



# Iowa Department of Transportation

## IOWA ACCIDENT REPORT FORM

An accident occurring anywhere within the State of Iowa causing death, personal injury, or total property damage of **\$1,000.00** or more must be reported on this accident report form. Failure to return this accident report form within 72 hours may result in suspension of your driving privilege. **Caution:** You must attempt to **completely** fill out this report.

### Instructions

Please print or type all information. Use black or dark blue ink.

**Step 1.** Begin completing the "Report of Motor Vehicle Accident" form by entering accident date, day of week, time, number of vehicles, total number killed, number injured, and the total amount of damage to all vehicles and any property other than vehicles.

**Step 2.** Enter the information pertaining to all drivers and vehicles involved in the accident. **Important:** Be sure to include the driver's name, driver license number, and driver license state. Also include the vehicle owner's name, license plate number, and license plate state. If more than two drivers or two vehicles were involved, use an extra report form or sheet of paper making sure that the extra vehicles and drivers are numbered 3, 4, 5, etc.

If you were involved in an accident with a pedestrian, print PEDESTRIAN in the driver space provided for vehicle No. 2 and complete pedestrian information in Step 7. If you were involved in an accident with a pedalcyclist (bicycle, etc.) print 'Bike' in the driver space provided for Vehicle 2 and complete information for Non-Motorist in Step 7.

If one of the vehicles involved was parked at the time of the accident, print PARKED in the driver space and complete the vehicle owner information.

**Step 3.** Please use the following codes when completing the box marked "vehicle type code":

- |   |  |                                       |
|---|--|---------------------------------------|
| 01 = Passenger Car                          | 09 = Tractor/semi-trailer                | 17 = Small school bus (seats 9-15)    |
| 02 = Four-tire light truck (pick-up, panel) | 10 = Tractor/doubles                     | 18 = Other bus (seats > 15)           |
| 03 = Van or mini-van                        | 11 = Tractor/triples                     | 19 = Other small bus (seats 9-15)     |
| 04 = Sport utility vehicle                  | 12 = Other heavy truck (cannot classify) | 20 = Farm vehicle/equipment           |
| 05 = Single-unit truck (2-axle, 6-tire)     | 13 = Motor home/recreational vehicle     | 21 = Maintenance/construction vehicle |
| 06 = Single-unit truck (> = 3 axles)        | 14 = Motorcycle                          | 22 = Train                            |
| 07 = Truck/trailer                          | 15 = Moped/All-Terrain Vehicle           | 88 = Other (explain in narrative)     |
| 08 = Truck tractor (bobtail)                | 16 = School bus (seats > 15)             | 99 = Unknown                          |

**Step 4.** The location of the accident is very important. Please be as specific as possible.

**Step 5.** To the best of your ability, complete the Accident Codes section for your own vehicle using codes provided on page 2 of this form.

**Step 6.** If there is damage to property other than the vehicles involved complete the property damage information.

**Step 7.** Injury information should be entered in the space provided. Make sure that the vehicle number in which the injured party was riding is complete, describe the nature of the injury, and check the box under the column most appropriate for the injury severity.

NOTE: Include all drivers whether injured or not. The codes are:

**Injury Status:**

- 1 = Fatal
- 2 = Incapacitating
- 3 = Non-incapacitating
- 4 = Possible
- 5 = Uninjured
- 9 = Unknown

**Occupant Protection:**

- 1 = None used
- 2 = Shoulder and lap belt used
- 3 = Lap belt only used
- 4 = Shoulder belt only used
- 5 = Child safety seat used
- 6 = Helmet used
- 8 = Other (explain in narrative)
- 9 = Unknown

**Airbag Deployment:**

- 1 = Deployed front of person
- 2 = Deployed side of person
- 3 = Deployed both front/side
- 4 = Other deployment (explain in narrative)
- 5 = Not deployed
- 6 = Not applicable
- 9 = Unknown

