

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

FOR OFFICE USE ONLY				FOR OFFICE USE ONLY			
ROUTE CODE				State of Vermont Agency of Transportation Department of Motor Vehicles 120 State Street Montpelier, VT 05603-0001		REF. NO.	
COUNTY/TOWN CODE						A.O.T. NO.	
EXACT LOCATION							
NO. OF VEH.		NO. INVOLVED					
NO. OF FATALS		NO. INJ.					
REPORT OF A MOTOR VEHICLE ACCIDENT							

The operator of every motor vehicle involved in an accident which results in injury or death or total property damage of \$1000.00 or more, must make a report on this form within 72 hours to the above address. **YOU MUST REPORT EVEN IF VEHICLE WAS PARKED.** The failure or refusal of any person to report is punishable by a penalty of up to \$175.00.

TIME OF ACCIDENT <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DAY OF WEEK	MONTH DAY YEAR / /	PLACE OF ACCIDENT (CITY OR TOWN)	COUNTY OF	OFFICE USE ONLY		
ROAD ON WHICH ACCIDENT OCCURRED (STREET/ ROUTE NO.)			IF AT AN INTERSECTION GIVE OTHER STREET/ROUTE NO.	TYPE OF AREA R=RURAL U=URBAN			
IF ACCIDENT IS NOT AT AN INTERSECTION, GIVE DISTANCE TO NEAREST TOWN LINE, BRIDGE, INTERSECTION, OR OTHER LANDMARK							

IF YOUR (OPERATOR #1) ADDRESS IS DIFFERENT FROM THE ADDRESS ON DEPARTMENT RECORDS AND THIS FORM IS SIGNED BY YOU THIS FORM WILL BE CONSIDERED TO BE A NOTICE OF ADDRESS CHANGE AND YOUR ADDRESS WILL BE CHANGED ON DMV RECORDS.

YOUR VEHICLE -- NO. 1				OTHER VEHICLE -- NO. 2															
OPER. NAME: LAST		FIRST		MIDDLE		OPER. NAME: LAST		FIRST		MIDDLE									
STREET OR BOX NO.			CITY OR TOWN		STATE		STREET OR BOX NO.			STATE									
ZIP CODE		SOCIAL SECURITY NO.		DATE OF BIRTH		AGE		ZIP CODE		AGE									
OPERATOR'S LICENSE NO.		CLASS		STATE		DRIVING EXPERIENCE ____ YEARS ____ MONTHS		OPERATOR'S LICENSE NO.		DRIVING EXPERIENCE ____ YEARS ____ MONTHS									
DID OPERATOR TAKE DRIVER'S EDUCATION IN HIGH SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHAT YEAR		FOR OFFICE USE ONLY		MOTORCYCLE C.C		DID OPERATOR TAKE DRIVER'S EDUCATION IN HIGH SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO		MOTORCYCLE C.C									
IDENTIFICATION NUMBER		PLATE NUMBER		PLATE STATE		IDENTIFICATION NUMBER		PLATE NUMBER		PLATE STATE									
VEHICLE YEAR		VEHICLE MAKE		VEHICLE MODEL		VEHICLE TYPE		VEHICLE YEAR		VEHICLE TYPE									
TRAILER YEAR		TRAILER MAKE		TRAILER MODEL		TRAILER PLATE NUMBER		TRAILER YEAR		TRAILER PLATE NUMBER									
APPARENT PARTS VEHICLE DAMAGED CIRCLE NO. IN BOX FOR EACH AREA DAMAGED				ESTIMATED COST OF REPAIRS				APPARENT PARTS VEHICLE DAMAGED CIRCLE NO. IN BOX FOR EACH AREA DAMAGED				ESTIMATED COST OF REPAIRS							
1		2		3		4		5		6		13 HOOD		14 ROOF		15 TRUNK		ESTIMATED SPEED OF VEHICLE	
7		8		9		10		11		12		16 UNDERCARRIAGE		17 TOTAL		DIRECTION VEHICLE TRAVELING (N-E-S-W)		FOR OFFICE USE ONLY	
VEHICLE OWNER'S NAME		MAKE		CLASS		VEHICLE OWNER'S NAME		MAKE		CLASS									
VEHICLE OWNER'S ADDRESS		COMM		MAT		VEHICLE OWNER'S ADDRESS		COMM		MAT									

