



GPS READINGS: Latitude: \_\_\_\_\_  
 Time: \_\_\_\_\_ Longitude: \_\_\_\_\_

**FOR DOT USE ONLY**

DATE OF ACCIDENT Month Day Year	MILITARY TIME	ACCIDENT SEVERITY <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> PDO	# VEHICLES INVOLVED	PAGE # of	POLICE CASE NUMBER
TOWN OR CITY NAME		TOWN CODE	ACCIDENT OCCURRED ON (Street Name or Route #) AT ITS INTERSECTION WITH (Street Name or Route #) at		

IF NOT AT INTERSECTION  Feet 2. DIRECTION 3. NAME OF NEAREST INTERSECTING STREET, TOWN LINE OR MILE MARKER

1. MEASURE DISTANCE \_\_\_\_\_  Tenths of Mile  North  South  
 of \_\_\_\_\_  
 (*✓ Check Appropriate Boxes*)  Meters  East  West  
 Kilometers

Accident Occurred:  On Private Property  Parking Lot

TRAFFIC UNIT #1 <input type="checkbox"/> Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Contact Vehicle	TRAFFIC UNIT #2 <input type="checkbox"/> Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Contact Vehicle
OPERATOR #1 or PEDESTRIAN NAME (Last, First, Middle Initial)	OPERATOR #2 or PEDESTRIAN NAME (Last, First, Middle Initial)
ADDRESS (Street Number & Name)	ADDRESS (Street Number & Name)
PROPER LICENSE CLASS <input type="checkbox"/> Yes <input type="checkbox"/> No	PROPER LICENSE CLASS <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY OR TOWN STATE ZIP CODE SEX <input type="checkbox"/> M <input type="checkbox"/> F	CITY OR TOWN STATE ZIP CODE SEX <input type="checkbox"/> M <input type="checkbox"/> F
OPERATOR LICENSE # STATE DATE OF BIRTH Month Day Year	OPERATOR LICENSE # STATE DATE OF BIRTH Month Day Year
OWNER'S NAME (Enter SAME if Owner is Operator)	OWNER'S NAME (Enter SAME if Owner is Operator)
ADDRESS (Street Number and Name)	ADDRESS (Street Number and Name)
CITY OR TOWN STATE ZIP CODE BODY TYPE	CITY OR TOWN STATE ZIP CODE BODY TYPE
REGISTRATION # STATE VEHICLE YEAR AND MAKE	REGISTRATION # STATE VEHICLE YEAR AND MAKE
VEHICLE IDENTIFICATION NUMBER	VEHICLE IDENTIFICATION NUMBER
CARRIER NAME	CARRIER NAME
CARRIER ADDRESS (#, Street, City or Town, State, Zip Code)	CARRIER ADDRESS (#, Street, City or Town, State, Zip Code)
SOURCE OF CARRIER NAME <input type="checkbox"/> Shipping Papers/Trip Manifest <input type="checkbox"/> Driver <input type="checkbox"/> Side of Vehicle	SOURCE OF CARRIER NAME <input type="checkbox"/> Shipping Papers/Trip Manifest <input type="checkbox"/> Driver <input type="checkbox"/> Side of Vehicle
GROSS VEHICLE WEIGHT HAZARDOUS MATERIAL PLACARD REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No 4 Digit # DISPLAYED? <input type="checkbox"/> Yes <input type="checkbox"/> No 1 Digit #	GROSS VEHICLE WEIGHT HAZARDOUS MATERIAL PLACARD REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No 4 Digit # DISPLAYED? <input type="checkbox"/> Yes <input type="checkbox"/> No 1 Digit #
HAZARDOUS CARGO ENFORCEMENT ACTION TAKEN <input type="checkbox"/> None RELEASED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Arrest <input type="checkbox"/> Written Warning <input type="checkbox"/> Verbal Warning	HAZARDOUS CARGO ENFORCEMENT ACTION TAKEN <input type="checkbox"/> None RELEASED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Arrest <input type="checkbox"/> Written Warning <input type="checkbox"/> Verbal Warning
STATUTE OR ORDINANCE #'S SUBJECT OF ACTION <input type="checkbox"/> Operator <input type="checkbox"/> Carrier <input type="checkbox"/> Owner <input type="checkbox"/> Pedestrian	STATUTE OR ORDINANCE #'S SUBJECT OF ACTION <input type="checkbox"/> Operator <input type="checkbox"/> Carrier <input type="checkbox"/> Owner <input type="checkbox"/> Pedestrian
AUTOMOBILE INSURANCE — NAME — POLICY #	AUTOMOBILE INSURANCE — NAME — POLICY #
PARTS OF VEHICLE DAMAGED	PARTS OF VEHICLE DAMAGED
VEHICLE TOWED TO: <input type="checkbox"/> TOWED DUE TO DAMAGE	VEHICLE TOWED TO: <input type="checkbox"/> TOWED DUE TO DAMAGE

TRAFFIC UNIT #1 <input type="checkbox"/> Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Contact Vehicle	TRAFFIC UNIT #2 <input type="checkbox"/> Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Contact Vehicle
OPERATOR #1 or PEDESTRIAN NAME (Last, First, Middle Initial)	OPERATOR #2 or PEDESTRIAN NAME (Last, First, Middle Initial)
ADDRESS (Street Number & Name)	ADDRESS (Street Number & Name)
PROPER LICENSE CLASS <input type="checkbox"/> Yes <input type="checkbox"/> No	PROPER LICENSE CLASS <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY OR TOWN STATE ZIP CODE SEX <input type="checkbox"/> M <input type="checkbox"/> F	CITY OR TOWN STATE ZIP CODE SEX <input type="checkbox"/> M <input type="checkbox"/> F
OPERATOR LICENSE # STATE DATE OF BIRTH Month Day Year	OPERATOR LICENSE # STATE DATE OF BIRTH Month Day Year
OWNER'S NAME (Enter SAME if Owner is Operator)	OWNER'S NAME (Enter SAME if Owner is Operator)
ADDRESS (Street Number and Name)	ADDRESS (Street Number and Name)
CITY OR TOWN STATE ZIP CODE BODY TYPE	CITY OR TOWN STATE ZIP CODE BODY TYPE
REGISTRATION # STATE VEHICLE YEAR AND MAKE	REGISTRATION # STATE VEHICLE YEAR AND MAKE
VEHICLE IDENTIFICATION NUMBER	VEHICLE IDENTIFICATION NUMBER
CARRIER NAME	CARRIER NAME
CARRIER ADDRESS (#, Street, City or Town, State, Zip Code)	CARRIER ADDRESS (#, Street, City or Town, State, Zip Code)
SOURCE OF CARRIER NAME <input type="checkbox"/> Shipping Papers/Trip Manifest <input type="checkbox"/> Driver <input type="checkbox"/> Side of Vehicle	SOURCE OF CARRIER NAME <input type="checkbox"/> Shipping Papers/Trip Manifest <input type="checkbox"/> Driver <input type="checkbox"/> Side of Vehicle
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VEHICLE TOWED TO: <input type="checkbox"/> TOWED DUE TO DAMAGE	VEHICLE TOWED TO: <input type="checkbox"/> TOWED DUE TO DAMAGE

H 1  
S 1  
T 1  
J 11  
J 12  
U 1  
K 11  
K 12  
K 1  
Y 1  
Z 1  
AA 11  
AA 12  
AA 13  
AA 14

A  
B  
C  
D  
E  
F  
G  
H 2  
B 2  
T 2  
J 21  
J 22  
U 2  
K 21  
K 22  
V  
W  
K 2  
Y 2  
Z 2  
AA 21  
AA 22  
AA 23  
AA 24

ALL INVOLVED PERSONS

ALL INVOLVED PERSONS

L	M	N	NAME AND ADDRESS OF EACH INVOLVED PERSON	Date of Birth	O	P	Q
1			TRAFFIC UNIT #1 OPERATOR OR PEDESTRIAN #1				1
2			TRAFFIC UNIT #2 OPERATOR OR PEDESTRIAN #2				2
3				Month Day Year			3
4				Month Day Year			4
5				Month Day Year			5
6				Month Day Year			6
7				Month Day Year			7
8				Month Day Year			8