MOTOR VEHICLE ACCIDENT REPORT
DIVISION OF MOTOR VEHICLE SAFETY RESPONSIBILITY SECTION

DO NOT WRITE IN THIS SPACE
DAIR NO. 1

LOCATION & TIME

MONTH (7) | DAY (9) | YEAR (11) | DAY OF WEEK: ☐ SUNDAY ☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY ☐ SATURDAY (13) | HOUR (15) | MIN | 17 AM ☐ 1 PM ☐ 2

TOTAL VEHICLES INVOLVED (18) | TOTAL INJURED (19) | TOTAL PEDESTRIANS INVOLVED (20)

ACCIDENT OCCURRED ON (PRINT NAME OF STREET OR HIGHWAY) (21)

ACCIDENT OCCURRED IN (NAME OF CITY OR TOWN) (11)

IF AT INTERSECTION (NAME OF INTERSECTING STREET OR HIGHWAY) (10) | 60 [1]

IF NOT AT AN INTERSECTION

23 HOW MANY FEET FROM NEAREST INTERSECTION

24 IN WHAT DIRECTION N ☐ 1 S ☐ 2 E ☐ 3 W ☐ 4 FROM

25 NAME NEAREST INTERSECTING STREET OR HIGHWAY

ENVIRONMENTAL CONDITIONS

LIGHT CONDITION (46)
1 ☐ DAYLIGHT
2 ☐ DAWN OR DUSK
3 ☐ DARK - ROAD LIGHTED
4 ☐ DARK - NOT LIGHTED

WEATHER (47)
1 ☐ CLEAR
2 ☐ FOGGY
3 ☐ CLOUDY
4 ☐ RAINING
5 ☐ SNOWING
6 ☐ SLEETING

ROAD SURFACE (48)
1 ☐ DRY
2 ☐ WET
3 ☐ SNOWY
4 ☐ ICE
5 ☐ FRESH OIL
6 ☐ OTHER

ROAD CONDITION (49)
1 ☐ NO DEFECTS
2 ☐ HOLES, RUTS, BUMPS
3 ☐ FOREIGN MATTER
4 ☐ DEFECTIVE SHOULDER
5 ☐ UNDER CONSTRUCTION
6 ☐ OTHER

TRAFFIC CONTROLS PRESENT (50)
1 ☐ STOP SIGN
2 ☐ YIELD SIGN
3 ☐ WARNING SIGN
4 ☐ SIGNAL LIGHT
5 ☐ FLASHING LIGHT
6 ☐ R.R. CROSSING GATE
7 ☐ R.R. AUTOMATIC SIGNAL
8 ☐ OFFICER OR FLAGMAN
9 ☐ CONTROL NOT WORKING
0 ☐ NO CONTROL PRESENT

ACCIDENT CONDITIONS

ACCIDENT INVOLVED COLLISION WITH (51)
1 ☐ PEDESTRIAN
2 ☐ PEDALCYCLE
3 ☐ NO COLLISION - RAN OFF ROAD
4 ☐ MOVING VEHICLE
5 ☐ VEHICLE STOPPED IN ROAD
6 ☐ PARKED MOTOR VEHICLE
7 ☐ FIXED OBJECT
8 ☐ OBJECT IN ROAD
9 ☐ NO COLLISION - OVERTURNED
0 ☐ OTHER

PEDESTRIAN ACTION (52)
1 ☐ ENTERING OR CROSSING ROAD
2 ☐ MOVING WITH TRAFFIC
3 ☐ MOVING AGAINST TRAFFIC
4 ☐ STANDING IN ROAD
5 ☐ GETTING ON/OFF VEHICLE
6 ☐ PUSHING OR WORKING ON VEHICLE
7 ☐ PLAYING IN ROADWAY
8 ☐ WORKING IN ROADWAY
9 ☐ HITCHHIKING
0 ☐ OTHER

COLLISION TYPE (53)
1 ☐ SIDESWIPE - OPPOSITE DIRECTION
2 ☐ SIDESWIPE - SAME DIRECTION
3 ☐ HEAD-ON
4 ☐ BROADSIDE
5 ☐ ANGLE
6 ☐ REAR END
7 ☐ OTHER
8 ☐ HIT AND RUN

