



OFFICER'S INVESTIGATION REPORT - ALL TERRAIN VEHICLE CRASH

Department of Motor Vehicles
Agency of Transportation

120 State Street
Montpelier, Vermont 05603-0001
(voice) 802.828.2000
dmv.vermont.gov

Date of Crash, Day of Week, Hour, A.M./P.M. checkboxes

Place of Crash (City/Town), (Include the name of the owner of the property where the crash occurred)

Vehicle Number 1: Operator, Date of Birth, Street Address, City/Town, State, Zip, Registration Number, Make of Vehicle, Model, Year, Owner, Serial Number

Vehicle Number 2: Operator, Date of Birth, Street Address, City/Town, State, Zip, Registration Number, Make of Vehicle, Model, Year, Owner, Serial Number

INJURIES: Name, Address, Vehicle Number, Operator/Passenger/Pedestrian/Other, Nature and Extent of Injuries, Where Were the Injured Taken?

INJURIES: Name, Address, Vehicle Number, Operator/Passenger/Pedestrian/Other, Nature and Extent of Injuries, Where Were the Injured Taken?

Continued on the back

