**Motor Vehicle Accident Report Form**

**PHONE #**  **AGENCY CONTACT INFORMATION**  **AGENCY**

DATE OF ACCIDENT TIME OF ACCIDENT LOCATION ACCIDENT OCCURED: NE NW STATE

AM: SE SW

PM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ft of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Street

TYPE OF ACCIDENT TRAFFIC CONDITIONS TRAFFIC CONTROLS ROAD SURFACE ROAD CONDITION

(check one ) (check one) (check one) (check one) (check one)

\_\_ 00 Collision of vehicles \_\_ 00 Unknown \_\_ 00 Unknown \_\_ 05 Flashing Light \_\_ 00 Unknown \_\_ 01 Unknown

\_\_ 01 Collision with fixed object \_\_ 01 Heavy \_\_ 01 Yield Sign \_\_ 06 Stop Sign \_\_ 01 Concrete \_\_ 02 Repairing

\_\_ 02 On board school bus \_\_ 02 Medium \_\_ 02 Signal \_\_ 07 None \_\_ 02 Asphalt \_\_ 03 Dry

\_\_ 03 Boarding/Alighting \_\_ 03 Light \_\_ 03 Officer \_\_ 08 Other \_\_ 03 Light \_\_ 04 Wet

\_\_ 04 Pedestrian \_\_ 04 Turn Restricted \_\_ 04 Gravel \_\_ 05 Ice

\_\_ 05 Fatality \_\_ 05 Dirt

\_\_\_06 Other

ROAD TYPE LIGHT CONDITIONS STREET LIGHTS WEATHER (check ALL that apply )

(check one ) (check one ) (check one )

\_\_ 00 Straight \_\_ 05 Underpass \_\_ 00 Unknown \_\_ 00 Unknown \_\_ 00 Unknown \_\_ 03 Rain

\_\_ 01 Curve \_\_ 06 Ramp \_\_ 01 Dawn/Dusk \_\_ 01 Defective street light(s) \_\_ 01 Fog/Midst \_\_ 04 Snow

\_\_ 02 Level \_\_ 07 Bridge \_\_ 02 Dark \_\_ 02 No street light(s) \_\_ 02 Clear \_\_ 05 Sleet

\_\_ 03 Grade \_\_ 08 Divided \_\_ 03 Daylight \_\_ 03 Street light(s) on

\_\_ 04 Crest \_\_ 04 Street light(s) off

Total # of Vehicles Involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**District Driver & Vehicle Information**

District Vehicle No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of Passengers in District Vehicle: \_\_\_\_\_\_\_ # of Passengers Injured in District Vehicle: \_\_\_\_\_\_\_\_

District Operator (Last Name, First Name, M.I.) Age Sex Full or Part-time (FT or PT) Driver Injured: Yes or No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drivers License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License State: \_\_\_\_\_\_\_ Home Phone #: ( ) \_\_\_\_\_\_- \_\_\_\_\_\_\_\_ Cell Phone #: ( ) \_\_\_\_\_\_- \_\_\_\_\_\_\_\_

Vehicle Model/Year Make Body Style Tag #/State/Year Vehicle Color Vehicle Damaged: Yes or No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Speed at time of Impact: ­­­­­\_\_\_\_\_\_\_\_ mph Skid Mark Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Driven Away: Yes or No Vehicle left at scene: Yes or No If towed, to where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DRIVER CONDITION**

(check ALL that apply)

\_\_ 00 Fatigued

\_\_ 01 Ill

\_\_ 02 Physical defect

\_\_ 03 Asleep

\_\_ 04 Normal

\_\_ 05 Unknown

\_\_ 06 Ability Impaired

\_\_ 07 Ability not impaired

**PRIMARY CAUSE OF ACCIDENT:**

Insert ONE code from below for **DISTRICT** vehicle here: Insert ONE code from below for **CLAIMANT** vehicle here:

\_\_ 00 Speed \_\_ 08 Flashing light \_\_ 16 Other Defects \_\_ 22 Defective light(s)

\_\_ 01 Defective brakes \_\_ 09 Directional light \_\_ 17 Pedestrian Violation \_\_ 23 Pedestrian drunk

\_\_ 02 Signal \_\_ 10 Stop Sign \_\_ 18 Driver inattention \_\_ 24 Road defects

\_\_ 03 Auto right of way \_\_ 11 Alcohol influence \_\_ 19 Cell Phone \_\_ 25 Driver vision obstructed

\_\_ 04 Pedestrian right of way \_\_ 12 Improper lane change \_\_ 20 Failure to set parking brake \_\_ 26 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ 05 Improper Turn \_\_ 13 One way street-wrong way \_\_ 21 Opened door in traffic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ 06 Yield Sign \_\_ 14 Wrong side of street \_\_ 22 Drug influence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ 07 Stop/Go light \_\_ 15 Improper starting \_\_ 23 Backing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Claimant Information**

