Accident Number	Agency NCIC No.	GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT	County	Date Rec. by DOT

Date	Day of Week	Time	Off. Arrived	Total Number of: Vehicles	Injuries	Fatalities	Inside City Of:
	☐ Sun ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ S						

Road of Occurrence _____ 1 ☐ Interstate 2 ☐ Lowest St. Rt. 3 ☐ Co. Road 4 ☐ City St.

At Its Intersection With _____ 1 ☐ Interstate 2 ☐ Lowest St. Rt. 3 ☐ Co. Road 4 ☐ City St.

Corrected Report? Yes ☐

Not At Its Intersection But_____ ☐ Miles 1 ☐ North 3 ☐ East ☐ Feet 2 ☐ South 4 ☐ West Of:_____ 1 ☐ Interstate 2 ☐ Lowest St. Rt. 3 ☐ Co. Road 4 ☐ city St. 5 ☐ Co. Line

Suppl. To Original? Yes ☐

Hit and Run? Yes ☐

And continuing in the direction checked above, the Next Reference Point is _____ 1 ☐ Interstate 2 ☐ Lowest St. Rt. 3 ☐ Co. Road 4 ☐ City St. 5 ☐ Co. Line

Driver # / Ped # ☐	LAST NAME	FIRST	MIDDLE
	Address		
City	State	Zip	DOB
Driver's License No.	Class	State	☐ Male ☐ Female
Posted Speed	Insurance Co.	Policy No.	
Year	Make	Model	Telephone No.
VIN	Vehicle Color		
Tag #	State	County	Year
Trailer Tag #	State	County	Year
☐ Same as Driver	Owner's Last Name	First	Middle
Address			
City	State	Zip	
Removed By	☐ Request	☐List	

Alcohol Test	Type	Results	Drug Test	Type	Results

Driver Cond	Direction Of Travel	Vision Obscured	Contributing Factors
Veh Cond	Veh Maneuver	Ped. Maneuver	

Most Harmful Event	Veh Class:	Veh Type:
Traffic Ctrl	Device Inoperative? ☐ Yes ☐ No	

Driver # / Ped # ☐	LAST NAME	FIRST	MIDDLE
	Address		
City	State	Zip	DOB
Driver's License No.	Class	State	☐ Male ☐ Female
Posted Speed	Insurance Co.	Policy No.	
Year	Make	Model	Telephone No.
VIN	Vehicle Color		
Tag #	State	County	Year
Trailer Tag #	State	County	Year
☐ Same as Driver	Owner's Last Name	First	Middle
Address			
City	State	Zip	
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Alcohol Test	Type	Results	Drug Test	Type	Results

Driver Cond	Direction Of Travel	Vision Obscured	Contributing Factors
Veh Cond	Veh Maneuver	Ped. Maneuver	

Most Harmful Event	Veh Class:	Veh Type:
Traffic Ctrl	Device Inoperative? ☐ Yes ☐ No	

Injured Taken To: By:

EMS Notified Time EMS Arrival Time Hospital Arrival Time Photos Taken: ☐Yes ☐No By:

Report By: Department Report Date | Checked By: Date Checked

Witness(es): Name Address City State Zip Code Telephone No.

DOT MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

COMMERCIAL VEHICLES ONLY

Carrier Name / Vehicle #	Address	City	State	Zip

No. of Axles	G.V.W.R.	Fed. Reportable 1 ☐ Yes 2 ☐ No	Cargo Body Type
Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate ☐ Intrastate ☐

C.D.L.? 1 ☐ Yes 2 ☐ No C.D.L. Suspended? 1 ☐ Yes 2 ☐ No

Vehicle Placarded? 1 ☐ Yes 2 ☐ No Hazardous Materials? 1 ☐ Yes 2 ☐ No

Released? 1 ☐ Yes 2 ☐ No

If YES, Name or 4 Digit Number from Diamond or Box: _____

1 Digit Number from Bottom of Diamond: _____

__ Ran Off Road __Down Hill Runaway __Cargo Loss or Shift __ Separation of Units

Carrier Name / Vehicle #	Address	City	State	Zip

No. of Axles	G.V.W.R.	Fed. Reportable 1 ☐ Yes 2 ☐ No	Cargo Body Type
Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate ☐ Intrastate ☐

C.D.L.? 1 ☐ Yes 2 ☐ No C.D.L. Suspended? 1 ☐ Yes 2 ☐ No

Vehicle Placarded? 1 ☐ Yes 2 ☐ No Hazardous Materials? 1 ☐ Yes 2 ☐ No

Released? 1 ☐ Yes 2 ☐ No

If YES, Name or 4 Digit Number from Diamond or Box: _____

1 Digit Number from Bottom of Diamond: _____

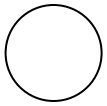
__ Ran Off Road __Down Hill Runaway __Cargo Loss or Shift __ Separation of Units

MAIL TO: Georgia Department of Transportation, CRASH REPORTING UNIT 935 East Confederate Ave. Atlanta, GA 30316-2590

REMARKS:

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH



CITATIONS – VEHICLE # _____

CITATIONS – VEHICLE # _____

First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Cond.	Manner of Collision	Location at Area Of Impact	Road Comp.	Road Def.	Road Character	Construction / Maintenance Zone

	VEH # _____	VEH # _____
Number of Occupants		
Point of Initial Contact		
Damage To Vehicles		

SKID DISTANCE BEFORE IMPACT

_____ **VEH.** **AFTER** _____ **VEH.**

_____ **VEH.** _____ **VEH.**

Width of Road _____

Damage Other Than Vehicle: **Owner:**

Occupants (list below):

Driver # **Or Pedestrian #**

Driver # **Or Pedestrian #**

LAST NAME	FIRST	ADDRESS	CITY	STATE	ZIP	AGE	SEX	VEH #	POS	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP.	EXTRIC.	AIR BAG
						X	X	X	X	XXXXX	XXXXX	XXXX	XXXXX	XXXXX	XXXX