRIER	08 ☐ EMBANKMENT
02 ☐ GUARD RAIL	09 ☐ DITCH
03 ☐ CURBING	10 ☐ ROCK OR LEDGE
04 ☐ ABUTMENT	11 ☐ STONE WALL OR FENCE
05 ☐ SIGNPOST	12 ☐ BRIDGE RAIL
06 ☐ UTILITY OR LIGHT POLE	13 ☐ CONSTRUCTION BARRIER
07 ☐ TREE	14 ☐ OTHER FIXED OBJECT

DESTINATION OF YOUR TRIP PRIOR TO ACCIDENT 9

1 ☐ HOME	5 ☐ RECREATION
2 ☐ WORK	6 ☐ SOCIAL
3 ☐ SHOPPING	7 ☐ BUSINESS
4 ☐ SCHOOL	8 ☐ OTHER ____

YOUR VEHICLE

MILEAGE READING 11

WHAT WAS YOUR VEHICLE DOING PRIOR TO ACCIDENT? 10

01 ☐ MAKING RIGHT TURN	08 ☐ SKIDDING	15 ☐ PARKED
02 ☐ MAKING LEFT TURN	09 ☐ SLOWING/STOPPING	16 ☐ PARKING
03 ☐ MAKING U-TURN	10 ☐ CROSSING MEDIAN	17 ☐ STALLED/DISABLED
04 ☐ STRAIGHT AHEAD	11 ☐ MOVING VEH - NO DRIVER	18 ☐ STALLED/DISABLED WITH FLASHERS ON
05 ☐ PASSING ON RIGHT	12 ☐ BACKING	19 ☐ ENTERING/EXITING FROM DRIVEWAY
06 ☐ PASSING ON LEFT	13 ☐ STARTING IN TRAFFIC	20 ☐ OTHER
07 ☐ STOPPED AT STOP SIGN	14 ☐ STARTING FROM PARK	

VEHICLE FAILURE 18

1 ☐ BRAKE FAILURE
2 ☐ LIGHT FAILURE
3 ☐ STEERING FAILURE
4 ☐ TIRE FAILURE
5 ☐ NO FAILURE
6 ☐ OTHER

VISUAL OBSTRUCTIONS 19

1 ☐ TREES, SHRUBS, CROPS
2 ☐ BUILDING
3 ☐ EMBANKMENT
4 ☐ SIGN OR BILLBOARD
5 ☐ PARKED VEHICLE
6 ☐ VISION NOT BLOCKED
7 ☐ OTHER

INSURANCE INFORMATION

WAS AUTO LIABILITY INSURANCE IN EFFECT ON THE DATE OF THE ACCIDENT? YES ☐ NO ☐
IF "YES" COMPLETE ATTACHED FORM

NAME OF INSURANCE COMPANY (NOT AGENT) | POLICY NUMBER | POLICY EFFECTIVE DATE FROM ____ TO ____

NAME OF POLICYHOLDER | STREET ADDRESS | CITY OR TOWN | STATE/ZIP

-COMPLETE BOTH SIDES OF THIS REPORT-

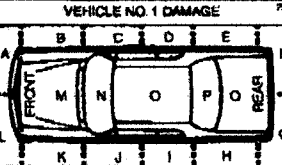
VEHICLE DAMAGE

APPROXIMATE COST TO REPAIR VEHICLE 1 — 20

FOR EACH VEHICLE INVOLVED, CIRCLE ON THE DIAGRAM THE LETTER OR LETTERS INDICATING THE DAMAGED AREA

APPROXIMATE COST TO REPAIR VEHICLE 2

VEHICLE NO. 1 DAMAGE — 24



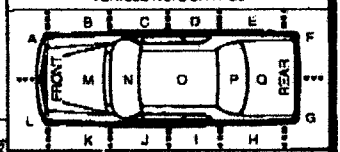
R – UNDERCARRIAGE S – ROLLOVER T – TOWED

USE THIS SPACE TO SKETCH DAMAGE TO TRAILERS OR MOTORCYCLES

IF TRAILER IN TOW, SHOW REGISTRATION AND STATE

34 — 40 (STATE) — TOWED BY VEHICLE NO. — 42

VEHICLE NO. 2 DAMAGE



R – UNDERCARRIAGE S – ROLLOVER T – TOWED

OCCUPANT INFORMATION

FOR YOUR VEHICLE PROVIDE THE FOLLOWING SEAT BELT INFORMATION

OCCUPIED SEATS

INDICATE THE SEATS OCCUPIED
FOR SIX-PASSENGER AUTOS USE 1 - 6
FOR NINE-PASSENGER WAGONS OR VANS USE 1-9
FOR BUCKET SEATS IN FRONT USE 1 AND 3
FOR BUCKET SEATS IN REAR USE 4 AND 6
FOR MOTORCYCLES USE 1 AND 4

