GEORGIA MOTOR VEHICLE CRASH REPORT

Agency Case Number	Agency NCIC Number	County	Date Rec. by GDOT

Estimated Crash Date	Estimated Crash Time	Dispatch Date	Dispatch Time	Arrival Date	Arrival Time	Total Number of Vehicles	Total Number of Injuries	Total Number of Fatalities	Inside City Of

Road of Occurrence _____ At Its Intersection With _____

☐ Corrected Report

Not At Its Intersection But _____ ☐ Miles ☐ Feet ☐ North ☐ South ☐ East ☐ West Of _____

☐ Sup To Original

Latitude (Y) (Format) 00.00000 _____ Longitude (X) (Format) -00.00000 _____

☐ Hit and Run

Unit # ☐Driver ☐Ped ☐Bike

LAST NAME | FIRST | MIDDLE

Address

☐ Susp At Fault

City | State | Zip | DOB

Driver's License No. | Class | State | Country

Insurance Co. | Policy No. | Telephone No.

Year | Make | Model

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

Alco Test: | Type: | Results: | Drug Test: | Type: | Results:

First Harmful Event: | Most Harmful Event: | Operator/Ped Cond:

Operator Contributing Factors: ____ ____ ____ ____

Vehicle Contributing Factors: | Roadway Contributing Factors:

Direction of Travel: | Vehicle Maneuver: | Non-Motor Maneuver:

Vehicle Class: | Vehicle Type: | Vision Obscured:

Number of Occupants: | Area of Initial Contact: | Damage to Veh:

Traffic-Way Flow: | Road Comp: | Road Character:

Number of Lanes: | Posted Speed: | Work Zone:

Traffic Control: | Device Inoperative: ☐ Yes ☐ No

Citation Information:

Citation # _____ O.C.G.A. § _____

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COMMERCIAL MOTOR VEHICLES ONLY

Carrier Name:

Address | City | State | Zip

U.S. D.O.T. # | No. of Axles | G.V.W.R.

Cargo Body Type | Vehicle Config. | ☐ Interstate ☐ Intrastate | Fed. Reportable ☐ Yes ☐ No

C.D.L.? ☐ Yes ☐ No | C.D.L. Suspended? ☐ Yes ☐ No

Vehicle Placarded? ☐ Yes ☐ No | Hazardous Materials? ☐ Yes ☐ No

Haz Mat Released? ☐ Yes ☐ No

If YES: Name or four Digit Number from Diamond or Box: _____

One Digit Number from Bottom of Diamond: _____

☐ Ran Off Road ☐ Down Hill Runaway ☐ Cargo Loss or Shift ☐ Separation of Units

Unit # ☐Driver ☐Ped ☐Bike

LAST NAME | FIRST | MIDDLE

Address

☐ Susp At Fault

City | State | Zip | DOB

Driver's License No. | Class | State | Country

Insurance Co. | Policy No. | Telephone No.

Year | Make | Model

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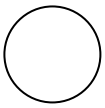
COLLISION FIELDS

Manner of Collision:	Location at Area of Impact:	Weather:	Surface Condition:	Light Condition:

NARRATIVE

DIAGRAM

INDICATE NORTH



PROPERTY DAMAGE INFORMATION

Damage Other Than Vehicle:	Owner:

WITNESS INFORMATION

Name (Last, First)	Address	City	State	Zip Code	Telephone Number

OCCUPANT INFORMATION

1	Name (Last, First):					Address:				
	Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
	Injured Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	
2	Name (Last, First):					Address:				
	Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
	Injured Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	
3	Name (Last, First):					Address:				
	Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
	Injured Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	
4	Name (Last, First):					Address:				
	Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
	Injured Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	

ADMINISTRATIVE

Photos Taken: ☐ Yes ☐ No By:	*Officer Note: If collision resulted in a fatality, please send prompt notification to the GDOT Crash Reporting Unit via either email at GeorgiaFARS@dot.ga.gov or Fax at (404) 635-2963.*
Report By: Agency: Report Date:	Checked By: Date Checked: