	PAGE	of									
Information:											
on records the date, time and											
f your accident, as well as the											
vehicles and the injuries and											
nown to police. Note that some											
ay have been hidden and											
to the investigating officer, so this											
nal word, just an initial report.											
Zip	DOE	3									
ss State	☐ Male	☐ Female									
Poli	cy No.										

Accident Number	=1		MOTOR VEHICLE ACCIDENT REPORT																	
V 10 10 10 10 10 10 10 10 10 10 10 10 10			and a state of the					Arrived Vehicles			Accident Information:									
Sun M T W Th F S								Vellicies			This section records the date, time and									
Road of Occurrence				At Its Intersection	on With			location of your accident, as well as the												
1 Interstate 2 Lowest St. Rt. 3 Co. Road 4 City St.								1 🗆	2 🔲	Low	number of vehicles and the injuries and									
Not At Its							☐ Interstet	e 2 🗆 Lowes	+ C+ D	+ 2	fatalities known to police. Note that some									
Intersection But ☐ Feet 2 ☐ South 4 ☐ West 1 ☐ Interstate And continuing in the direction checked above,							e Z 🔲 Lowes	51. K	i. 3	injuries may have been hidden and										
the Next Reference Point is 1 Interstate 2 Lowest St.											unknown to the investigating officer, so this									
Driver # LA	ST NAM	/IE						Driver #	LAS	T NAI	isn't the fi	nal word, just an initial report.								
Address Driver Information:									Addı	ress										
City	Ped #							Ped # 🗌 City			State	Zip	DO	DOB						
Driver's License	No.	С	information,	driver	's license	e	Driver's Lic	ense N	lo.	Cla	☐ Male	☐ Female								
Posted	Inst	Ira		and insurance			for	Posted		No.										
Speed Year M	lake			olved motori				Speed Year	Mal	ke	Model									
VIN		**		tion on the ve			d.	VIN												
Tag #	Stat	6		ılso where you				Tag #		S										
Trailer Tag #	Sta	li li		tion on alcoho				~			Year									
				uting factors a				Trailer Tag			State	County	Year							
☐ Same as Driv	er		vehicle, which		matter fo	or	☐ Same as	Driver	r (Owner's Last Nan	ne First		Middle							
Address	both liability and damages.																			
City											State	Zip)							
Removed By		☐ Request ☐ List						Removed B	у			☐ Request	□L	ist						
Alcohol Test	Ту	pe R	lesults	Drug Test		Туре	Results	Alcohol Tes	Alcohol Test		pe Results	Drug Test	Туре	Results						
Driver Cond Direction Of Travel Vision Co Obscured			Col	ntributing	ibuting Factors Driver Co			Direc	ction Of Travel	Vision Obscured	Contribu	iting Factors								
Veh Cond Veh Maneuver Ped. Maneuver						Veh Cond		Veh	Maneuver	Ped. Maneuver										
Most Harmful Ev	/ent	П	Veh Cla	ss:	Vel	h Type:		Most Harmf	ul Eve	nt	Veh Class	::	Veh Type:							
Traffic Ctrl			Device I	noperative?] Yes	□No		Traffic Ctrl			Device Inc	e Inoperative? ☐ Yes ☐ No								
Injured Taken To	o:						By:													
EMS Notified Tir	ne	EMS Arri	ival Time	Hos	pital Ar	rival Time		Photos Take	hotos Taken: □Yes Hospitalization:											
Report By:			Departr	nent i	Report	Date		Checked By	r:	Ħ	If anyone involved in the accident was									
Witness(es): Na	me				Ad	dress				-	taken to a hospital, you'll find information on where and when here. This section also									
											records witness information and the name									
											of the investigating officer.									
											— OF THE HIVE									
			DO 110T	WEITE IN THE	0010	_,														
DMVS MICKOP	ILM NU	IMBER (DO NOT	WRITE IN THIS	SPACE	=)														
Carrier Name						COM	MERCIAL	VEHICLES Carrier Na		8										
Vehicle #	ture.							Vehicle #												
Address			State Zip					Address			State	Zi	ρ							
No. of Axles		G.V.W.R		Fed. Reportabl	e] No	Cargo E	Body Type	No. of A	xles		G.V.W.R.	Fed. Reportable 1 ☐ Yes 2 ☐ N		Body Type						
Interstate □ Intrastate □						Vehicle Co	onfig.		I.C.C.M.C. #	U.S. D.O.T. #	「.# Interstate ☐ Intrastate ☐									
Commercial Vehicles:						2 🗆 No	1	C.D.	L.? 1	C.D.L. Suspen	pended? 1 ☐ Yes 2 ☐ No									
The bottom section contains information 1 ☐ Yes 2 ☐ No							Vehicle Placarded? 1 ☐ Yes 2 ☐ No Hazardous Materials? 1 ☐ Ye													
on any commercial vehicles involved in the							Released? 1 ☐ Yes 2 ☐ No													
accident, including details on the driver, the						If YES, Na	me or	4 Digi	t Number from Di	amond or Box:										
vehicle and the carrier.											umber from Botto									
ieparation of Units Ran Off Road									IDown Hill RunawayCargo Loss or Shift Separation of Units											

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REMARKS:											Damada												
												Remarks:											
											П	This is a section where the investigatingofficer can record information not listed											
											elsewhere in the report, so be sure to read it carefully. If anything conflicts with your												
												side of the story, let us know.											
													5101		3.	0. 7, 10.	as 1410	***					
																			s				
																		$\overline{}$					
INDICATE O	N THIS DIA	GRAM W	/HAT H	IAPPENI	≣D	Di	iagra	am·	INDICATE NORTH														
								he officer draws a diagram of															
									e crash occurred, including														
									ction, tr														
									. Remen														
									g officer				ot a										
									- he crasł														
						dia	agrar	m may	y not be	e perfe	ectl	у											
						ac	cura	te.															
CITATIONS -	VEHICLE #							CIT												,			
									Cita	Citations:													
First Harmful	Traffic-Way	Wea	ther	Surface C	ond. I	ight Cond. Mann If any cita					rations, such as speeding, were issued, they will be												
Event	Flow							Collis								someone can be found at fault for an							
			VEH#		VEH#_		skit accident even if they weren't cited for breaking a specific																
Number of C	Occupants						DISTAN BEFO traffic law. This section also includes the first harmful event										t						
Point of Initi	al Contact						impac that occurred during the wreck as well as skid distance.										nce.						
Damage To	Vehicles						i																
														TAKEN									
Than Vehicle:											A G E	S E	E H	P O	INJURY	FOR TREAT.	EJECT	SAFETY EQUIP.	EXTRIC.	AIR BAG			
	rian #		E X							S													
Occupants (lis																							
Occupants (list below): Driver # Or Pedestrian # LAST NAME FIRST ADDRESS						CITY STATE ZIP						Х	Х	Х	XXXXX	xxxxx	xxxx	xxxxx	XXXXX	xxxx			
											T		П										
Damage Other Than Vehicle:									H														
This section records any damage to										┢													
non-vehicle property, such as guardrails, that																							
may have occurred in the accident. It also											┡						-						
contains contact information for every person											-												
involved, including drivers, passengers and																							
pedestrians or other road users.																							