43

EJECTION

FOR EACH OCCUPIED SEAT INDICATE WHETHER THE OCCUPANT WAS THROWN FROM THE VEHICLE BY PLACING THE PROPER CODE IN THE PROPER SEAT LOCATION

1 — NOT THROWN
2 — PARTIALLY THROWN
3 — TOTALLY THROWN
4 — UNKNOWN

60

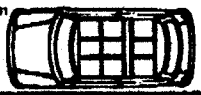
SEAT BELT USE

FOR EACH OCCUPIED SEAT ENTER THE SEAT BELT USE CODE IN THE PROPER SEAT LOCATION

1 — BELTS USED
2 — BELTS NOT USED
3 — BELTS NOT INSTALLED
4 — BELTS FAILED
5 — USE UNKNOWN

FOR MOTORCYCLES
6 — HELMETS USED
7 — HELMETS NOT USED
8 — USE UNKNOWN

61



SEAT BELT TYPE

FOR EACH OCCUPIED SEAT ENTER THE SEAT BELT TYPE CODE IN THE PROPER SEAT LOCATION

1 — LAP BELT
2 — SHOULDER HARNESS
3 — LAP/SHOULDER COMBINATION
4 — CHILD RESTRAINT
5 — OTHER

70

80 [4]

INJURED

NAME OF INJURED: (FIRST, MIDDLE INITIAL, LAST) STREET ADDRESS: CITY OR TOWN: STATE/ZIP:

INJURED WAS RIDING IN VEHICLE NO. — X7

AGE — X0

SEX — X2 — 1 2

WAS INJURED A CHILD IN LAP OF ADULT? — X3 — YES 1 NO 2

ACCIDENT SEVERITY CONDITION AT SCENE OF ACCIDENT — X4

1 ☐ FATAL
2 ☐ BLEEDING OR BROKEN BONES
3 ☐ BRUISES OR ABRASIONS
4 ☐ COMPLAINT OF PAIN

PERSON INJURED — X6

1 ☐ PEDESTRIAN
2 ☐ PEDALCYCLIST
3 ☐ PASS IN BUS
4 ☐ OTHER
5 ☐ VEHICLE OPERATOR
6 ☐ VEHICLE PASSENGER
7 ☐ MOTORCYCLE OPER
8 ☐ MOTORCYCLE PASS

SHOW SEAT OCCUPIED BY INJURED

X8

90 [5]

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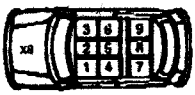
X8



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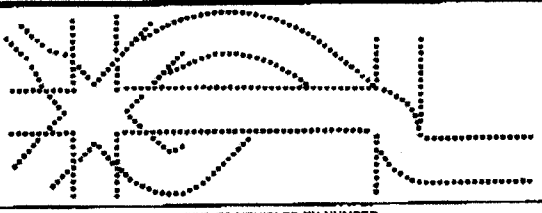
COLLISION DIAGRAM



INDICATE ON THIS DIAGRAM WHAT HAPPENED:

USE ONE OF THE OUTLINES TO DESCRIBE THE SCENE OF THE ACCIDENT SHOWING STREET NAMES AND HIGHWAY NUMBERS

1 NUMBER EACH VEHICLE AND SHOW DIRECTION OF TRAVEL BY ARROW – 1 2
2 USE SOLID LINES FOR BEFORE ACCIDENT AND BROKEN LINES FOR AFTER
3 SHOW PEDESTRIAN BY
4 SHOW RAILROAD BY
5 SHOW DISTANCE AND DIRECTION TO LANDMARKS OR OTHER IDENTIFYING FEATURES
6 SHOW NORTH BY ARROW

INDICATE NORTH BY ARROW

DESCRIBE WHAT HAPPENED – REFER TO VEHICLES BY NUMBER:

FOR OFFICIAL USE ONLY:

EDIT BY: _____

DATE: _____

BOTH SIDES OF THIS REPORT MUST BE COMPLETED

OPERATOR'S SIGNATURE: (THIS REPORT MUST BE SIGNED)

X

DATE: