## INVESTIGATOR'S MOTOR VEHICLE ACCIDENT REPORT

### FOR STATE USE ONLY

- **DATE OF ACCIDENT:**
  - MO.: ___
  - DAY: ___
  - YR.: ___

- **PLACE OF ACCIDENT:**
  - COUNTY: ___
  - CITY: ___

- **ROAD ON WHICH ACCIDENT OCCURRED:**
  - STREET OR HIGHWAY NO.: ___

- **DISTANCE FROM MILEPOST:**
  - FEET: N S E W

- **IF AT INTERSECTION:**
  - NAME OF INTERSECTING ROADWAY: ___

- **IF NOT AT INTERSECTION:**
  - NAME OF NEAREST STREET OR HIGHWAY, BRIDGE, RAILROAD CROSSING OR MILEPOST: ___

### VEHICLE NUMBER - 1

- **DRIVER:**
  - PHONE: ___

- **DRIVER'S ADDRESS:**
  - CITY, STATE, ZIP: ___

- **DRIVER'S LICENCE:**
  - STATE NUMBER: ___
  - DATE OF BIRTH: ___

- **LICENSE PLATE:**
  - YEAR: ___
  - STATE: ___
  - NUMBER: ___

- **VEHICLE:**
  - MAKE: ___
  - MODEL: ___
  - BODY STYLE: ___
  - COLOR: ___

- **VEHICLE ID NUMBER (VIN):**
  - CITATION: YES NO

- **OWNER:**
  - PHONE: ___

- **OWNERS ADDRESS:**
  - CITY, STATE, ZIP: ___

### VEHICLE NUMBER - 2

- **DRIVER:**
  - PHONE: ___

- **DRIVER'S ADDRESS:**
  - CITY, STATE, ZIP: ___

- **DRIVER'S LICENCE:**
  - STATE NUMBER: ___
  - DATE OF BIRTH: ___

- **LICENSE PLATE:**
  - YEAR: ___
  - STATE: ___
  - NUMBER: ___

- **VEHICLE:**
  - MAKE: ___
  - MODEL: ___
  - BODY STYLE: ___
  - COLOR: ___

- **VEHICLE ID NUMBER (VIN):**
  - CITATION: YES NO

### VEHICLE MOVEMENT BEFORE COLLISION

- **CIRCLE POINT OF IMPACT & SHADE DAMAGED AREA:**
  - 1 2 3 4 5 6 7 8 9 10 11 12

- **DISPOSITION OF VEHICLE: (Check one per vehicle)**
  - 1 Towed due to damages
  - 2 Towed other reasons
  - 3 Driven away

### EXTENT OF VEHICLE DEFORMITY

- **MAJOR REASON FOR NOT SEEING DANGER: (Check one per vehicle)**
  - 1 None
  - 2 Rain, snow, or ice on windows
  - 3 Dirty windows

### COMPLETE THIS SECTION FOR ALL INJURED PERSONS

- **RESTRraint USE:**
  - VEH: 1
    - 1 No restraint available
    - 2 Restraint not used
    - 3 Lap belt
    - 4 Lap and shoulder belt

- **HELMET USE:**
  - MOTORCYCLE
    - YES
  - BICYCLE
    - YES

- **RESTRaint USE:**
  - VEH: 2
    - 1 No restraint available
    - 2 Restraint not used
    - 3 Lap belt
    - 4 Lap and shoulder belt

- **HELMET USE:**
  - MOTORCYCLE
    - YES
  - BICYCLE
    - NO

### RESCUE UNITS AT SCENE

- **DATE OF BIRTH:**
  - SEX M F
  - SEAT: ___
  - BODY: ___
  - SEAT: ___

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DR Form 40, Oct 94
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

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**DESCRIPTION OF ACCIDENT BASED ON OFFICER’S INVESTIGATION**

<table>
<thead>
<tr>
<th>OBJECT DAMAGED</th>
<th>NAME OF OWNER</th>
<th>ADDRESS</th>
<th>PHONE</th>
<th>APPROX. COST OF DAMAGE</th>
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**WITNESSES**

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<tr>
<th>NAME</th>
<th>ADDRESS</th>
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<tr>
<th>WAS INVESTIGATION MADE AT SCENE? □ YES □ NO</th>
<th>IS INVESTIGATION COMPLETE? □ YES □ NO</th>
<th>DRIVER’S REPORT FORM FURNISHED TO? □ YES □ NO</th>
<th>□ 1 WERE PHOTOGRAPHS TAKEN? □ YES □ NO</th>
<th>□ 2 SHOULD LOCATION HAVE AN ENGINEERING STUDY? □ YES □ NO</th>
<th>OFFICER NO.</th>
<th>DATE OF REPORT</th>
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INVESTIGATOR’S PRINTED OR TYPED NAME: ___________________________  INVESTIGATOR’S SIGNATURE: ___________________________  DEPARTMENT: ___________________________

TROOP:Mo.  DAY: ___  YR: ___