INVESTIGATING AGENCY CODE NUMBER ___ ___ ___ ___ ___

# TRAFFIC ACCIDENT REPORT
STATE OF MAINE

FOR D.P.S. USE ONLY

| DATE OF ACCIDENT | MONTH | DAY | YEAR | DAY OF WEEK | TIME | TIME REPORTED | TIME ARRIVED |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

ON: ROUTE | OR NAME OF STREET OR HIGHWAY | CITY OR TOWN | CODE NUMBER R U | COUNTY | HIT AND RUN

AT: BETWEEN NODE NUMBERS | DISTANCE FROM SCENE ___ MILES ___ TENTHS | TO NUMBER | MILES AND TENTHS TO LANDMARK | N W E S CIRCLE ONE

## UNIT NO. 1 - VEHICLE 1

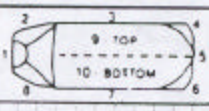
TOTAL UNITS INV ___

## UNIT NO. 2 - ☐ VEH 2 ☐ PED ☐ BIKE

| DRIVER | UNIT NO. 1 | UNIT NO. 2 |
|---|---|---|
| DRIVER'S LICENSE NUMBER | | |
| STATE | | |
| LAST NAME / FIRST NAME / MIDDLE | | |
| NUMBER AND STREET | | |
| CITY / STATE / CODE NUMBER | | |
| DATE OF BIRTH / SEX / LICENSE STATUS (A S P N) / REST/PERM / CLASS | | |

| OWNER | UNIT NO. 1 | UNIT NO. 2 |
|---|---|---|
| LAST NAME - OWNER / FIRST NAME / MIDDLE | | |
| NUMBER AND STREET | | |
| CITY / STATE | | |

| VEHICLE | UNIT NO. 1 | UNIT NO. 2 |
|---|---|---|
| VEHICLE TYPE / YEAR AND MAKE / COLOR | | |
| LICENSE PLATE NUMBER / YEAR / ISSUE STATE / NO. OCCUP | | |
| VEHICLE IDENTIFICATION NO. | | |
| INSURANCE CO. | | |
| POLICY NO. | | |
| TOTAL #11 / TOWED BY: | | |
| DAMAGE CODES / $ DAMAGE ESTIMATE | | |




INDICATE NORTH BY ARROW

## DESCRIPTION:

AMBULANCE CODES

NAME AND ADDRESS OF OWNER OF DAMAGED PROPERTY (OTHER THAN VEH.)

TOTAL NUMBER OF PERSONS INVOLVED

NAMES OF ALL PERSONS INVOLVED (DRIVERS, PASSENGERS, WITNESSES, PEDESTRIANS)

| 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

| INVESTIGATING OFFICER (SIGNATURE) | OFFICER NUMBER | TROOP OR DEPARTMENT | APPROVED BY | DATE |
|---|---|---|---|---|
| | | | | |

LOCAL CODES

FORM 13:20A
Rev. 4/97