PROP. DAMAGE

DESCRIBE NON-VEHICLE PROPERTY DAMAGE:

DAMAGED BY VEHICLE NO. (35)

NAME AND ADDRESS OF PROPERTY OWNER

APPROXIMATE COST TO REPAIR (57) | 60 [2]

YOUR VEHICLE — VEHICLE NO. 1

OPERATOR'S NAME (FIRST, MIDDLE INITIAL, LAST) | 7 DATE OF BIRTH MO / DAY / YEAR | 8 SEX 1 2 | 10 OPERATOR'S LICENSE NUMBER | 31 STATE | 22 DIRECTION OF TRAVEL N ☐ 1 S ☐ 2 E ☐ 3 W ☐ 4

RESIDENCE ADDRESS (NO. AND STREET, CITY OR TOWN, AND STATE/ZIP) | 24 VEHICLE REGISTRATION NUMBER | 32 STATE

VEHICLE OWNER (COMPLETE NAME AND ADDRESS) | 34 VEHICLE IDENTIFICATION NUMBER (VIN)

57 VEHICLE MAKE | 58 MODEL | 73 YEAR | REGISTRATION CLASSIFICATION 75 (PASSENGER, COMMERCIAL, MOTORCYCLE, CAMPER, ETC.) | VEHICLE NO. 78 | 60 [3]

OTHER VEHICLE

OPERATOR'S NAME (FIRST, MIDDLE INITIAL, LAST) | 7 DATE OF BIRTH MO / DAY / YEAR | 8 SEX 1 2 | 10 OPERATOR'S LICENSE NUMBER | 31 STATE | 22 DIRECTION OF TRAVEL N ☐ 1 S ☐ 2 E ☐ 3 W ☐ 4

RESIDENCE ADDRESS (NO. AND STREET, CITY OR TOWN, AND STATE/ZIP) | 24 VEHICLE REGISTRATION NUMBER | 32 STATE

VEHICLE OWNER (COMPLETE NAME AND ADDRESS) | 34 VEHICLE IDENTIFICATION NUMBER (VIN)

(CITY OR TOWN, AND STATE/ZIP) | 57 VEHICLE MAKE | 58 MODEL | 73 YEAR | REGISTRATION CLASSIFICATION 75 (PASSENGER, COMMERCIAL, MOTORCYCLE, CAMPER, ETC.) | VEHICLE NO. 78 | 60 [4]

ACCIDENT INFORMATION

IF FIXED OBJECT, OBJECT COLLIDED WITH (7)
01 ☐ MEDIAN BARRIER
02 ☐ GUARD RAIL
03 ☐ CURBING
04 ☐ ABUTMENT
05 ☐ SIGNPOST
06 ☐ UTILITY OR LIGHT POLE
07 ☐ TREE
08 ☐ EMBANKMENT
09 ☐ DITCH
10 ☐ ROCK OR LEDGE
11 ☐ STONE WALL OR FENCE
12 ☐ BRIDGE RAIL
13 ☐ CONSTRUCTION BARRIER
14 ☐ OTHER FIXED OBJECT

DESTINATION OF YOUR TRIP PRIOR TO ACCIDENT (9)
1 ☐ HOME
2 ☐ WORK
3 ☐ SHOPPING
4 ☐ SCHOOL
5 ☐ RECREATION
6 ☐ SOCIAL
7 ☐ BUSINESS
8 ☐ OTHER

YOUR VEHICLE
MILEAGE READING (11)

WHAT WAS YOUR VEHICLE DOING PRIOR TO ACCIDENT? (10)
01 ☐ MAKING RIGHT TURN
02 ☐ MAKING LEFT TURN
03 ☐ MAKING U-TURN
04 ☐ STRAIGHT AHEAD
05 ☐ PASSING ON RIGHT
06 ☐ PASSING ON LEFT
07 ☐ STOPPED AT STOP SIGN
08 ☐ SLOWING
09 ☐ SLOWING/STOPPING
10 ☐ CROSSING MEDIAN
11 ☐ MOVING VEH - NO DRIVER
12 ☐ BACKING
13 ☐ STARTING IN TRAFFIC
14 ☐ STARTING FROM PARK
15 ☐ PARKED
16 ☐ PARKING
17 ☐ STALLED/DISABLED
18 ☐ STALLED/DISABLED WITH FLASHERS ON
19 ☐ ENTERING/EXITING FROM DRIVEWAY
20 ☐ OTHER

VEHICLE FAILURE (18)
1 ☐ BRAKE FAILURE
2 ☐ LIGHT FAILURE
3 ☐ STEERING FAILURE
4 ☐ TIRE FAILURE
5 ☐ NO FAILURE
6 ☐ OTHER

VISUAL OBSTRUCTIONS (17)
1 ☐ TREES, SHRUBS, CROPS
2 ☐ BUILDING
3 ☐ EMBANKMENT
4 ☐ SIGN OR BILLBOARD
5 ☐ PARKED VEHICLE
6 ☐ VISION NOT BLOCKED
7 ☐ OTHER

INSURANCE INFORMATION

WAS AUTO LIABILITY INSURANCE IN EFFECT ON THE DATE OF THE ACCIDENT? YES ☐ NO ☐
IF "YES" COMPLETE ATTACHED FORM

NAME OF INSURANCE COMPANY (NOT AGENT) | POLICY NUMBER | POLICY EFFECTIVE DATE: FROM ____ TO ____

NAME OF POLICYHOLDER: | STREET ADDRESS: | CITY OR TOWN | STATE/ZIP

-COMPLETE BOTH SIDES OF THIS REPORT-

DMV/MVAR-1 Rev. 1/83

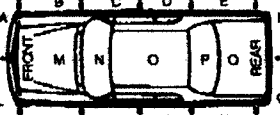
VEHICLE DAMAGE

APPROXIMATE COST TO REPAIR VEHICLE 1 — 29

FOR EACH VEHICLE INVOLVED, CIRCLE ON THE DIAGRAM THE LETTER OR LETTERS INDICATING THE DAMAGED AREA

APPROXIMATE COST TO REPAIR VEHICLE 2

VEHICLE NO. 1 DAMAGE — 24



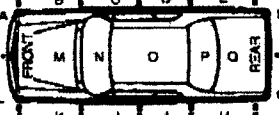
R – UNDERCARRIAGE S – ROLLOVER T – TOWED

USE THIS SPACE TO SKETCH DAMAGE TO TRAILERS OR MOTORCYCLES

IF TRAILER IN TOW, SHOW REGISTRATION AND STATE

34 — 40 (STATE) — TOWED BY VEHICLE NO. — 42

VEHICLE NO. 2 DAMAGE



R – UNDERCARRIAGE S – ROLLOVER T – TOWED

OCCUPANT INFORMATION

FOR YOUR VEHICLE PROVIDE THE FOLLOWING SEAT BELT INFORMATION

OCCUPIED SEATS

INDICATE THE SEATS OCCUPIED
FOR SIX-PASSENGER AUTOS USE 1 - 6
FOR NINE-PASSENGER WAGONS OR VANS USE 1-9
FOR BUCKET SEATS IN FRONT USE 1 AND 3
FOR BUCKET SEATS IN REAR USE 4 AND 6
FOR MOTORCYCLES USE 1 AND 4

EJECTION

FOR EACH OCCUPIED SEAT INDICATE WHETHER THE OCCUPANT WAS THROWN FROM THE VEHICLE BY PLACING THE PROPER CODE IN THE PROPER SEAT LOCATION

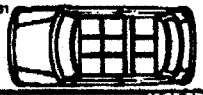
1 — NOT THROWN
2 — PARTIALLY THROWN
3 — TOTALLY THROWN
4 — UNKNOWN

SEAT BELT USE

FOR EACH OCCUPIED SEAT, ENTER THE SEAT BELT USE CODE IN THE PROPER SEAT LOCATION

1 — BELTS USED
2 — BELTS NOT USED
3 — BELTS NOT INSTALLED
4 — BELTS FAILED
5 — USE UNKNOWN

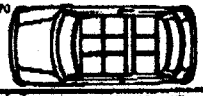
FOR MOTORCYCLES
6 — HELMETS USED
7 — HELMETS NOT USED
8 — USE UNKNOWN



SEAT BELT TYPE

FOR EACH OCCUPIED SEAT, ENTER THE SEAT BELT TYPE CODE IN THE PROPER SEAT LOCATION

1 — LAP BELT
2 — SHOULDER HARNESS
3 — LAP/SHOULDER COMBINATION
4 — CHILD RESTRAINT
5 — OTHER



80

INJURED

NAME OF INJURED: (FIRST, MIDDLE INITIAL, LAST) STREET ADDRESS: CITY OR TOWN: STATE/ZIP:

INJURED WAS RIDING IN VEHICLE NO. — 37

AGE — 30

SEX — 32 (1 M, 2 F)

WAS INJURED A CHILD IN LAP OF ADULT? — 33 YES 1 NO 2

ACCIDENT SEVERITY CONDITION AT SCENE OF ACCIDENT — 34

1 FATAL
2 BLEEDING OR BROKEN BONES
3 BRUISES OR ABRASIONS
4 COMPLAINT OF PAIN

PERSON INJURED — 35

1 PEDESTRIAN
2 PEDALCYCLIST
3 PASS IN BUS
4 OTHER
5 VEHICLE OPERATOR
6 VEHICLE PASSENGER
7 MOTORCYCLE OPER
8 MOTORCYCLE PASS

SHOW SEAT OCCUPIED BY INJURED

90

NAME OF INJURED: (FIRST, MIDDLE INITIAL, LAST) STREET ADDRESS: CITY OR TOWN: STATE/ZIP:

INJURED WAS RIDING IN VEHICLE NO. — 37

AGE — 30

SEX — 32 (1 M, 2 F)

WAS INJURED A CHILD IN LAP OF ADULT? — 33 YES 1 NO 2

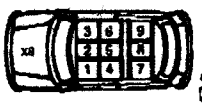
ACCIDENT SEVERITY CONDITION AT SCENE OF ACCIDENT — 34

1 FATAL
2 BLEEDING OR BROKEN BONES
3 BRUISES OR ABRASIONS
4 COMPLAINT OF PAIN

PERSON INJURED — 35

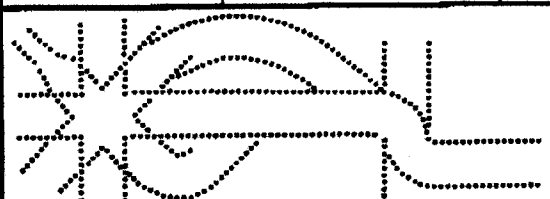
1 PEDESTRIAN
2 PEDALCYCLIST
3 PASS IN BUS
4 OTHER
5 VEHICLE OPERATOR
6 VEHICLE PASSENGER
7 MOTORCYCLE OPER
8 MOTORCYCLE PASS

SHOW SEAT OCCUPIED BY INJURED



90

COLLISION DIAGRAM



INDICATE ON THIS DIAGRAM WHAT HAPPENED:

USE ONE OF THE OUTLINES TO DESCRIBE THE SCENE OF THE ACCIDENT SHOWING STREET NAME AND HIGHWAY NUMBERS

1 NUMBER EACH VEHICLE AND SHOW DIRECTION OF TRAVEL BY ARROW → 1 2

2 USE SOLID LINES FOR BEFORE ACCIDENT AND BROKEN LINES FOR AFTER

3 SHOW PEDESTRIAN BY →—@

4 SHOW RAILROAD BY ########

5 SHOW DISTANCE AND DIRECTION TO LANDMARKS OR OTHER IDENTIFYING FEATURES

6 SHOW NORTH BY ARROW ⊖

INDICATE NORTH BY ARROW

DESCRIBE WHAT HAPPENED – REFER TO VEHICLES BY NUMBER:

FOR OFFICIAL USE ONLY:

EDIT BY: _____

DATE: _____

BOTH SIDES OF THIS REPORT MUST BE COMPLETED

OPERATOR'S SIGNATURE: (THIS REPORT MUST BE SIGNED)

X

DATE: