

PLACE WHERE ACCIDENT OCCURRED

COUNTY \_\_\_\_\_ CITY OR TOWN \_\_\_\_\_

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN \_\_\_\_\_ MILES NORTH S E W OF \_\_\_\_\_ CITY OR TOWN

ROAD ON WHICH ACCIDENT OCCURRED \_\_\_\_\_

INTERSECTING STREET OR RR X'ING NUMBER \_\_\_\_\_

NOT AT INTERSECTION \_\_\_\_\_

CONSTR. ZONE  YES  NO SPEED LIMIT \_\_\_\_\_

CONSTR. ZONE  YES  NO SPEED LIMIT \_\_\_\_\_

SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.

LOC. \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

DPS NO. \_\_\_\_\_

LOC. \_\_\_\_\_

CODE \_\_\_\_\_

SEVERITY \_\_\_\_\_

FAT. REC. \_\_\_\_\_

DR. REC. \_\_\_\_\_

DATE OF ACCIDENT \_\_\_\_\_ 20 \_\_\_\_\_ DAY OF WEEK \_\_\_\_\_ HOUR \_\_\_\_\_

A.M. IF EXACTLY NOON OR P.M. MIDNIGHT, SO STATE

UNIT NO. 1 - MOTOR VEHICLE

VEHICLE IDENT. NO. \_\_\_\_\_

IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY \_\_\_\_\_

YEAR \_\_\_\_\_ COLOR & MAKE \_\_\_\_\_ MODEL NAME \_\_\_\_\_ BODY STYLE \_\_\_\_\_ LICENSE PLATE \_\_\_\_\_

DRIVER'S NAME \_\_\_\_\_ DRIVER'S LICENSE \_\_\_\_\_

DOB \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_ OCCUPATION \_\_\_\_\_

SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED  ALCOHOL/DRUG ANALYSIS RESULT \_\_\_\_\_

PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY?  YES  NO

LIABILITY INSURANCE  YES  NO

INSURANCE COMPANY NAME \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_ VEHICLE DAMAGE RATING \_\_\_\_\_

UNIT NO. 2 - MOTOR VEHICLE  TRAIN  PEDALCYCLIST  TOWED  PEDESTRIAN  OTHER

VEHICLE IDENT. NO. \_\_\_\_\_

IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY \_\_\_\_\_

YEAR \_\_\_\_\_ COLOR & MAKE \_\_\_\_\_ MODEL NAME \_\_\_\_\_ BODY STYLE \_\_\_\_\_ LICENSE PLATE \_\_\_\_\_

DRIVER'S NAME \_\_\_\_\_ DRIVER'S LICENSE \_\_\_\_\_

DOB \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_ OCCUPATION \_\_\_\_\_

SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED  ALCOHOL/DRUG ANALYSIS RESULT \_\_\_\_\_

PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY?  YES  NO

LIABILITY INSURANCE  YES  NO

INSURANCE COMPANY NAME \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_ VEHICLE DAMAGE RATING \_\_\_\_\_

DAMAGE TO PROPERTY OTHER THAN VEHICLES

OBJECT \_\_\_\_\_ NAME AND ADDRESS (STREET, CITY, STATE, ZIP) OF OWNER \_\_\_\_\_ FEET FROM CURB \_\_\_\_\_ \$ \_\_\_\_\_ DAMAGE ESTIMATE \_\_\_\_\_

LIGHT CONDITION <input type="checkbox"/>	WEATHER <input type="checkbox"/>	SURFACE CONDITION <input type="checkbox"/>	TYPE ROAD SURFACE <input type="checkbox"/>	DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION)
1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK	1-CLEAR/CLOUDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST	6-SMOKE 7-SLEETING 8-HIGH WINDS 9-OTHER	1-DRY 2-WET 3-MUDDY 4-SNOWY/ICY 5-OTHER	1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 6-OTHER

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$500.00 DAMAGE TO ANY ONE PERSON'S PROPERTY?  YES  NO

CHARGES FILED

NAME _____	CHARGE _____	CITATION NUMBER _____
NAME _____	CHARGE _____	CITATION NUMBER _____

TIME NOTIFIED OF ACCIDENT \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ M HOW \_\_\_\_\_

TIME ARRIVED AT SCENE OF ACCIDENT \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ M

TYPED OR PRINTED NAME OF INVESTIGATOR \_\_\_\_\_ DATE REPORT MADE \_\_\_\_\_ IS REPORT COMPLETE  YES  NO

SIGNATURE OF INVESTIGATOR \_\_\_\_\_ ID NO. \_\_\_\_\_ DEPARTMENT \_\_\_\_\_ DIST/AREA \_\_\_\_\_

