**DMV-349 (Rev. 9/99)***

**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.**

No. of Units Involved: [ ] Supplemental Report [ ] Non-Reportable

Date: [ ] County: [ ] Time: [ ] Local Use/Patrol Area: [ ]

Municipality: [ ]

Roadway surface: [ ] Occurred: [ ]

Ramp or Service Road: [ ]

Highway Number, or Highway, Street, (if ramp or service road, indicate on line) [ ]

Latitude: [ ]

Longitude: [ ]

Date Received by DMV: [ ]

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**UNIT #1**

**VEHICLE**

First Name: [ ] Last Name: [ ]

Address: [ ]

City: [ ] State: [ ] Zip: [ ]

Same Address on Driver's License? [ ]

Driver's license: [ ]

Vehicles Involved: [ ]

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**UNIT #2**

**VEHICLE**

First Name: [ ] Last Name: [ ]

Address: [ ]

City: [ ] State: [ ] Zip: [ ]

Same Address on Driver's License? [ ]

Driver's license: [ ]

Vehicles Involved: [ ]

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**COMMERCIAL VEHICLE**

Cargo, Carrier Name, Address, Source: [ ]

Source: [ ]

Carrier Identification Numbers, GVWR, Axles: [ ]

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Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc.: See Above; Use check blocks if address same as Driver):

A: [ ]

B: [ ]

C: [ ]

D: [ ]

E: [ ]

F: [ ]

G: [ ]

H: [ ]

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46 Name of EMS: [ ]

47 Injured Taken by EMS to: [ ]

48 Name of EMS: [ ]

49 Injured Taken by EMS to: [ ]

(Treatment Facility and City or Town)
**CRASH SEQUENCE (Unit Level)**

- **Vehicle Maneuver/Action**
- **Non-Motorist Action**
- **Non-Motorist Location Prior to Impact**
- **Crash Sequence - First Event for This Unit**
- **Crash Sequence - Second Event**
- **Crash Sequence - Third Event**
- **Crash Sequence - Fourth Event**
- **Most Harmful Event for This Unit**
- **Distance/Direction to Object Struck**
- **Vehicle Underside/Override**
- **Vehicle Defects**

**VEHICLE INFO.**

- **Authorized Speed Limit**
- **Estimated Original Traveling Speed**
- **Tire Impressions Before Impact (ft.)**
- **Distance Traveled After Impact (ft.)**
- **Emergency Vehicle Use**
- **School Bus - Contact Vehicle**
- **School Bus - Noncontact Vehicle**

**ROADWAY INFO.**

- **Road Feature**
- **Road Classification**
- **Road Surface Type**
- **Access Control**
- **Traffic Control Type**
- **Traffic Control Oper.**

**COMMERCIAL VEHICLE: Hazardous Materials Involvement**

- **Haz Mat Placed**
- **Hazardous Cargo**
- **Released (does not include fuel from fuel tank)**
- **Carrying Haz Mat**

**NARRATIVE**

(include pertinent and unusual aspects, which are not listed elsewhere on the form)

**ADDITIONAL PROPERTY DAMAGE**

- **Owner Address**
- **Owner Phone**
- **Estimated Damage $**

**WITNESSES**

- **Name**
- **Address**
- **Phone No.**

- **Name**
- **Address**
- **Phone No.**

- **Name**
- **Charge(s)**
- **Traffic Violation(s)**

**Officer Name**

**Officer Number**

**Department**

**Date of Report**