OCCUPANT DATA												FOR OFFICE USE ONLY			
THE INFORMATION BELOW IS REQUIRED FOR YOURSELF AND ALL OCCUPANTS IN ALL VEHICLES (ATTACH ADDITIONAL SHEETS IF THERE IS NOT ENOUGH ROOM BELOW)															
OCCUPANT'S NAME AND ADDRESS (USE THE FIRST LINE FOR YOURSELF EVEN IF NOT INJURED)			NATURE AND EXTENT OF INJURY (STATE 'NONE' IF NOT INJURED)			NAME OF HOSPITAL INJURED TAKEN TO			THIS INFORMATION IS REQUIRED						
									VEH NO	POSITION WITHIN VEHICLE	AGE OF OCC	MALE OR FEMALE	WAS SEATBELT OR HARNESS USED	WAS OCCUPANT THROWN FROM VEHICLE	
									1	YOURSELF DRIVER					
WHAT WAS PEDESTRIAN OR BICYCLIST DOING?			PEDESTRIAN OR BICYCLIST NAME						DATE OF BIRTH		AGE		FOR OFFICE USE ONLY		
PEDESTRIAN BICYCLIST DATA FILL IN ONLY IF A PEDESTRIAN OR BICYCLIST WAS INVOLVED <input type="checkbox"/> WALKING W/TRAFFIC <input type="checkbox"/> WALKING AGST. TRAF. <input type="checkbox"/> NOT IN ROADWAY <input type="checkbox"/> CROSSING INTERSECT <input type="checkbox"/> CROSS NOT AT INTER. <input type="checkbox"/> PLAYING IN ROAD <input type="checkbox"/> GETTING ON/OFF VEHICLE <input type="checkbox"/> PUSHING VEHICLE <input type="checkbox"/> WORKING ON VEH <input type="checkbox"/> RIDING/PUSHING BIKE <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN			STREET ADDRESS OR BOX NO.						CITY OR TOWN		STATE		SEX		
			DESCRIBE INJURY						TYPE OF CLOTHING <input type="checkbox"/> BRIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> DARK				FOR OFFICE USE ONLY		

