## MOTOR VEHICLE ACCIDENT REPORT
**DIVISION OF MOTOR VEHICLE SAFETY RESPONSIBILITY SECTION**

### IF NOT AT AN INTERSECTION

2. HOW MANY FEET FROM NEAREST INTERSECTION?
   - [ ] N
   - [ ] E
   - [ ] S
   - [ ] W

20. NAME NEAREST INTERSECTING STREET OR HIGHWAY

### LIGHT CONDITION

1. [ ] DAYLIGHT
   - [ ] CLEARS
   - [ ] CLOUDY
   - [ ] FOGGY
   - [ ] RAINING
   - [ ] SNOWING
   - [ ] SPARKLING
   - [ ] OTHER

### ROAD SURFACE

1. [ ] CLEARS
   - [ ] WET
   - [ ] ICE
   - [ ] SLIPPERY
   - [ ] OTHER

### ROAD CONDITION

1. [ ] NO DEFECTS
   - [ ] HOLES
   - [ ] FLAT TIRE
   - [ ] BUMP
   - [ ] OTHER

### TRAFFIC CONTROLS PRESENT

1. [ ] STOP SIGN
   - [ ] HORN LOOP
   - [ ] HYDRAULIC SIGNAL
   - [ ] WARNING SIGN
   - [ ] CONTROL (NOT WORKING)
   - [ ] NO CONTROL PRESENT

### ACCIDENT OCCURRED ON (PRINT NAME OF STREET OR HIGHWAY)

### IF AT INTERSECTION (NAME OF INTERSECTING STREET OR HIGHWAY)

### ACCIDENT OCCURRED IN NAME OF CITY OR TOWN

### ACCIDENT OCCURRED IN NAME OF CITY OR TOWN

### ACCIDENT INVOLVED COLLISION WITH

1. [ ] PASSING
2. [ ] CROSSING ROAD
3. [ ] WORKING WITH TRAFFIC
4. [ ] INTERRUPTING TRAFFIC
5. [ ] OVERTAKING
6. [ ] PLAYING IN ROADWAY
7. [ ] WORKING CONSTRUCTION
8. [ ] OTHER

### PEDESTRIAN ACTION

1. [ ] WALKING - RIGHT SIDE
2. [ ] WALKING - LEFT SIDE
3. [ ] BIKEING
4. [ ] BICYCLES
5. [ ] OTHER

### COLLISION TYPE

1. [ ] SIDEWALK - OPTIMUM DIRECTION
2. [ ] MOPED - BUMP DIRECTION
3. [ ] HEAD ON
4. [ ] SIDE SWING
5. [ ] ANGLE
6. [ ] OTHER
7. [ ] HIT AND RUN

### OCCUPANT VEHICLE DUTY

1. [ ] PASSENGER
2. [ ] DRIVER
3. [ ] OTHER

### DAMAGE TO VEHICLE

1. [ ] BODY
2. [ ] WINDSHIELD
3. [ ] ROOF
4. [ ] DOORS
5. [ ] OTHER

### PROPERTY DAMAGE

1. [ ] HOME
2. [ ] SHOPPING
3. [ ] SCHOOL
4. [ ] OTHER

### MILEAGE READING

1. [ ] 0
2. [ ] 1
3. [ ] 2
4. [ ] 3
5. [ ] 4
6. [ ] 5
7. [ ] 6
8. [ ] 7
9. [ ] 8
10. [ ] 9

### WHAT WAS YOUR VEHICLE DOING PRIOR TO ACCIDENT?

1. [ ] MAKING RIGHT TURN
2. [ ] MAKING LEFT TURN
3. [ ] PARKING
4. [ ] STANDING ON ROAD
5. [ ] STOPPING ON ROAD
6. [ ] STANDING IN TRAFFIC
7. [ ] OTHER

### VEHICLE FAILURE

1. [ ] BRAKE FAILURE
2. [ ] LIGHT FAILURE
3. [ ] INTERMITTENT FAILURE
4. [ ] SIGN OR BURIAL
5. [ ] PARKED VEHICLE
6. [ ] OTHER

### VISUAL OBSTRUCTIONS

1. [ ] NIGHT
2. [ ] RAIN
3. [ ] WEATHER CONDITIONS

### INSURANCE INFORMATION

1. [ ] YES
2. [ ] NO

### NAME OF INSURANCE COMPANY (IF NOT PAYING)

1. [ ] NAME OF INSURANCE COMPANY
2. [ ] NAME OF INSURANCE COMPANY
3. [ ] OD VISUALIZATION

### POLICY NUMBER

1. [ ] 0
2. [ ] 1
3. [ ] 2
4. [ ] 3
5. [ ] 4
6. [ ] 5
7. [ ] 6
8. [ ] 7
9. [ ] 8
10. [ ] 9
11. [ ] 0

### POLICY EFFECTIVE DATE

1. [ ] 0
2. [ ] 1
3. [ ] 2
4. [ ] 3
5. [ ] 4
6. [ ] 5
7. [ ] 6
8. [ ] 7
9. [ ] 8
10. [ ] 9
11. [ ] 0

### COMPLETE BOTH SIDES OF THIS FORM

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**DANBURY, Conn. 12-1987**