**Ejection:**

- 1 = Not ejected
- 2 = Partially ejected
- 3 = Totally ejected
- 4 = Not applicable (motorcycle, bicycle, etc.)
- 9 = Unknown

**Type Non-Motorist:**

- 1 = Pedestrian
- 2 = Pedalcyclist (bicycle, tricycle, unicycle, pedal car)
- 3 = Skater
- 8 = Other (explain in narrative)
- 9 = Unknown

**Motorcycle Seating Position**

- 01 - Motorcycle Driver
- 04 - Motorcycle Passenger
- 88 - Other (explain in narrative)

**Seating Position**

|    |    |    |
|----|----|----|
| 01 | 02 | 03 |
| 04 | 05 | 06 |
| 07 | 08 | 09 |

- 10 - Sleeper Section
- 11 - Enclosed Cargo Area
- 12 - Unenclosed Cargo Area
- 13 - Training Unit
- 14 - Exterior
- 15 - Pedestrian
- 16 - Pedalcyclist
- 17 - Pedalcyclist, passenger
- 88 - Other (explain in narrative)
- 99 - Unknown

(Instructions continued on page 2) →

**Step 8.** To the best of your ability, complete the accident diagram and description as briefly as possible. **Important:** If you are vehicle No. 1 in Step 2, make sure that your vehicle is vehicle No. 1 in the description and diagram. Indicate if there has been a Peace Officer investigation.

**Step 9.** Complete the insurance information on the back of the report. **Failure to complete insurance coverage information may result in a suspension of your driving and registration privileges.**

**Step 10.** Sign the accident report and tear at the perforated line and return accident report to:

Iowa Department of Transportation  
Office of Driver Services  
Park Fair Mall, 100 East Euclid Avenue  
P.O. Box 9235  
Des Moines, IA 50306-9235

**ACCIDENT CODES (See Step 5)**

**A LOCATION OF ACCIDENT** (Where did first damage or injury event occur)

- 1 = On Roadway
- 2 = Shoulder
- 3 = Median
- 4 = Roadside (ditch)
- 5 = Grassy Area between exit ramp and roadway
- 6 = Outside Trafficway
- 9 = Unknown

**B MANNER OF CRASH/COLLISION**

- 1 = Non-collision
- 2 = Head-on
- 3 = Rear-end
- 4 = Angle, oncoming left turn
- 5 = Broadside
- 6 = Sideswipe, same direction
- 7 = Sideswipe, opposite direction
- 9 = Unknown

**C VEHICLE ACTION**

- 01 = Movement essentially straight
- 02 = Turning left
- 03 = Turning right
- 04 = Making U-turn
- 05 = Overtaking/passing
- 06 = Changing lanes
- 07 = Entering traffic lane (merging)
- 08 = Leaving traffic lane
- 09 = Backing
- 10 = Slowing/stopping
- 11 = Stopped for stop sign/signal
- 12 = Legally Parked
- 13 = Illegally Parked / Unattended
- 88 = Other (explain in narrative)
- 99 = Unknown

**D FIRST HARMFUL EVENT**

- Non-collision events:
- 11 = Overturn/rollover
- 12 = Jackknife
- 13 = Other non-collision (explain in narrative)
- Collision with:
- 20 = Non-motorist (see non-motorist type)
- 21 = Vehicle in traffic
- 22 = Vehicle in/from other roadway
- 23 = Parked motor vehicle
- 24 = Railway vehicle/train
- 25 = Animal
- 26 = Other non-fixed object (explain in narrative)
- Collision with fixed object:
- 30 = Bridge/bridge rail/overpass
- 31 = Underpass/structure support
- 32 = Culvert
- 33 = Ditch/Embankment
- 34 = Curb/island/raised median
- 35 = Guardrail
- 36 = Concrete barrier (median or right side)
- 37 = Tree
- 38 = Poles (utility, light, etc.)
- 39 = Sign post
- 40 = Mailbox
- 41 = Impact attenuator
- 42 = Other fixed object (explain in narrative)

**E TYPE OF ROADWAY JUNCTION/FEATURE**

- Non-intersection:
- 01 = No special feature
- 02 = Bridge/overpass/underpass
- 03 = Railroad crossing
- 04 = Business drive
- 05 = Farm/residential drive
- 06 = Alley intersection
- 07 = Crossover in median
- 08 = Other non-intersection (explain in narrative)
- Intersection:
- 11 = Four-way intersection
- 12 = T-intersection
- 13 = Y-intersection
- 14 = Five-leg or more
- 15 = Offset four-way intersection
- 16 = Intersection with ramp
- 17 = On-ramp merge area
- 18 = Off-ramp diverge area
- 19 = On-ramp
- 20 = Off-ramp
- 21 = With bike/pedestrian path
- 22 = Other intersection (explain in narrative)
- 99 = Unknown

**F TRAFFIC CONTROLS**

- 01 = No controls present
- 02 = Traffic signals
- 03 = Flashing traffic control signal
- 04 = Stop signs
- 05 = Yield signs
- 06 = No Passing Zone (marked)
- 07 = Warning sign
- 08 = School zone signs
- 09 = Railway crossing device
- 10 = Traffic director
- 11 = Workzone signs
- 88 = Other control (explain in narrative)
- 99 = Unknown

**G LIGHT CONDITIONS**

- 1 = Daylight
- 2 = Dusk
- 3 = Dawn
- 4 = Dark, roadway lighted
- 5 = Dark, roadway not lighted
- 6 = Dark, unknown roadway lighting
- 9 = Unknown

**H WEATHER CONDITIONS** (up to two)

- 01 = Clear
- 02 = Partly cloudy
- 03 = Cloudy
- 04 = Fog, smoke
- 05 = Mist
- 06 = Rain
- 07 = Sleet, hail, freezing rain
- 08 = Snow
- 09 = Severe winds
- 10 = Blowing sand, soil, dirt, snow
- 88 = Other (explain in narrative)
- 99 = Unknown

**I SURFACE CONDITIONS**

- 1 = Dry
- 2 = Wet
- 3 = Ice
- 4 = Snow
- 5 = Slush
- 6 = Sand, mud, dirt, oil, gravel
- 7 = Water (standing, moving)
- 8 = Other (explain in narrative)
- 9 = Unknown

**J VISION OBSCURED**

- 01 = Not obscured
- 02 = Trees/crops
- 03 = Buildings
- 04 = Embankment
- 05 = Sign/billboard
- 06 = Hillcrest
- 07 = Parked vehicles
- 08 = Moving vehicles
- 09 = Person/object in or on vehicle
- 10 = Blinded by sun or headlights
- 11 = Frosted windows/windshield
- 12 = Blowing snow
- 13 = Fog/smoke/dust
- 88 = Other (explain in narrative)
- 99 = Unknown

**K DRIVER CONDITION**

- 1 = Apparently normal
- 2 = Physical impairment
- 3 = Emotional (e.g., depressed, angry, disturbed)
- 4 = Illness
- 5 = Asleep, fainted, fatigued, etc.
- 6 = Under the influence of alcohol/drugs/medications
- 8 = Other (explain in narrative)
- 9 = Unknown

**L CONTRIBUTING CIRCUMSTANCES Driver (up to two)**

- 01 = Ran traffic signal
- 02 = Ran stop sign
- 03 = Exceeded authorized speed
- 04 = Driving too fast for conditions
- 05 = Made improper turn
- 06 = Traveling wrong way or on wrong side of road
- 07 = Crossed centerline
- 08 = Lost Control
- 09 = Followed too close
- 10 = Swerved to avoid; vehicle, object, non-motorist, or animal in roadway
- 11 = Over correcting/over steering
- 12 = Operating vehicle in erratic, reckless, careless, negligent, or aggressive manner
- Failed to yield right-of-way:
- 13 = From stop sign
- 14 = From yield sign
- 15 = Making left turn
- 16 = Making right turn on red signal
- 17 = From driveway
- 18 = From parked position
- 19 = To pedestrian
- 20 = At uncontrolled intersection
- 21 = Other (explain in narrative)
- Inattentive/distracted by:
- 22 = Passenger
- 23 = Use of phone or other device
- 24 = Fallen object
- 25 = Fatigued/asleep
- Other
- 26 = Vision obstructed
- 27 = Other improper action
- 28 = No improper action
- 99 = Unknown



# Iowa Department of Transportation

## REPORT OF MOTOR VEHICLE ACCIDENT

Did accident occur on private property?  Yes  No

**Step 1.** See Instructions on completing (please print or type)

|                             |             |  |                    |              |               |                           |
|-----------------------------|-------------|--|--------------------|--------------|---------------|---------------------------|
| Accident Date (Mo/Day/Year) | Day of Week | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Number of Vehicles | Total Killed | Total Injured | Total Estimated Damage \$ |
|-----------------------------|-------------|--|--------------------|--------------|---------------|---------------------------|

| Step 2. NO. 1 (YOUR VEHICLE) |              |                           |  | D<br>R<br>I<br>V<br>E<br>R<br><br>O<br>W<br>N<br>E<br>R<br><br>V<br>E<br>H<br>I<br>C<br>L<br>E | NO. 2 (OTHER VEHICLE) |                           |                       |  |       |          |
|------------------------------|--------------|---------------------------|--|--|-----------------------|---------------------------|-----------------------|--|-------|----------|
| Date of Birth                | Sex          | Dr.Lic. State             | Driver License No. as Printed on License |  | Date of Birth         | Sex                       | Dr.Lic. State         | Driver License No. as Printed on License |       |          |
| Last Name of Driver 1        |              | First Name                | Middle Initial                           |  | Last Name of Driver 2 |                           | First Name            | Middle Initial                           |       |          |
| Number and Street            |              | City                      | State                                    |  | Zip Code              | Number and Street         |                       | City                                     | State | Zip Code |
| Last Name of Owner 1         |              | First Name                | Middle Initial                           |  | Last Name of Owner 2  |                           | First Name            | Middle Initial                           |       |          |
| Number and Street            |              | City                      | State                                    |  | Zip Code              | Number and Street         |                       | City                                     | State | Zip Code |
| No. of Occupants             | Plate Number | State of Registration     | Year                                     |  | No. of Occupants      | Plate Number              | State of Registration | Year                                     |       |          |
| V.I.N.                       |              | Est. Cost of Repairs      |  |  | V.I.N.                |                           | Est. Cost of Repairs  |  |       |          |
| Vehicle Year & Make          |              | Step 3. Vehicle Type Code |  | Vehicle Year & Make  |                       | Step 3. Vehicle Type Code |                       |  |       |          |

**Step 4. LOCATION OF ACCIDENT**

County \_\_\_\_\_ Accident occurred within corporate limits of (city) \_\_\_\_\_

If accident occurred outside of city limits, describe distance to city \_\_\_\_\_ miles  N  NE  E  SE  S  SW  W  NW  of nearest city \_\_\_\_\_

Name of Road, Street or Highway \_\_\_\_\_ At Intersection with \_\_\_\_\_

**Note:** Unless accident occurred at an intersection which is completely described above, use the space below to give the exact location from a milepost or definable intersection, bridge or railroad crossing, using two distances and directions if necessary.

Feet \_\_\_\_\_ Miles \_\_\_\_\_  N  NE  E  SE  S  SW  W  NW and Feet \_\_\_\_\_ Miles \_\_\_\_\_  N  NE  E  SE  S  SW  W  NW of \_\_\_\_\_

Milepost Number \_\_\_\_\_ Definable Intersection, bridge, or railroad crossing \_\_\_\_\_  
Or \_\_\_\_\_

**Step 5. Accident Codes (on page 2) For your own vehicle**

|   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> A Location of Accident             | <input type="checkbox"/> B Manner of Crash  | <input type="checkbox"/> C Vehicle Action   | <input type="checkbox"/> D First Harmful Event        |
| <input type="checkbox"/> E Type of Roadway Junction/Feature | <input type="checkbox"/> F Traffic Controls | <input type="checkbox"/> G Light Conditions | <input type="checkbox"/> H Weather Conditions         |
| <input type="checkbox"/> I Surface Conditions               | <input type="checkbox"/> J Vision Obscured  | <input type="checkbox"/> K Driver Condition | <input type="checkbox"/> L Contributing Circumstances |

|  |              |                         |
|--|--------------|-------------------------|
| <b>Step 6. Identify Damaged Property Other Than Vehicles</b> | <b>Owner</b> | <b>Amount of Damage</b> |
|--|--------------|-------------------------|

**Step 7. Injury Section: Fill Out Space Below For Every Person Injured Or Killed In The Accident (Attach additional sheets if necessary)**

| Name & Address | In Vehicle Number | Date of Birth | Gender | Describe Injuries | Insert Correct Code (See Step 7 of Instructions) |                     |                   |          |                   |                  |  | Date of Death |  |
|----------------|-------------------|---------------|--------|-------------------|--|---------------------|-------------------|----------|-------------------|------------------|--|---------------|--|
|                |                   |               |        |                   | Injury Status                                    | Occupant Protection | Airbag Deployment | Ejection | Type Non-Motorist | Seating Position |  |               |  |
|                |                   |               |        |                   |  |                     |                   |          |                   |                  |  |               |  |
|                |                   |               |        |                   |  |                     |                   |          |                   |                  |  |               |  |
|                |                   |               |        |                   |  |                     |                   |          |                   |                  |  |               |  |
|                |                   |               |        |                   |  |                     |                   |          |                   |                  |  |               |  |
|                |                   |               |        |                   |  |                     |                   |          |                   |                  |  |               |  |

(Complete reverse side)

**Step 8.**

**Indicate On This Diagram What Happened**

Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers.

INDICATE NORTH BY ARROW



**Initial Travel Direction**

(prior to coded Vehicle Action)

- 1 - North
- 2 - East
- 3 - South
- 4 - West
- 9 - Unknown



Original Direction of Travel: (Example: Vehicle going north then turning left, code 'N' for Original Direction of Travel)

Vehicle 1 \_\_\_\_\_ Vehicle 2 \_\_\_\_\_

\_\_\_\_\_ Street or Highway

Street or Highway

Street or Highway

Description

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Did Peace Officer investigate?  Yes  No Department \_\_\_\_\_

If you did not have automobile liability insurance coverage for this accident, please check this box .

If you had automobile liability insurance coverage for this accident, please complete insurance information below:

**Failure To Complete Insurance Coverage Information Requested Below May Result In A Suspension Of Your Driving And/Or Registration Privileges.**

**Step 9.**

Name of Insurance Company (**Not Agent**) Providing Insurance To Cover Your Liability For Damage Or Injury To Others:

Name of Agent Who Sold Policy \_\_\_\_\_

Agent Address \_\_\_\_\_

Policy No. \_\_\_\_\_ Policy Period: From \_\_\_\_\_ To \_\_\_\_\_

V.I.N. No. \_\_\_\_\_

Name of Driver \_\_\_\_\_

Name of Owner \_\_\_\_\_

Name of Policyholder \_\_\_\_\_

**Step 10.**

|      |                                      |  |
|------|--------------------------------------|--|
| Date | Signature of Driver of Vehicle No. 1 | If Signed By Person Other Than Driver, Give Reason |
|------|--------------------------------------|--|

**IMPORTANT:** This accident should also be reported directly to your insurance company. Failure to report may jeopardize your automobile liability insurance.