# MOTOR VEHICLE ACCIDENT REPORT

**Photo of Document:**

**Form:** 413030

**January 2001**

## LOCATION

### Date of Accident
- **Date:** 
- **Time:** 
- **City:**
- **County:**
- **Accident occurred within corporate limits of city:**

### Location Information
- **Road:**
- **Street:**
- **Highway:**
- **Note:**

### Distance Information
- **Miles:**
- **Feet:**
- **Definable intersection:**
- **Bridge:**
- **Railroad crossing:**

### Driver's Information
- **Name:**
- **Address:**
- **City:**
- **State:**
- **Zip:**

### License Information
- **Number:**
- **Expiring:**
- **State:**
- **Year:**

### Vehicle Information
- **VIN:**
- **Year:**
- **Make:**
- **Model:**
- **Style:**
- **Towed:**
- **Approximate Cost to Repair or Replace:**

### Commercial Trailer
- **License Plate #:**
- **State:**
- **Year:**

### Driver's Information
- **Name:**
- **Address:**
- **City:**
- **State:**
- **Zip:**

### License Information
- **Number:**
- **Expiring:**
- **State:**
- **Year:**

### Vehicle Information
- **VIN:**
- **Year:**
- **Make:**
- **Model:**
- **Style:**
- **Towed:**
- **Approximate Cost to Repair or Replace:**

### Commercial Trailer
- **License Plate #:**
- **State:**
- **Year:**

### Property Information
- **Total Number:**
- **Persons Injured:**
- **Vehicles Involved:**
- **Property Damage:**

### Additional Notes
- **If driver other than property owner:**
- **If property damaged:**
- **Owner's Full Name:**

---

**SEQUENCE OF EVENTS**

<table>
<thead>
<tr>
<th>Unit 1</th>
<th>Unit 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**Detailed Notes:**

- **Weather Conditions:**
- **Surface Conditions:**
- **Roadway Features:**
- **Workers Present:**
- **Contributing Circumstances:**
- **Was owner or tenant notified:**

---

**Accident Environment:**

- **Location of First Harmful Event:**
- **Manner of Crash/Collision:**
- **Light Conditions:**

---

**Roadway Characteristics:**

- **Major Contributing Circumstances:**
- **Type:**
- **First Harmful Event of Crash:**

---

**Work Zone Related:**

- **Location:**
- **Type:**

---

**Potential Contributing Factors:**

- **Yes**
- **No**

---

**General Notes:**

- **Details of the incident:**
- **Evidence Collection:**

---

**Other Relevant Information:**

- **Witnesses:**
- **Emergency Services:**

---

**Conclusion:**

- **Final Report:**
- **Additional Observations:**

---

**Follow-up Actions:**

- **Resolution:**
- **Recovery:**

---

**Signature:**

- **Officer:**
- **Incident No.:**

---

**Date:**

- **Privacy:**
- **Legal Intention:**

---

**Additional Comments:**

- **Notes:**
- **Remarks:**

---

**Final Approval:**

- **Date:**
- **Signature:**

---

**Appendix:**

- **Exhibits:**
- **Documents:**
Diagram What Happened: Instruction

Number each vehicle and show direction of travel by arrow:

Use solid line to show path before accident:

Use dotted line to show path after accident:

Show pedestrian by:

Show railroad by:

Show utility poles by:

Show motorcycles by:

Show animal by:

Diagram

Describe what happened (refer to vehicles by number)