

PERSONAL REPORT OF ACCIDENT

This form should be completed when a traffic accident occurs and a law enforcement officer is not called to make a report. **This report is for your personal use and should not be mailed to the Department of Transportation, as it will be destroyed upon receipt.**

INSTRUCTIONS:

1. Answer all questions to the best of your knowledge. If unable to answer any questions, mark "not known".
2. Give exact time of accident (date, day and hour).
3. Under "Location of Accident" show sufficient information to locate exact scene of the accident.
4. Print or type all names and addresses.
5. Sign the report in the space provided on the reverse side.
6. Report must be complete as to exact names, birth dates, and driver's license numbers.
7. Use a second report form or a sheet of plain paper of the same size to report additional vehicles, injured persons, or witnesses.



TIME	any other information for which there is insufficient space. Date of Accident _____ Day of _____ Week _____ Hour _____ A.M. _____ P.M. Weather _____ (Clear, Raining, Fog, etc.)	DO NOT WRITE IN THIS SPACE																										
L O C A T I O N	Place Where Accident Occurred: County _____ City, Town or Township _____ If accident was outside city limits, indicate distance from nearest town. Use two distances and two directions if necessary. <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;">_____ miles south/north</td> <td style="font-size: 3em; vertical-align: middle;">}</td> <td style="padding: 0 10px;">of</td> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"><input type="checkbox"/> limits of</td> <td style="font-size: 3em; vertical-align: middle;">}</td> <td style="padding: 0 10px;">_____</td> </tr> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;">_____ miles east/west</td> <td style="font-size: 3em; vertical-align: middle;">}</td> <td></td> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"><input type="checkbox"/> center of</td> <td style="font-size: 3em; vertical-align: middle;">}</td> <td style="padding: 0 10px;">City or Town</td> </tr> </table> ROAD ACCIDENT OCCURRED ON: _____ Give name of street or highway number (U.S. or State). If no highway number, identify by name. <input type="checkbox"/> At its intersection with: _____ Check and Complete one. <input type="checkbox"/> Not at intersection: _____ <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;">_____ miles south/north</td> <td style="font-size: 3em; vertical-align: middle;">}</td> <td style="padding: 0 10px;">of</td> <td style="padding: 0 10px;">_____</td> </tr> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;">_____ miles east/west</td> <td style="font-size: 3em; vertical-align: middle;">}</td> <td></td> <td style="padding: 0 10px;">show nearest intersecting street or highway, house number, bridge, driveway, or other identifying landmark.</td> </tr> </table>	{	_____ miles south/north	}	of	{	<input type="checkbox"/> limits of	}	_____	{	_____ miles east/west	}		{	<input type="checkbox"/> center of	}	City or Town	{	_____ miles south/north	}	of	_____	{	_____ miles east/west	}		show nearest intersecting street or highway, house number, bridge, driveway, or other identifying landmark.	
{	_____ miles south/north	}	of	{	<input type="checkbox"/> limits of	}	_____																					
{	_____ miles east/west	}		{	<input type="checkbox"/> center of	}	City or Town																					
{	_____ miles south/north	}	of	_____																								
{	_____ miles east/west	}		show nearest intersecting street or highway, house number, bridge, driveway, or other identifying landmark.																								
V E H I C L E S	YOUR VEHICLE NUMBER 1 <table style="width: 100%;"> <tr> <td style="width: 30%;">Vehicle License Plate _____</td> <td style="width: 40%;">Approximate cost to repair vehicle _____</td> </tr> <tr> <td>Year _____ Make _____ Type (sedan, truck, taxi, etc.) _____</td> <td>Year _____ State _____ Number _____</td> </tr> </table> Driver _____ Full Name _____ Street _____ City and State _____ Driver's Occupation _____ Driver's License Number _____ Driver's Birth Date _____ Age _____ Sex _____ (Carpenter, sale clerk, etc.) & State _____ Mo. Day Yr. _____ Owner _____ Full Name _____ Street _____ City and State _____ Owner's Birth Date _____ Mo. Day Yr. _____ Parts of Vehicle Damaged _____ Driveable <input type="checkbox"/> Yes <input type="checkbox"/> No Owner's Drivers License _____ Is this vehicle covered by automobile liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES TO EITHER SHOW INSURANCE COMPANY Name _____ State, Number _____ If vehicle not covered, did driver have liability policy applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No Show name of insurance company not insurance agent Show Policy Number Here Address _____	Vehicle License Plate _____	Approximate cost to repair vehicle _____	Year _____ Make _____ Type (sedan, truck, taxi, etc.) _____	Year _____ State _____ Number _____																							
Vehicle License Plate _____	Approximate cost to repair vehicle _____																											
Year _____ Make _____ Type (sedan, truck, taxi, etc.) _____	Year _____ State _____ Number _____																											
Space for any third vehicle on reverse side. Total vehicles involved.	OTHER VEHICLE NUMBER 2 <table style="width: 100%;"> <tr> <td style="width: 30%;">Vehicle License Plate _____</td> <td style="width: 40%;">Approximate cost to repair vehicle _____</td> </tr> <tr> <td>Year _____ Make _____ Type (sedan, truck, taxi, bus, etc.) _____</td> <td>Year _____ State _____ Number _____</td> </tr> </table> Driver _____ Full Name _____ Street _____ City and State _____ Driver's Occupation _____ Driver's License Number _____ Driver's Birth Date _____ Age _____ Sex _____ (Carpenter, sale clerk, etc.) & State _____ Mo. Day Yr. _____ Owner _____ Full Name _____ Street _____ City and State _____ Owner's Birth Date _____ Mo. Day Yr. _____ Parts of Vehicle Damaged _____ Driveable <input type="checkbox"/> Yes <input type="checkbox"/> No Owner's Drivers License _____ Is this vehicle or driver covered by automobile liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, show name of Insurance Company _____	Vehicle License Plate _____	Approximate cost to repair vehicle _____	Year _____ Make _____ Type (sedan, truck, taxi, bus, etc.) _____	Year _____ State _____ Number _____																							
Vehicle License Plate _____	Approximate cost to repair vehicle _____																											
Year _____ Make _____ Type (sedan, truck, taxi, bus, etc.) _____	Year _____ State _____ Number _____																											
DAMAGE TO PROPERTY OTHER THAN VEHICLE _____ Approximate cost to repair \$ _____ NAME OBJECT AND STATE NATURE OF DAMAGE _____ NAME AND ADDRESS OF OWNER OF DAMAGED PROPERTY _____																												

V E H I C L E

VEHICLE NUMBER 3 (if third vehicle involved) _____ Vehicle License Plate _____ Approximate cost to repair vehicle _____

Year _____ Make _____ Type (sedan, truck, taxi, bus, etc.) _____ Year _____ State _____ Number _____

Driver _____ Full Name _____ Street _____ City and State _____

Driver's Occupation _____ Driver's License Number _____ Driver's Birth Date _____ Age _____ Sex _____
(Carpenter, sale clerk, etc.) & State _____ Mo. Day Yr.

Owner _____ Full Name _____ Street _____ City and State _____ Owner's Birth Date _____
Mo. Day Yr.

Parts of Vehicle Damaged _____ Driveable Yes No Owner's Drivers License _____
State, Number _____

Is this vehicle or driver covered by automobile liability insurance? Yes No If Yes, show name of Insurance Company _____

I N J U R E D

Name _____ Address _____ Driver In Vehicle
 Passenger No. _____

Age _____ Sex _____ Race _____ Injured taken to _____ Pedestrian
 Specify Other _____

Did injured die? _____ Nature and extent of injuries _____ Attending Doctor _____

Name _____ Address _____ Driver In Vehicle
 Passenger No. _____

Age _____ Sex _____ Race _____ Injured taken to _____ Pedestrian
 Specify Other _____

Did injured die? _____ Nature and extent of injuries _____ Attending Doctor _____

Total Injured

Light Conditions

Daylight

Dawn or Dusk

Darkness

What Pedestrian was doing

Pedestrian was going Across or into _____ From _____ To _____
N S E W Street name, hwy. no.

Crossing or entering at intersection Walking in roadway-with traffic Playing in roadway

Crossing or entering not at intersection Walking in roadway-against traffic Other in roadway

Getting on or off vehicle Pushing or working on vehicle Not in roadway

Standing in roadway Other working in roadway

What Drivers Intended To Do: (Check one for each driver)

Driver 1 2 3	Driver 1 2 3	Driver 1 2 3	Driver 1 2 3
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Go straight ahead	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Make left turn	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Start in traffic	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Remain stopped in traffic lane
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Overtake and pass	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Make U turn	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Start from parked position	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Remain parked
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Make right turn	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Make right turn	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Back up	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Get out of parked or stopped vehicle

Witnesses:

Name _____ Address _____ Age _____ approx.

Name _____ Address _____ Age _____ approx.

Name _____ Address _____ Age _____ approx.

DESCRIBE WHAT HAPPENED:

Refer to vehicles by number. If more space is needed, use another report form or a sheet of plain paper of the same size.

Signature _____ Address _____ Date _____

Signature of person submitting report is required. Complete both sides of form.