

1	ON PRIVATE PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF ACCIDENT	TIME (24 hr)	DAY OF WEEK	NUMBER VEHICLES	PERSONS INVOLVED	NUMBER OF PEDS	NUMBER INJURED	NUMBER KILLED	INVESTIGATED AT SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO	HIT/RUN <input type="checkbox"/> YES <input type="checkbox"/> NO	PHOTOS <input type="checkbox"/> YES <input type="checkbox"/> NO					
2	PUBLIC PROPERTY DAMAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTIFIED POLICE DATE _____ TIME _____	NOTIFIED: EMS DATE _____ TIME _____		ARRIVED: _____		POLICE NOTIFIED BY _____										
<b>LOCATION OF ACCIDENT</b>																	
3	COUNTY					CITY											
4	ACCIDENT OCCURED ON: name of street, road, or highway number					AT INTERSECTION WITH:											
5	IF NOT AT INTERSECTION _____ FEET _____ MILES _____ OF _____ DIRECTION _____ nearest street, highway, ramp, bridge, city, railroad crossing, etc.																
6	HIGHWAY MILEPOST MARKER:			HIGHWAY SECTION NUMBER:			IF AT INTERCHANGE LOCATION: _____ Identify ramp (accel or decel), crossroad, etc.										
<b>VEHICLE 1</b>																	
7	DRIVER NO. 1 LAST NAME				FIRST		MIDDLE INITIAL		DRIVER NO. 2 LAST NAME				FIRST				
ADDRESS				SOCIAL SECURITY NUMBER				ADDRESS				SOCIAL SECURITY NUMBER					
CITY				STATE		ZIP		PHONE		CITY				STATE			
DRIVER'S LICENSE NO.				CLASS		STATE		DATE OF BIRTH		DRIVER'S LICENSE NO.				CLASS			
OCCUPATION				EMPLOYED BY				BUSINESS PHONE				OCCUPATION				EMPLOYED BY	
MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>				POSTED SPEED		NUMBER OF OCCUPANTS		EST. SPEED		INSURANCE CO.		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>				POSTED SPEED	
CARRIER'S NAME				<input type="checkbox"/> VEHICLE SIDE <input type="checkbox"/> SHIPPING PAPERS <input type="checkbox"/> DRIVER		GVWR:		NO. AXLES		CARRIER'S NAME				<input type="checkbox"/> VEHICLE SIDE <input type="checkbox"/> SHIPPING PAPERS <input type="checkbox"/> DRIVER		GVWR:	
CARRIER'S IDENTIFICATION <input type="checkbox"/> US DOT <input type="checkbox"/> ICC MC				HAZ MAT PLACARD? <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER/NAME		HAZ MAT RELEASE? <input type="checkbox"/> YES <input type="checkbox"/> NO		CARRIER'S IDENTIFICATION <input type="checkbox"/> US DOT <input type="checkbox"/> ICC MC				HAZ MAT PLACARD? <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER/NAME	
VEHICLE OWNER LAST NAME				FIRST		MIDDLE INITIAL		VEHICLE OWNER LAST NAME				FIRST		MIDDLE INITIAL			
ADDRESS				CITY				STATE		ADDRESS				CITY			
VEHICLE IDENTIFICATION NO.				LICENSE NO.		YEAR		STATE		VEHICLE IDENTIFICATION NO.				LICENSE NO.		YEAR	
MAKE		MODEL		BODY STYLE		YEAR		COLOR		ODOMETER		MAKE		MODEL		BODY STYLE	
SHADE DAMAGED AREAS				<b>CHECK APPROPRIATE BOX IF APPLICABLE</b>								SHADE DAMAGED AREAS					
				<input type="checkbox"/> 1 HEAD ON		<input type="checkbox"/> 2 REAR END		<input type="checkbox"/> 3 ANGLE COLLISION		<input type="checkbox"/> 4 SIDESWIPE MEETING		<input type="checkbox"/> 5 SIDESWIPE PASSING					
				<input type="checkbox"/> 6 OVERTURN		<input type="checkbox"/> 7 INVOLVED LEFT TURN		<input type="checkbox"/> 8 INVOLVED RIGHT TURN		<input type="checkbox"/> 9 INVOLVED RIGHT TURN ON RED LIGHT		<input type="checkbox"/> 10 OTHER					
<b>DIAGRAM</b>													NORTH				
INDICATE INITIAL IMPACT BY ARROW				VEHICLE TOWED BY:				VEHICLE TOWED TO:				ESTIMATED REPAIR COST \$					
VEHICLE TOWED TO:				ESTIMATED REPAIR COST \$				TICKET/ARREST <input type="checkbox"/> DRIVER NO. 1 <input type="checkbox"/> DRIVER NO. 2 <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER				TICKET NO. _____					
VEHICLE TOWED TO:				ESTIMATED REPAIR COST \$				VIOLATION SECTION _____				REQUEST LICENSE INVESTIGATION <input type="checkbox"/>					
<b>ACCIDENT DESCRIPTION</b>													DRIVER NO. _____				
<b>Witnesses</b>													31				
<b>ALL PERSONS INVOLVED</b>													31				
21 22 23 24 25 26 27 28 29 30 31													50 51				
1																	
2																	
3																	

**Witnesses**

	21	22	23	24	25	26	27	28	29	30	31	<b>ALL PERSONS INVOLVED</b>			31	50	51
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
OFFICER'S RANK & NAME							BADGE NO.		DEPARTMENT				DATE OF REPORT		DIVISION	AGENCY USE	
SIGN HERE:																	

# STATE OF WYOMING

## INVESTIGATOR'S SUPPLEMENTAL TRAFFIC ACCIDENT REPORT



SHEET \_\_\_\_ OF \_\_\_\_

DIAGRAM/NARRATIVE

CASE NO. \_\_\_\_\_

DATE OF ACCIDENT	COUNTY	LOCATION
DRIVER NO. 1	DRIVER NO. 2	ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED SCALE:

INDICATE MEASUREMENTS (INCLUDE LANE & SHOULDER WIDTH)  
SKID MARKS, GOUGES, SCUFF MARKS, DEBRIS, ETC. SHOW DISTANCE  
AND DIRECTION TO LANDMARKS OR OTHER LOCATION REFERENCE POINTS.  
REFERENCE THE STATE OF WYOMING TRAFFIC ACCIDENT REPORTING MANUAL



Main diagram area with a grid border for drawing the accident scene.

Form with a ruler at the top and 14 horizontal lines for text entry.

OFFICER'S NAME & RANK	BADGE NO	DEPARTMENT	DATE OF REPORT	PATROL DIVISION
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ACCIDENT RECORDS & FINANCIAL RESPONSIBILITY WYOMING DEPARTMENT OF TRANSPORTATION