

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 (\_\_\_\_\_) Numbers

Same Address on Driver's License?  Yes  No Driver's Phone H (\_\_\_\_\_) W (\_\_\_\_\_) Numbers

D.L. # CDL License  D.L. Class \_\_\_\_\_ State \_\_\_\_\_

D.L. # CDL License  D.L. Class \_\_\_\_\_ State \_\_\_\_\_

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)

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

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 \_\_\_\_\_

43 TAD \_\_\_\_\_ 44 Estimated Damage \_\_\_\_\_

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

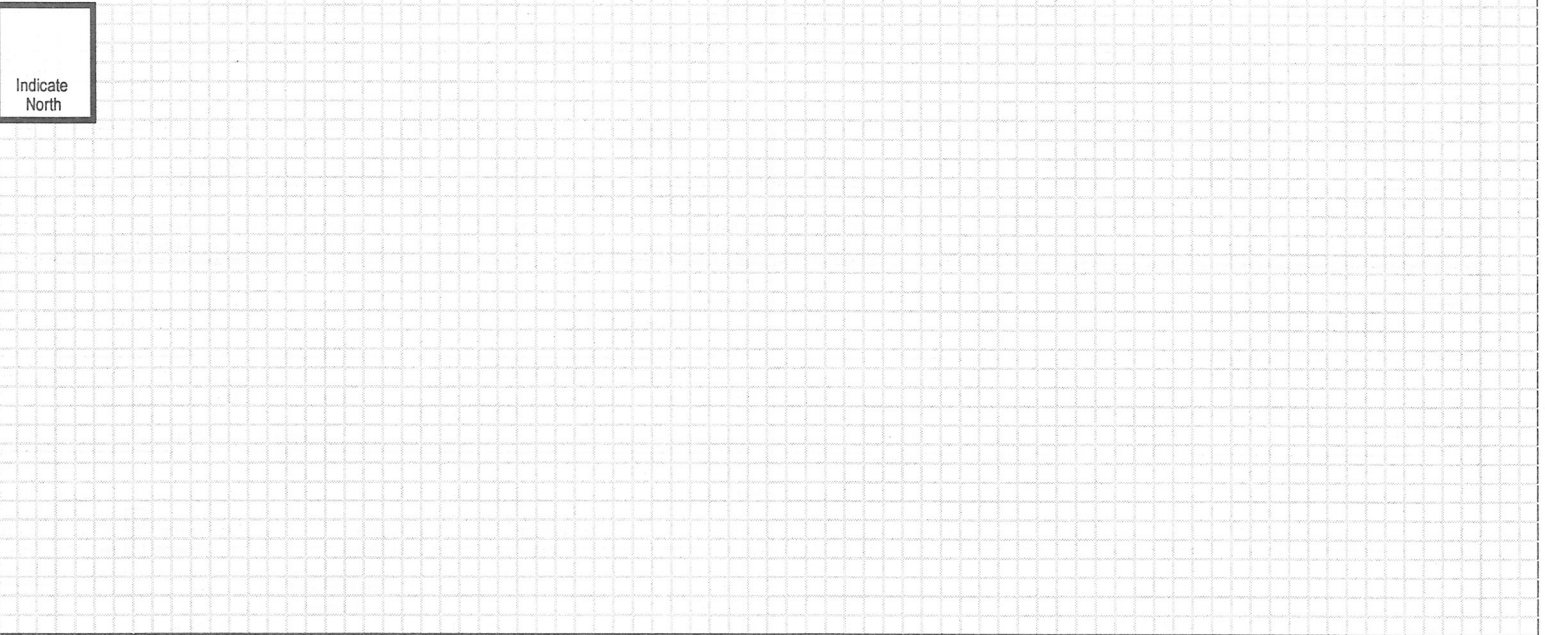
	21	22	23	24	25	26	27	28	29	30	31	32	
A				Unit1-Drv1, Ped1, etc. see above									see above Veh# ___ Towed To/By: _____
B				Unit2-Drv2, Ped2, etc. see above									see above Veh# ___ Towed To/By: _____
C													
D													
E													
F													
G													
H													

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		<b>COMMERCIAL VEHICLE: Hazardous Materials Involvement</b> 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								

84 DIAGRAM



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)

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86 Type/Owner \_\_\_\_\_ Owner Address \_\_\_\_\_ Phone \_\_\_\_\_

ADDITIONAL PROPERTY DAMAGE \_\_\_\_\_ 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 \_\_\_\_\_