**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
- [ ] A.M.
- [x] P.M.

### Place of Accident (City or Town)

### County of

### 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.

### Operator's Address
- Operator's Name: Last
- Operator's Name: Middle
- Operator's Name: First
- Operator's Address: Street or Box No.
- Operator's Address: City or Town
- Operator's Address: State
- Operator's Address: ZIP Code

### Registration Information
- Operator's License No.
- Operator's License Class
- Operator's Date of Birth

### Driving Experience
- Driving Experience Years
- Driving Experience Months

### Vehicle Information
- Vehicle Year
- Vehicle Make
- Vehicle Model
- Vehicle Type

### Trailer Information
- Trailer Year
- Trailer Make
- Trailer Model
- Trailer Plate Number

### Apparent Parts Vehicle Damaged
- Apparent Parts Vehicle Damaged Circle No. In Box For Each Area Damaged

### Estimated Cost of Repairs

### Direction Vehicle Damaged

### Apparent Parts Vehicle Damaged

### Estimated Speed of Vehicle

### Unit of Measure

### Vehicle Owner Information
- Vehicle Owner's Name
- Vehicle Owner's Address

### Occupant Information
- Occupant's Name and Address
- Nature and Extent of Injury
- Name of Hospital Injured Taken To

### This Information is Required
- Position Within Vehicle
- Male or Female
- Seatbelt or Harness Used
- Was Occupant Thrown From Vehicle

### Pedestrian or Bicyclist Data
- Pedestrian or Bicyclist Name
- Date of Birth
- Age
- Street Address or Box No.
- City or Town
- State
- Sex
- Type of Clothing
- Bright
- Medium
- Dark

### Additional Information
- What was Pedestrian or Bicyclist Doing?
- PEDESTRIAN DATA
- FILL IN ONLY IF A PEDESTRIAN OR BICYCLIST WAS INVOLVED
- PEDESTRIAN OR BICYCLIST WAS INVOLVED

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**Note:** The form includes various sections for different types of information, such as operator, vehicle, accident details, and occupant data. Each section is designed to capture specific details related to the accident, ensuring comprehensive reporting.
**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:**
   - [Diagram of arrow indicators]
2. **Use solid line to show path before accident**
   - [Solid line indicator]
3. **Use dotted line to show path after accident**
   - [Dotted line indicator]
4. **Show railroad by:**
   - [Diagram of railroad line indicator]
5. **Show distance and direction to landmarks/identify landmarks by name or number.**
6. **Indicate north by arrow, as:**
   - [Diagram of north indicator]

**Describe in your own words what happened (Attach sheet if necessary)**

**For official 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?**

**Was the vehicle transporting hazardous materials?**

**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 Department of Motor Vehicles
Montpelier, Vermont

<table>
<thead>
<tr>
<th>Name of your (Operator #1) insurance company (NOT AGENT):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance company's mailing address:</td>
</tr>
<tr>
<td>Policy number:</td>
</tr>
<tr>
<td>Name of policyholder:</td>
</tr>
<tr>
<td>Name of operator at time of accident:</td>
</tr>
<tr>
<td>Is this motor vehicle covered by a certificate of self-insurance?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of insurance company with whom you are insured for liability or damage to others (for Operator #1):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Company mailing address:</td>
</tr>
<tr>
<td>Policy number:</td>
</tr>
<tr>
<td>Date of accident:</td>
</tr>
<tr>
<td>Make of your vehicle:</td>
</tr>
<tr>
<td>Name of operator at time of accident:</td>
</tr>
<tr>
<td>Name of owner of vehicle:</td>
</tr>
<tr>
<td>Name of policyholder:</td>
</tr>
</tbody>
</table>

**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:**

<table>
<thead>
<tr>
<th>NAME OF INSURANCE COMPANY</th>
</tr>
</thead>
<tbody>
<tr>
<td>BY:</td>
</tr>
</tbody>
</table>

Authorized Representative of Insurance Company