
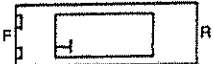


DRIVER'S REPORT OF MOTOR VEHICLE ACCIDENT

1. WHERE ACCIDENT OCCURRED						2. WHEN ACCIDENT OCCURRED										
COUNTY _____ CITY _____						MONTH _____ DAY _____ YEAR _____		HOUR _____ : _____ AM PM								
Road or Street on which Accident Occurred _____ <small>(Highway Number, U.S. or State, if no highway number identify road by name)</small>						NUMBER OF VEHICLES INVOLVED IN ACCIDENT _____		DID POLICE OFFICER INVESTIGATE ACCIDENT? 1 Yes 2 No		Was traffic citation issued to Driver #1 Yes <input type="checkbox"/> No <input type="checkbox"/>						
At Intersection with _____ <small>(Number or Name of Intersecting Highway or Street)</small>																
If not at Intersection _____ OR _____ <small>(Circle 1) Feet Miles N S E W of _____ <small>(Nearest Highway, Street, Bridge, or other Landmark)</small></small>																
3. VEHICLE NUMBER 1 • YOUR VEHICLE										CIRCLE POINT OF CONTACT #1						
COMPANY NAME _____			ADDRESS _____			LOCATION CODE _____										
DRIVER'S NAME (LAST, FIRST, MIDDLE) _____			VEHICLE LICENSE NUMBER • STATE AND YEAR _____													
VEHICLE MAKE _____	YEAR _____	MODEL & TYPE _____	IDENTIFICATION NUMBER • SERIAL _____													
4. DRIVER NUMBER 2 • OTHER DRIVER • OR PEDESTRIAN										CIRCLE POINT OF CONTACT #2						
<input type="checkbox"/> DRIVER'S NAME (LAST, FIRST, MIDDLE) _____ <input type="checkbox"/> PED.			BIRTH MO. / DAY / YR. _____		DRIVERS LICENSE NO. _____		STATE _____		1. MALE 2. FEMALE							
STREET ADDRESS _____			CITY _____		COUNTY OF RESIDENCE _____		STATE _____									
5. VEHICLE NUMBER 2 • OTHER VEHICLE																
OWNER'S NAME _____			ADDRESS _____													
VEHICLE MAKE _____		YEAR _____	MODEL & TYPE _____		VEHICLE LICENSE NUMBER • STATE AND YEAR _____											
IDENTIFICATION NUMBER • SERIAL _____			Was traffic citation issued to Driver #2 Yes <input type="checkbox"/> No <input type="checkbox"/>			Was traffic citation issued to Driver #1 Yes <input type="checkbox"/> No <input type="checkbox"/>										
6. LIST PERSONS KILLED OR INJURED										AGE	SEX	VEH. NO.	SEAT-ING	SEAT BELTS	EJEC-TION	IN-JURY
NAME _____			ADDRESS _____													
DESCRIBE INJURIES _____																
NAME _____			ADDRESS _____													
DESCRIBE INJURIES _____																
NAME _____			ADDRESS _____													
DESCRIBE INJURIES _____																
DESCRIBE DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLES _____						OWNER'S NAME _____										
						OWNER'S ADDRESS _____										

TRAFFIC ACCIDENT EXCHANGE INFORMATION

ON _____				IN _____				County _____				State _____					
Name or number of street or highway _____								City or town _____				State _____					
Names of intersecting roads or distance from landmark _____								Hour _____		Day of week _____		Date _____		Month _____		19	
Driver—print full name _____				Address _____				City & State _____				Phone _____					
Owner—print full name _____				Address _____				City & State _____				Phone _____					
Driver's License Number _____				State _____		Birthdate _____		Month _____		Day _____		Year _____		Insurance Company _____			
Vehicle Make _____		License Number _____		State _____		Year _____		Color _____		Agent Name & Address _____							
Parts of vehicle damaged _____										Agent's Phone No. _____							

TRAFFIC ACCIDENT EXCHANGE INFORMATION

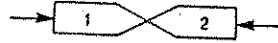
ON _____				IN _____				County _____				State _____					
Name or number of street or highway _____								City or town _____				State _____					
Names of intersecting roads or distance from landmark _____								Hour _____		Day of week _____		Date _____		Month _____		19	
Driver—print full name _____				Address _____				City & State _____				Phone _____					
Owner—print full name _____				Address _____				City & State _____				Phone _____					
Driver's License Number _____				State _____		Birthdate _____		Month _____		Day _____		Year _____		Insurance Company _____			
Vehicle Make _____		License Number _____		State _____		Year _____		Color _____		Agent Name & Address _____							
Parts of vehicle damaged _____										Agent's Phone No. _____							

HERE'S WHAT TO DO AFTER AN ACCIDENT


1. Take immediate action to prevent further damage at the scene of the accident. (a) Pull onto shoulder or side of road. (b) Place warning signals promptly and properly.
2. Call police. If someone is injured, request medical assistance. If fire is involved, request Fire Department aid.
3. Exchange "Traffic Accident Exchange Information" form with other driver(s).
4. Secure names and addresses of all witnesses to the accident.
5. Be courteous. Answer police questions. Give identifying information to the other party involved, but make *no* comments about assuming responsibility.
6. Complete the "Driver's Report of Motor Vehicle Accident" portion of this form. You will need this information later for state and insurance reports.
7. As soon as possible, report the accident to your insurance company and your employer.

DIAGRAM WHAT HAPPENED INSTRUCTIONS


1. Follow dotted lines to draw outline of roadway at place of accident.
2. Number each vehicle and show direction of travel by arrow







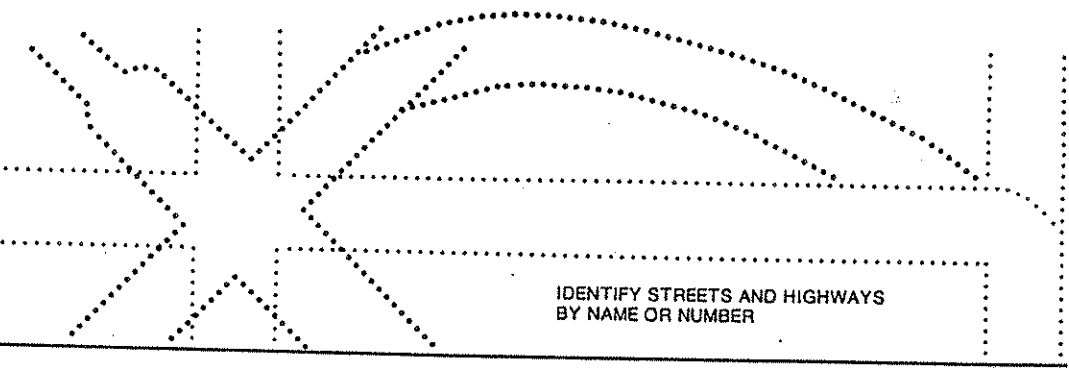
Use solid line to show path before accident



dotted line after accident



4. Show pedestrian by: 
5. Show railroad by: 
6. Show utility poles by: 
7. Show motorcycle by: 



DESCRIBE WHAT HAPPENED (Refer to vehicles by number):
