

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces

No. of Units Involved Form ___ of ___ Supplemental Report Non-Reportable

Crash Date County Time Local Use/Patrol Area

Date Received by DMV

mm/dd/ccyy (24 Hour Clock)

LOCATION

33 Relation to Roadway Surface occurred In Near Municipality or _____ Miles N S E W outside municipality

Highway Number, or Highway, Street, (if ramp or service road, indicate on line) Ramp or Service Road (R.R. Crossing # _____) Miles _____ ft. N S E W (0 ft-Intersection) (if available)

at or from Use Highway Number, Street Name or Adjacent County or State Line N S E W toward Use Highway Number, Street Name or Adjacent County or State Line Latitude _____ Longitude _____ Altitude _____

UNIT # VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL 20 VEHICLE

UNIT # VEHICLE PEDESTRIAN HIT & RUN OTHER

Driver First Middle Last Suffix

Driver First Middle Last Suffix

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Same Address on Driver's License? Yes No Driver's Phone H (_____) W (_____)

Same Address on Driver's License? Yes No Driver's Phone H (_____) W (_____)

D.L. # _____ D.L. Class _____ State _____

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DOB mm/dd/ccyy 34 Vision Obstruction _____ 35 Physical Condition _____ 36 D.L. Restrictions _____

DOB mm/dd/ccyy 34 Vision Obstruction _____ 35 Physical Condition _____ 36 D.L. Restrictions _____

37 Alcohol/Drugs Suspected _____ 38 Alcohol/Drugs Test _____ 39 Results (if known) _____ 40 Vehicle Seizure (DWI)

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Owner Same as Driver?

Owner Same as Driver?

Address Same Address as Driver?

Address Same Address as Driver?

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Plate # _____ Plate State _____ Plate Year _____

Plate # _____ Plate State _____ Plate Year _____

VIN _____

VIN _____

Vehicle Make _____ Vehicle Year _____ 41 Vehicle Style (Type) _____ 42 Vehicle Drivable Yes No

Vehicle Make _____ Vehicle Year _____ 41 Vehicle Style (Type) _____ 42 Vehicle Drivable Yes No

43 TAD _____ 44 Estimated Damage _____

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Insurance Company _____

Insurance Company _____

Policy # _____

Policy # _____

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

Carrier Identification Numbers, GVWR, Axles

Unit _____ 45 Cargo Body Type _____ Same Address as Owner?

US DOT# _____ ICC# _____ Axles on Vehicle Including Trailers _____

- Source: Truck Shipping papers Driver

State _____ State # _____ IFTA# _____


FEE# _____ Fleet# _____ Gross Vehicle Weight Rating _____

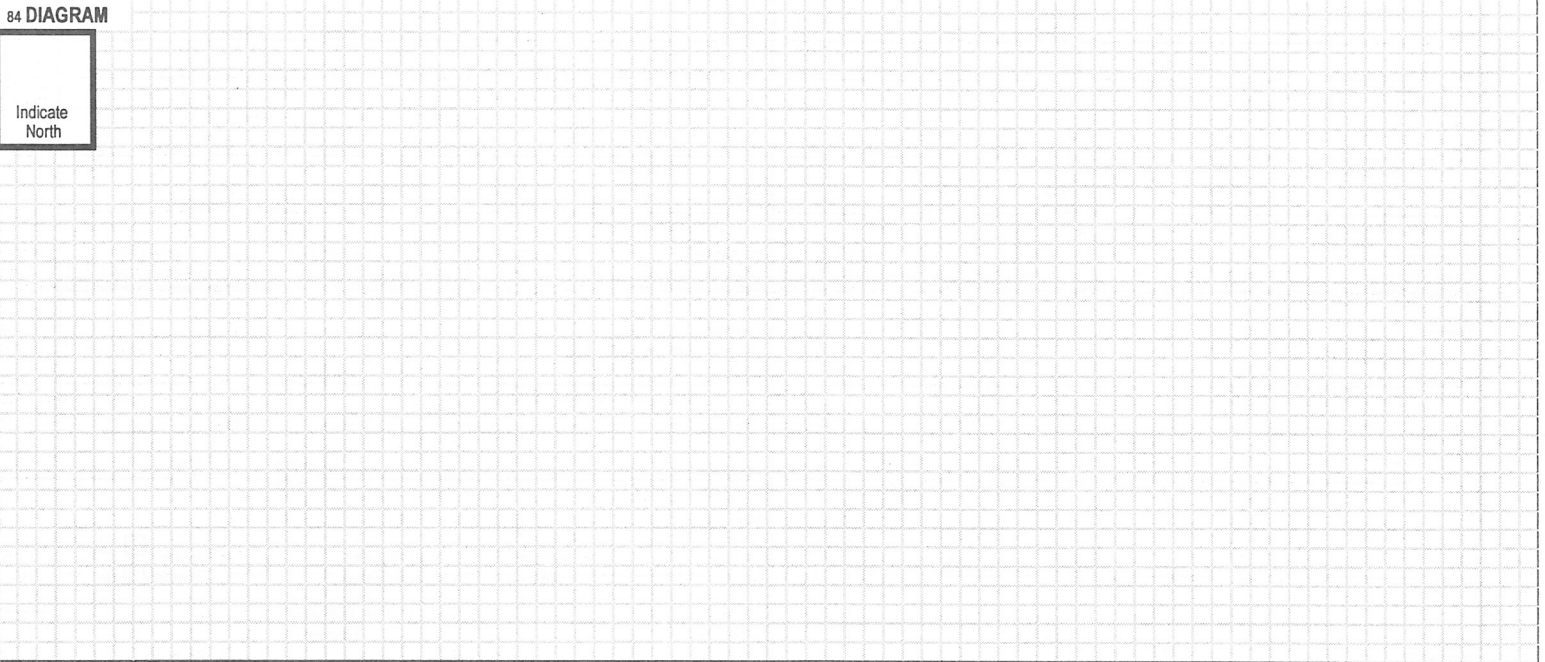
21 22 23 24 25 26 27 28 29 30 31 32 Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver

Table with 8 rows (A-H) and 13 columns for names and addresses. Includes fields for 'see above' and 'Veh# Towed To/By'.

46 Name of EMS _____ 46 Name of EMS _____

47 Injured Taken by EMS to _____ (Treatment Facility and City or Town) 47 Injured Taken by EMS to _____ (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes) Unit# _____ Unit# _____	VEHICLE INFO.		Veh.# _____	Veh.# _____	ROADWAY INFO.	WORK ZONE RELATED		
	60 Authorized Speed Limit				69 Road Feature	78 Workzone Area		
CRASH SEQUENCE (Unit Level) Unit# _____ Unit# _____	61 Estimate of Original Traveling Speed				70 Road Character	79 Work Activity		
	49 Vehicle Maneuver/Action				71 Road Classification	80 Work Area Marked		
50 Non-Motorist Action		62 Estimate of Speed at Impact			72 Road Surface Type	81 Crash Location		
51 Non-Motorist Location Prior to Impact		63 Tire Impressions Before Impact (ft.)			73 Road Configuration	TRAILER INFO. Unit# _____ Unit# _____		
52 Crash Sequence - First Event for This Unit		64 Distance Traveled After Impact (ft.)			74 Access Control	82 Trailer Type		
53 Crash Sequence - Second Event		65 Emergency Vehicle Use			75 Number of Lanes	1st Trailer No. Axles		
54 Crash Sequence - Third Event		66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	Width (inches)		
55 Crash Sequence - Fourth Event		67 School Bus - Contact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper	Length (feet)		
56 Most Harmful Event for This Unit		68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	2nd Trailer No. Axles			
57 Distance/Direction to Object Struck		COMMERCIAL VEHICLE: Hazardous Materials Involvement Unit _____  Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard indicate: Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No 4-digit placard number or name from diamond or box 1-digit number from bottom of diamond Released (does not include fuel from fuel tank) Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No			83 Unit# _____		Overwidth Permit # _____	
58 Vehicle Underride/Override					Overwidth Trailer and Overwidth Mobile Home			
59 Vehicle Defects								



Unit# _____ was: Traveling Parked Facing N S E W on _____ Unit# _____ was: Traveling Parked Facing N S E W on _____

85 NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on the form)

86 Type/Owner _____ Owner Address _____ Phone _____ State _____ Property? Estimated Damage \$ _____

WITNESSES

Name _____ Address _____ Phone No. (_____) _____

Name _____ Address _____ Phone No. (_____) _____

TRAFFIC VIOLATION(S)

Name _____ Charge(s) _____ (Citation # optional)

Name _____ Charge(s) _____

Officer Name _____ Officer Number _____ Department _____ Date of Report _____