YOUR VEHICLE COLLIDED WITH (First Action) <input type="checkbox"/> 1. Pedestrian <input type="checkbox"/> 2. MV in traffic <input type="checkbox"/> 3. MV Parked <input type="checkbox"/> 4. RR train <input type="checkbox"/> 5. Pedal cycle <input type="checkbox"/> 6. Wild Animal <input type="checkbox"/> 7. domestic animal <input type="checkbox"/> 8. Snowmobile <input type="checkbox"/> 9. Other Moveable object <input type="checkbox"/> 10. Overtumed <input type="checkbox"/> 11. Other non-collision <input type="checkbox"/> 12. Guard rail, curb <input type="checkbox"/> 13. Tree <input type="checkbox"/> 14. Pole, sign <input type="checkbox"/> 15. Ledge, boulder <input type="checkbox"/> 16. Other fixed object <input type="checkbox"/> 17. Moped <input type="checkbox"/> 18. Motorcycle <input type="checkbox"/> 00. Unknown		SURFACE CONDITION <input type="checkbox"/> 1. Dry <input type="checkbox"/> 2. Wet <input type="checkbox"/> 3. Snow <input type="checkbox"/> 4. Ice <input type="checkbox"/> 5. Muddy <input type="checkbox"/> 6. Slushy <input type="checkbox"/> 7. Oily <input type="checkbox"/> 8. Leaves <input type="checkbox"/> 9. Other <input type="checkbox"/> 10. Unknown <input type="checkbox"/> 00. Not applicable	ROAD CHARACTER <input type="checkbox"/> 1. Intersection <input type="checkbox"/> 2. Bridge Over <input type="checkbox"/> 3. Underpass <input type="checkbox"/> 4. RR crossing <input type="checkbox"/> 5. Driveway <input type="checkbox"/> 6. Alley <input type="checkbox"/> 7. Ramp off <input type="checkbox"/> 8. Ramp on <input type="checkbox"/> 9. Other <input type="checkbox"/> 10. Unknown <input type="checkbox"/> 0. Not applicable	ROAD CONDITION (Check Most Serious) <input type="checkbox"/> 1. Pot holes <input type="checkbox"/> 2. Frost heaves <input type="checkbox"/> 3. Snow drift <input type="checkbox"/> 4. Soft shoulder <input type="checkbox"/> 5. Construc. Area <input type="checkbox"/> 6. Flooding <input type="checkbox"/> 7. Ice chunks <input type="checkbox"/> 8. Debris <input type="checkbox"/> 9. Other <input type="checkbox"/> 10. Unknown <input type="checkbox"/> 00. Not applicable	TRAFFIC CONTROL (Highway Only) <input type="checkbox"/> 1. Officer <input type="checkbox"/> 2. Flagperson <input type="checkbox"/> 3. Stop light <input type="checkbox"/> 4. Stop sign <input type="checkbox"/> 5. Caution light <input type="checkbox"/> 6. Yield sign <input type="checkbox"/> 7. Lane marking <input type="checkbox"/> 8. Special signs <input type="checkbox"/> 9. Other type <input type="checkbox"/> 0. No Control	MOTORCYCLE INFO ONLY <table border="1"> <tr> <th colspan="2">Cycle 1</th> <th colspan="2">Cycle 2</th> <th rowspan="2">Check block only if answer is YES</th> </tr> <tr> <th>OP</th> <th>OP</th> <th>OP</th> <th>OP</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Wore helmet</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Wore eye protection</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Injured head</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Injured neck</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Injured chest</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Injured back</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Injured arm or leg</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Injured internally</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Other type of injury</td> </tr> </table>				Cycle 1		Cycle 2		Check block only if answer is YES	OP	OP	OP	OP					Wore helmet					Wore eye protection					Injured head					Injured neck					Injured chest					Injured back					Injured arm or leg					Injured internally					Other type of injury
	Cycle 1		Cycle 2		Check block only if answer is YES																																																										
OP	OP	OP	OP																																																												
				Wore helmet																																																											
				Wore eye protection																																																											
				Injured head																																																											
				Injured neck																																																											
				Injured chest																																																											
				Injured back																																																											
				Injured arm or leg																																																											
				Injured internally																																																											
				Other type of injury																																																											
	ROAD TYPE <input type="checkbox"/> 1. Blacktop <input type="checkbox"/> 2. Gravel <input type="checkbox"/> 3. Dirt, trail <input type="checkbox"/> 4. Concrete <input type="checkbox"/> 9. Other <input type="checkbox"/> 0. Unknown	LIGHT CONDITIONS <input type="checkbox"/> 1. Dawn <input type="checkbox"/> 2. Daylight <input type="checkbox"/> 3. Dusk <input type="checkbox"/> 4. Dark <input type="checkbox"/> 5. Dark-street lights on <input type="checkbox"/> 9. Other <input type="checkbox"/> 0. Unknown	ROAD DESIGN <input type="checkbox"/> 1. Up/down hill <input type="checkbox"/> 2. Top of hill <input type="checkbox"/> 3. Bottom of hill <input type="checkbox"/> 4. Level	WEATHER COND. <input type="checkbox"/> 1. Clear <input type="checkbox"/> 2. Raining <input type="checkbox"/> 3. Snowing <input type="checkbox"/> 4. Foggy <input type="checkbox"/> 5. Hailing <input type="checkbox"/> 6. Cloudy only <input type="checkbox"/> 7. Sleetng <input type="checkbox"/> 9. Other <input type="checkbox"/> 0. Unknown	R.R. TRAFFIC COND. <input type="checkbox"/> 1. Officer <input type="checkbox"/> 2. Flagperson <input type="checkbox"/> 3. Gates <input type="checkbox"/> 4. Cross bucks <input type="checkbox"/> 5. Flashing lights <input type="checkbox"/> 6. Stop sign <input type="checkbox"/> 7. Warning sign <input type="checkbox"/> 9. Other type <input type="checkbox"/> 10. No RR Control <input type="checkbox"/> 00. Not applicable	PROPERTY DAMAGE OTHER THAN VEHICLE PROPERTY OWNER'S NAME AND ADDRESS APPROXIMATE REPAIR COSTS \$																																																									

WITNESS - DO NOT LIST ANY VEHICLE OCCUPANTS

LAST NAME	FIRST NAME	MIDDLE	ADDRESS	CITY OR TOWN	STATE

ACCIDENT SKETCH-INDICATE ON THIS DIAGRAM WHAT HAPPENED (ATTACH SHEET IF NECESSARY)

USE ONE OF THESE OUTLINES TO SKETCH THE SCENE OF YOUR ACCIDENT
 WRITING IN STREET OR HIGHWAY NAMES OR NUMBERS.

1. NUMBER EACH VEHICLE AND SHOW DIRECTION OF TRAVEL BY ARROW:



2. USE SOLID LINE TO SHOW PATH BEFORE ACCIDENT → DOTTED LINE AFTER ACCIDENT - - - →

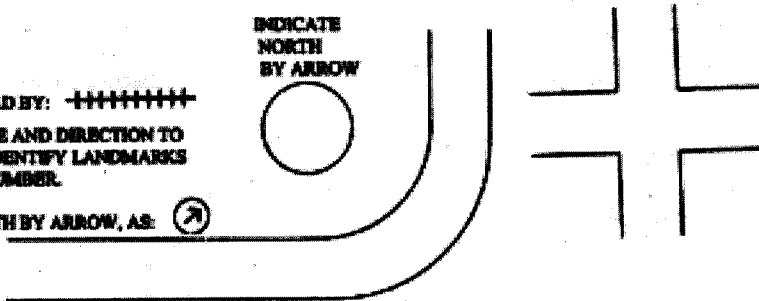
3. SHOW PEDESTRIAN BY: → (P)

4. SHOW RAILROAD BY:

5. SHOW DISTANCE AND DIRECTION TO LANDMARKS- IDENTIFY LANDMARKS BY NAME OR NUMBER.

6. INDICATE NORTH BY ARROW, AS:

INDICATE NORTH BY ARROW



DESCRIBE IN YOUR OWN WORDS WHAT HAPPENED (ATTACH SHEET IF NECESSARY)

FOR OFFICE USE ONLY (K.P. SKIP AHEAD)

CAUSE

TYPE

VEHICLE MANEUVER

DEGREE OF CURVE

PERCENT OF GRADE

SKID

DEPT. TYPE

DEPT. CODE

WAS THIS ACCIDENT INVESTIGATED BY AN OFFICER? YES NO

IF YES, GIVE NAME OF OFFICER

OFFICER'S DEPARTMENT

IF YOUR VEHICLE IS A SCHOOL BUS, INDICATE ITS SEATING CAPACITY

WERE YOU DRIVING A COMMERCIAL VEHICLE? YES NO

WAS THE VEHICLE TRANSPORTING HAZARDOUS MATERIALS? YES NO

IF YES, GIVE NAME OF MATERIAL

1. 16 OR MORE

2. 15 OR LESS

OPERATOR SIGN HERE

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	A.O.T. NO.
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.		

Was an Automobile Liability Insurance policy, providing you AT LEAST \$25,000/\$50,000 bodily injury and \$10,000 property damage insurance in effect on the date of this accident? (You must answer "Yes" or "No"): _____

Name of your (Operator #1) insurance company (NOT AGENT): _____

Insurance company's mailing address: _____

Your policy number: _____ Policy period from: _____ to _____

Name of policyholder: _____ Address: _____

Name of operator at time of accident: _____ Date of accident: _____

Is this motor vehicle covered by a certificate of self-insurance? _____ If so, certificate number: _____

FORM SR-21A VERMONT	Vermont Department of Motor Vehicles Montpelier, Vermont	A.O.T. NO.
--------------------------------	---	------------

Name of insurance company with whom you are insured for liability or damage to others (for Operator #1): _____

Insurance Company mailing address: _____

Policy number: _____ Policy period from: _____ to: _____

Date of accident: ____ / ____ / ____ Location of accident (at or near city/town): _____ Vermont

Make of your vehicle: _____ Year: _____ Type: _____ VIN Number: _____

Name of operator at time of accident: _____ Address: _____

Name of owner of vehicle: _____ Address: _____

Name of policyholder: _____ Address: _____

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 effect 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 bodily injury and \$10,000 property damage. (Indicate actual limits under remarks)

REMARKS:	<p style="text-align: center;">NAME OF INSURANCE COMPANY</p> <hr/> <p>BY: _____</p> <p style="text-align: center; font-size: small;">Authorized Representative of Insurance Company</p>
-----------------	---