ALL INFORMATION REQUESTED MUST BE COMPLETED IN FULL IN INK OR TYPEWRITTEN

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EXACT LOCATION				
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NO. OF FATALS		NO. INJ.		



State of Vermont
Agency of Transportation
Department of Motor Vehicles
120 State Street
Montpelier, VT 05603-0001



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REPORT OF A MOTOR VEHICLE ACCIDENT

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YOUR VEHICLE		SURFACE CONDITION	ROA		ROAD CONDITION	TRAFFIC CONTROL		MC	<u> TOR</u>	CYCL	LE INFO	ONLT
COLLIDED WITH		□ 1. Dry	CHARAC	CTER	(Check Most Serious)	(Highway Only)	Cycl	e 1	Cycl	le 2		heck block
(First Action)		□ 2. Wet	☐ 1. Interse	ection	☐ 1. Pot holes	☐ 1. Officer	OP	OP	OP	OP	only if	answer is YES
1. Pedestrian		□ 3. Snow	🔲 2. Bridg	e Over	2. Frost heaves	2. Flagperson		-	-		Mana	
□ 2. MV in traffic		□ 4. Ice	□ 3. Unde	roass	☐ 3. Snow drift	3. Stop light			-		Wore	neimet
☐ 3. MV Parked	*		I	rossing	☐ 4. Soft shoulder	4. Stop sign					Wore	eye protection
☐ 4. RR train		5. Muddy	5. Drive	· · · I	5. Construc. Area	□ 5. Caution light	L]	_		1	Injured	l head
☐ 5. Pedal cycle		☐ 6. Slushy	☐ 6. Alley	· ·	☐ 6. Flooding	☐ 6. Yield sign				\Box	Injured	
☐ 6. Wild Animal		□ 7. Oily	☐ 7. Ramı	- 1	7. Ice chunks	7. Lane marking	\vdash					
☐ 7. domestic		□ 8. Leaves	□ 7. Ram	' I	□ 8. Debris	8. Special signs	\vdash				Injured	
animal		☐ 9. Other		` I	□ 9. Other	9. Other type 0. No Control	\Box				Injured	l back
☐ 8. Snowmobile		☐ 10. Unknown	9. Other		☐ 10. Unknown	D 0.110 00111101					Injured	l arm or leg
☐ 9. Other		☐ 00. Not applicable	☐ 10. Unki								Injured	internally
Moveable			□ 0. Not	applicable	00. Not applicable							type of injury
object			 				 					
☐ 10. Overturned		. IOUT CONDITIONS	ROAD DE	ESION	WEATHER COND.	R.R. TRAFFIC COND.					IAN VEHI	
☐ 11. Other	ROAD TYPE	LIGHT CONDITIONS	ROAD DE	ESIGN	WEATHER COND.	K.K. INALLIO COND.			•			
non-collision	☐ 1. Blacktop	1. Dawn	☐ 1. Up/do	own hill	☐ 1. Clear	☐ 1. Officer						
☐ 12. Guard rail, curb	□ 2. Gravel	☐ 2. Daylight	□ 2. Top (of hill	2. Raining	2. Flagperson						
□ 13. Tree		□ 3. Dusk	☐ 3. Botto	om of hill	☐ 3. Snowing	□ 3. Gates						
☐ 14. Pole, sign	3. Dirt, trail	☐ 4. Dark	☐ 4. Leve	H	4. Foggy	4. Cross bucks						
☐ 15. Ledge,	4. Concrete	☐ 5. Dark-street	1.		☐ 5. Halling	☐ 5. Flashing lights	PR	OPER	TY OW	VNER'S	S NAME A	AND ADDRESS
boulder	9. Other	lights on			☐ 6. Cloudy only	☐ 6. Stop sign						
☐ 16. Other fixed object	🗆 0. Unknown	☐ 9. Other			7. Sleeting	7. Warning sign	1					
☐ 17. Moped		□ 0. Unknown	1		□ 9. Other	9. Other type						
☐ 18. Motorcycle					0. Unknown	☐ 10. No RR Control						
□ 00. Unknown					U V. OIIKIOWII	□ 00. Not applicable	1					
	<u> </u>		ļ			U 00. Not applicable						
		POSTED	ROAD ALI	GNMENT	r							
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		(MPH)	☐ 2. Slig	ht Curve								
		1	□ 3. Sha	arp Curve				AP	PROX	IMATE	REPAIR	COSTS
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IMPORTANT: YOU (OPERATOR #1) MUST FURNISH THE INSURANCE INFORMATION REQUESTED BELOW

Vermont Law Requires that any person involved in an accident which has resulted in bodily injury or death to any person or whereby the motor vehicle then under his control or any other property is damaged in an aggregate amount to the extent of \$1000.00 or more must furnish the Commissioner with satisfactory proof that a standard provisions automobile liability insurance policy was in full force and effect at the time of the accident.

Any person who fails to furnish satisfactory proof that liability insurance was in force at the time of the accident may be required to obtain and furnish proof that Financial Responsibility Insurance has been obtained covering such person in the future operation of any motor vehicle.

FORM SR-21A VERMONT

YOU (OPERATOR #1) MUST COMPLETE THIS SECTION IN FULL

If you fail to give full information below, it will be assumed that you do not have automobile liability insurance and a suspension of your license/privilege to operate in Vermont will be issued.

A.O.T. NO.

Was an Automobile Liability Insurance policy, providing you AT LEAST \$25,000/\$50,000 bodiy injury and \$10,000 property damage insurance in effect on the date of this accident? (You must answer "Yes" or "No"): Name of <u>your</u> (Operator #1) insurance company (NOT AGENT): Insurance company's mailing address: Policy period from: ______ to ____ Your policy number: Address: Name of policyholder: Date of accident: Name of operator at time of accident: Is this motor vehicle covered by a certificate of self-insurance? **Vermont Department of Motor Vehicles** FORM SR-21A A.O.T. NO. VERMONT Montpelier, Vermont Name of insurance company with whom you are insured for liability or damage to others (for Operator #1): Insurance Company mailing address: Policy period from: ______ to: Policy number: Date of accident: _____ / _ / ___ Location of accident (at or near city/town): ______ Vermont Make of your vehicle: Name of operator at time of accident: ______ Address: Name of owner of vehicle: Address: Name of policyholder: Signature of operator: IMPORTANT! This accident should also be reported directly to your insurance company. Failure to report may jeopardize your automobile liability. DO NOT WRITE BELOW THIS LINE - FOR USE OF INSURANCE COMPANY ONLY TO INSURANCE COMPANY: Return this form in 15 days if no policy, or insufficient policy, was in effect as alleged by motorist. If notification is not received within 15 days, it will be assumed the required insurance was in efffect at the time of the accident. TO COMMISSIONER OF MOTOR VEHICLES, 120 STATE STREET, MONTPELIER, VERMONT 05603-0001: With regard to an insurance policy for the policyholder named on this document the undersigned insurance company advises you in accordance with the items checked below. 1. No such policy was in effect on the date of the accident. 2. Our policy applies to the owner of the vehicle but does not apply to the operator of the vehicle involved in the accident. 3. Our policy affords limits of liability less than \$25,000/\$50,000 bodiy injury and \$10,000 property damage. (Indicate actual limits under remarks) REMARKS: NAME OF INSURANCE COMPANY BY: Authorized Representative of Insurance Company