Claimant (Last Name, First Name, M.I.) Age Sex Estimated Damage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address Business Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drivers License #/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone #: ( ) \_\_\_\_- \_\_\_\_\_\_\_\_ Alternate Phone #: ( ) \_\_\_\_- \_\_\_\_\_\_\_\_

Vehicle Model/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tag #/State/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vehicle Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Body Style: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of Passengers in Claimant Vehicle: \_\_\_\_\_\_\_ # of Passengers Injured in Claimant Vehicle: \_\_\_\_\_\_\_\_

Do you have Collision Insurance? \_\_\_\_Yes \_\_\_No Amount of Deductible $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Damaged: Yes or No Speed at time of Impact: ­­­­­\_\_\_\_\_\_\_\_ mph Skid Mark Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was vehicle driven away? Yes or No Was vehicle left at the scene? Yes or No If towed, to where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tow Co. Info. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INJURY CODE** (check ALL that apply) **CLAIMANT CONDITION** (check one)

\_\_ 00 Fatal \_\_ 01 Disabling \_\_ 02 Non-disabling \_\_ 03 None \_\_ 00 Fatigued \_\_ 01 Ill \_\_ 02 Physical defect

\_\_ 04 Unknown \_\_05 No visible injury \_\_ 06 Complaint of pain/no visual injury \_\_ 03 Asleep \_\_ 04 Normal \_\_ 05 Unknown

\_\_ 06 Ability Impaired \_\_ 07 Ability not impaired

**TYPE OF VEHICLE** (check one):

\_\_ 00 Passenger Auto \_\_ 01 Bus \_\_ 02 Truck \_\_ 03 Trailer \_\_ 04 Unknown \_\_ 05 Taxi \_\_ 06 Motorcycle \_\_ 07 Bicycle

\_\_ 08 Fire engine \_\_ 09 Ambulance \_\_ 10 Fixed Object \_\_ 11 Vendor Cart \_\_ 12 Heavy Equipment \_\_13: Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Claimant Information**

Claimant (Last Name, First Name, M.I.) Age Sex Estimated Damage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address Business Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drivers License #/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone #: ( ) \_\_\_\_- \_\_\_\_\_\_\_\_ Alternate Phone #: ( ) \_\_\_\_- \_\_\_\_\_\_\_\_

Vehicle Model/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tag #/State/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vehicle Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Body Style: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of Passengers in Claimant Vehicle: \_\_\_\_\_\_\_ # of Passengers Injured in Claimant Vehicle: \_\_\_\_\_\_\_\_

Do you have Collision Insurance? \_\_\_\_Yes \_\_\_No Amount of Deductible $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Damaged: Yes or No Speed at time of Impact: ­­­­­\_\_\_\_\_\_\_\_ mph Skid Mark Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was vehicle driven away? Yes or No Was vehicle left at the scene? Yes or No If towed, to where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tow Co. Info. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INJURY CODE** (check ALL that apply)  **CLAIMANT CONDITION** (check one)

\_\_ 00 Fatal \_\_ 01 Disabling \_\_ 02 Non-disabling \_\_ 03 None \_\_ 00 Fatigued \_\_ 01 Ill \_\_ 02 Physical defect

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**TYPE OF VEHICLE** (check one):

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Pedestrian/Vehicle Actions: **Witnesses Information:**

\_\_\_ Unknown \_\_\_ With signal in crosswalk

\_\_\_ Against signal n crosswalk \_\_\_ In crosswalk-no signal Name Address Phone Number

\_\_\_ From between parked cars \_\_\_ Backing up

\_\_\_ Turning right \_\_\_ Turning left\_ 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Parked \_\_\_ Entering/leaving parking

\_\_\_ Making U-Turn \_\_\_ Run off Road 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Slowing/stopping \_\_\_ Overtaking

\_\_\_ Changing lanes \_\_\_ Going straight 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Stopped \_\_\_ Avoiding

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCATION OF ACCIDENT: **Injured Person(s) Information:**

\_\_\_\_ At intersection Name/Address Phone Number Injuries/Which Vehicle

\_\_\_ Not at intersection 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ At crosswalk

\_\_\_ Not at crosswalk 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**District Vehicle**

**INDICATE AREA OF DAMAGE TO VEHICLES BELOW:**

Description of Accident:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagram N

W E

S

Front

Rear

**Claimant Vehicle**

Front

Rear

Supervisor at Scene: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Complaint No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigating Police Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Badge No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District/Precinct: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of District Driver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAX COMPLETED FORM TO: (202) 727-0249**