

INVESTIGATOR'S MOTOR VEHICLE ACCIDENT REPORT

Agency Case No. _____

Sheet _____ of _____

A	B	C	C	N	DATE OF ACCIDENT	MO.	DAY	YR.	DAY OF ACCIDENT	Sun.	M	T	W	T	F	Sat.	TIME OF ACCIDENT	MILITARY TIME	POLICE NOTIFIED	FOR STATE USE ONLY	
					PLACE OF ACCIDENT	COUNTY:										CITY:		POLICE ARRIVED			
					ROAD ON WHICH ACCIDENT OCCURRED	STREET OR HIGHWAY NO.: (If No Highway Number, Identify By Name)										ONE-WAY STREET		POSTED SPEED LIMIT			
					DISTANCE FROM MILEPOST	FEET:	N	S	E	W	OF MILEPOST:	HIGHWAY NO.:	PRIVATE PROPERTY		Dist.						
					IF AT INTERSECTION					IF NOT AT INTERSECTION											
NAME OF INTERSECTING ROADWAY:					FEET: N S E W OF NEAREST STREET OR HIGHWAY, BRIDGE, RAILROAD CROSSING OR MILEPOST:																
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					MILES: N S E W AND MILES: N S E W OF NEAREST CITY OR TOWN:																

D	E	F	G	VEHICLE NUMBER - 1										VEHICLE NUMBER - 2																			
				DRIVER:					PHONE:					DRIVER:					PHONE:														
				DRIVER'S ADDRESS:										CITY, STATE, ZIP:					DRIVER'S ADDRESS:										CITY, STATE, ZIP:				
				DRIVER'S LICENSE		STATE	NUMBER:	DATE OF BIRTH		M	SEX	DRIVER'S LICENSE		STATE	NUMBER:	DATE OF BIRTH		M	SEX														
				LICENSE PLATE	YEAR:	STATE:	NUMBER:	ESTIMATED DAMAGE:				LICENSE PLATE	YEAR:	STATE:	NUMBER:	ESTIMATED DAMAGE:																	
				YEAR:	MAKE:	MODEL:	BODY STYLE:	COLOR:			YEAR:	MAKE:	MODEL:	BODY STYLE:	COLOR:																		
				VEHICLE I.D. NUMBER (VIN):					CITATION:					VEHICLE I.D. NUMBER (VIN):					CITATION:														
				OWNER:					PHONE:					OWNER:					PHONE:														
				OWNER'S ADDRESS:										CITY, STATE, ZIP:					OWNER'S ADDRESS:										CITY, STATE, ZIP:				
				INSURANCE COMPANY:										POLICY NUMBER:					INSURANCE COMPANY:										POLICY NUMBER:				
TOWED TO:					TOWED BY:					TOWED TO:					TOWED BY:																		

H	I	J	K	VEHICLE MOVEMENT BEFORE COLLISION				CIRCLE POINT OF IMPACT & SHADE DAMAGED AREA				DISPOSITION OF VEHICLE <i>(Check one per vehicle)</i>				EXTENT OF VEHICLE DEFORMITY <i>(Check one per vehicle)</i>				DRIVER'S CONDITION <i>(Check one per vehicle)</i>																																					
				VEH. NO.	N	S	E	W	ROAD OR HIGHWAY NAME					VEHICLE 1 2 1 <input type="checkbox"/> Towed-due to damages 2 <input type="checkbox"/> Towed-other reasons 3 <input type="checkbox"/> Left at scene 4 <input type="checkbox"/> Driven away 5 <input type="checkbox"/> Unknown				VEHICLE 1 2 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Minor 3 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> Severe 5 <input type="checkbox"/> Unknown				VEHICLE 1 2 1 <input type="checkbox"/> Normal 2 <input type="checkbox"/> Fatigue/Asleep 3 <input type="checkbox"/> Illness 4 <input type="checkbox"/> Drinking 5 <input type="checkbox"/> Illegal drugs 6 <input type="checkbox"/> Medication 7 <input type="checkbox"/> Unknown 8 <input type="checkbox"/> Other (Specify)																																			
				VEHICLE 1 2 1 <input type="checkbox"/> Going ahead 2 <input type="checkbox"/> Passing 3 <input type="checkbox"/> Turning right 4 <input type="checkbox"/> Turning left 5 <input type="checkbox"/> Making "U" turn 6 <input type="checkbox"/> Slowing down 7 <input type="checkbox"/> Starting in traffic lane 8 <input type="checkbox"/> Starting from parked position 9 <input type="checkbox"/> Backing up 10 <input type="checkbox"/> Stopped in traffic lane 11 <input type="checkbox"/> Stalled in traffic lane 12 <input type="checkbox"/> Parked 13 <input type="checkbox"/> Improperly parked 14 <input type="checkbox"/> Merging 15 <input type="checkbox"/> Changing lanes				9 <input type="checkbox"/> Top & windows 10 <input type="checkbox"/> Undercarriage 11 <input type="checkbox"/> All areas 12 <input type="checkbox"/> Unknown				VEHICLE CONDITION <i>(Check one per vehicle)</i> VEHICLE 1 2 1 <input type="checkbox"/> No apparent defects 2 <input type="checkbox"/> Defective brakes 3 <input type="checkbox"/> Defective lights 4 <input type="checkbox"/> Defective signals 5 <input type="checkbox"/> Defective steering 6 <input type="checkbox"/> Defective tires 7 <input type="checkbox"/> Unknown 8 <input type="checkbox"/> Other (Specify)				MAJOR REASON FOR NOT SEEING DANGER <i>(Check one per vehicle)</i> VEHICLE 1 2 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Rain, snow, or ice on windows 3 <input type="checkbox"/> Dirty windows 4 <input type="checkbox"/> Glare 5 <input type="checkbox"/> Trees, crops, etc. 6 <input type="checkbox"/> Buildings 7 <input type="checkbox"/> Embankment 8 <input type="checkbox"/> Traffic sign 9 <input type="checkbox"/> Billboard 10 <input type="checkbox"/> Parked vehicle 11 <input type="checkbox"/> Moving vehicle 12 <input type="checkbox"/> Other (Specify)				ALCOHOL TESTING <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ALCOHOL LEVEL TESTED</td> <td>Y</td> <td>N</td> <td>LEVEL</td> </tr> <tr> <td>Driver No. 1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Driver No. 2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pedestrian</td> <td></td> <td></td> <td></td> </tr> </table>				ALCOHOL LEVEL TESTED	Y	N	LEVEL	Driver No. 1				Driver No. 2				Pedestrian																					
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COMPLETE THIS SECTION FOR ALL INJURED PERSONS <i>(Complete a continuation report, if more than three were injured).</i>										RESCUE UNITS AT SCENE					DATE OF BIRTH				
VEH. #	NAME:	ADDRESS:								1.	2.	DATE OF BIRTH	SEX	1	2	3	4	5	
VEH. #	NAME:	ADDRESS:											M	F	Seat Pos.	Eject.	Body Reg.	Inj. Sev.	Trans.
VEH. #	NAME:	ADDRESS:																	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED



**Indicate
North
by Arrow**

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

PROPERTY	OBJECT DAMAGED:	NAME OF OWNER:	ADDRESS:	PHONE:	APPROX. COST OF DAMAGE: \$
	OBJECT DAMAGED:	NAME OF OWNER:	ADDRESS:	PHONE:	APPROX. COST OF DAMAGE: \$
WITNESSES	NAME:		ADDRESS:		PHONE:
	NAME:		ADDRESS:		PHONE:

WAS INVESTIGATION MADE AT SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS INVESTIGATION COMPLETE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S REPORT FORM FURNISHED TO? <input type="checkbox"/> 1 <input type="checkbox"/> 2	WERE PHOTOGRAPHS TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	SHOULD LOCATION HAVE AN ENGINEERING STUDY? <input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER NO.:	DATE OF REPORT
INVESTIGATOR'S PRINTED OR TYPED NAME:		INVESTIGATOR'S SIGNATURE:		DEPARTMENT:	TROOP:	