

Accident Number		Agency NCIC No.		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT				
Date		Day of Week <div style="display: flex; justify-content: space-around; font-size: small;"> <input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S </div>		Time		Off. Arrived		Vehicles
Road of Occurrence 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.				At Its Intersection With 1 <input type="checkbox"/> 2 <input type="checkbox"/> Low				
Not At Its Intersection But <div style="display: flex; justify-content: space-around; font-size: small;"> <input type="checkbox"/> Miles 1 <input type="checkbox"/> North 3 <input type="checkbox"/> East Of: <input type="checkbox"/> Feet 2 <input type="checkbox"/> South 4 <input type="checkbox"/> West </div>				1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.				
And continuing in the direction checked above, the Next Reference Point is 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.								
<b>Driver Information:</b> This section records the name, contact information, driver's license number and insurance information for each involved motorist, as well as information on the vehicles involved. This is also where you will find information on alcohol tests, contributing factors and the condition of each vehicle, which can matter for both liability and damages.				<b>Accident Information:</b> This section records the date, time and location of your accident, as well as the number of vehicles and the injuries and fatalities known to police. Note that some injuries may have been hidden and unknown to the investigating officer, so this isn't the final word, just an initial report.				
Driver #		LAST NAME		Driver #		LAST NAME		
Ped # <input type="checkbox"/>		Address		Ped # <input type="checkbox"/>		Address		
City		State		City		State		
Driver's License No.		Class		Driver's License No.		Class		
Posted Speed		Insurance Co.		Posted Speed		Insurance Co.		
Year		Make		Year		Make		
VIN		Vehicle Color		VIN		Vehicle Color		
Tag #		State		Tag #		State		
Trailer Tag #		State		Trailer Tag #		State		
<input type="checkbox"/> Same as Driver		Owner's Last Name		<input type="checkbox"/> Same as Driver		Owner's Last Name		
Address		City		Address		City		
City		State		City		State		
Removed By <input type="checkbox"/> Request <input type="checkbox"/> List				Removed By <input type="checkbox"/> Request <input type="checkbox"/> List				
Alcohol Test		Type		Alcohol Test		Type		
Results		Drug Test		Results		Drug Test		
Driver Cond		Direction Of Travel		Driver Cond		Direction Of Travel		
Veh Cond		Veh Maneuver		Veh Cond		Veh Maneuver		
Most Harmful Event		Veh Class:		Most Harmful Event		Veh Class:		
Traffic Ctrl		Device Inoperative? <input type="checkbox"/> Yes <input type="checkbox"/> No		Traffic Ctrl		Device Inoperative? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Injured Taken To: _____ By: _____				<b>Hospitalization:</b> If anyone involved in the accident was 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.				
EMS Notified Time		EMS Arrival Time		Hospital Arrival Time		Photos Taken: <input type="checkbox"/> Yes		
Report By:		Department		Report Date		Checked By:		
Witness(es): Name _____ Address _____								
DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)								
COMMERCIAL VEHICLES ONLY								
Carrier Name				Carrier Name				
Vehicle #				Vehicle #				
Address				Address				
No. of Axles		G.V.W.R.		No. of Axles		G.V.W.R.		
Fed. Reportable		Cargo Body Type		Fed. Reportable		Cargo Body Type		
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>		
<b>Commercial Vehicles:</b> The bottom section contains information on any commercial vehicles involved in the accident, including details on the driver, the vehicle and the carrier.				Vehicle Config. I.C.C.M.C. # U.S. D.O.T. #				
C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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				

