

MAIL TO: GEORGIA DEPARTMENT OF PUBLIC SAFETY, ACCIDENT REPORTING UNIT, P.O. BOX 1456, ATLANTA, GEORGIA, 30371-2303

Accident Number		Agency NCIC No.		<b>GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT</b>				County	Date Rec. By DPS
Date	Day Of Week <input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S			Time	Off. Arrived	Total Number Of: Vehicles Injuries Fatalities		Inside City Of:	
Road of Occurrence _____ At Its Intersection _____ 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. With 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.								Corrected Report Yes <input type="checkbox"/>	
Not At Its Intersection But _____ <input type="checkbox"/> Miles 1 <input type="checkbox"/> North 3 <input type="checkbox"/> East 'Of: _____ <input type="checkbox"/> Feet 2 <input type="checkbox"/> South 4 <input type="checkbox"/> West 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line								Suppl. To Original Yes <input type="checkbox"/>	
And Continuing in the Direction Checked Above The Next Reference Point is _____ 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line									

Driver #	Last Name	First	Middle	Driver #	Last Name	First	Middle
Ped <input type="checkbox"/>	Address			Ped <input type="checkbox"/>	Address		
City	State	Zip	DOB	City	State	Zip	DOB
Driver's License No.	Class	State	<input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License No.	Class	State	<input type="checkbox"/> Male <input type="checkbox"/> Female
Posted Speed	Insurance Co.	Policy No.		Posted Speed	Insurance Co.	Policy No.	
Year	Make	Model	Telephone No.	Year	Make	Model	Telephone No.
VIN	Vehicle Color			VIN	Vehicle Color		
Tag #	State	County	Year	Tag #	State	County	Year
Trailer Tag #	State	County	Year	Trailer Tag #	State	County	Year
<input type="checkbox"/> Same as Driver	Owner's Last Name	First	Middle	<input type="checkbox"/> Same as Driver	Owner's Last Name	First	Middle
Address				Address			
City	State	Zip		City	State	Zip	
Removed By <input type="checkbox"/> Request <input type="checkbox"/> List				Removed By <input type="checkbox"/> Request <input type="checkbox"/> List			
Alcohol Test	Type	Results	Drug Test	Type	Results		
Driver Condition	Direction of Travel	Vision Obscured	Contributing Factors		Driver Condition	Direction of Travel	Vision Obscured
Vehicle Condition	Vehicle Maneuver	Pedestrian Maneuver			Vehicle Condition	Vehicle Maneuver	Pedestrian Maneuver
Most Harmful Event		Vehicle Class	Vehicle Type		Most Harmful Event		Vehicle Class
Traffic Control		Device Inoperative?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Traffic Control		Device Inoperative?

Injured Taken To				By:			
EMS Notified Time	EMS Arrival Time	Hospital Arrival Time	Photos Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No		By:		
Report By:	Department	Report Date	Checked By:		Date Checked		
Witness(es): Name	Address	City	State	Zip Code	Telephone No.		

**DPS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)**

**COMMERCIAL VEHICLES ONLY**

Carrier Name	Vehicle #	Carrier Name	Vehicle #
Address		Address	
City	State	Zip	
City	State	Zip	
Number of Axles	G.V.W.R.	Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Cargo Body Type
Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>
Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>
C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
If YES, Name or 4 Digit Number from Diamond or Box: _____ 1 Digit Number from Bottom of Diamond: _____		If YES, Name or 4 Digit Number from Diamond or Box: _____ 1 Digit Number from Bottom of Diamond: _____	
___ Ran Off Road	___ Down Hill Runaway	___ Cargo Loss Or Shift	___ Separation of Units
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DPS-523 (2/94)

