COMMONWEALTH OF VIRGINIA - DEPARTMENT OF MOTOR VEHICLES

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POLICE ACCIDENT REPORT

FIELD NOTES

FR 300F (REV. 6/98)

ACCIDENT DATE (MM DD YY)	DAY OF WEEK	TIME AM PM	COUNTY OF ACCIDENT	MILE POST NUMBER	RAILROAD CROSSING ID. NO. IF WITHIN 150 FEET

1 CITY OR TOWN ☐ ☐ OF | LANDMARKS AT SCENE | NUMBER OF VEHICLES | OFFICIAL USE ONLY

ROUTE NO. OR STREET NAME AT SCENE

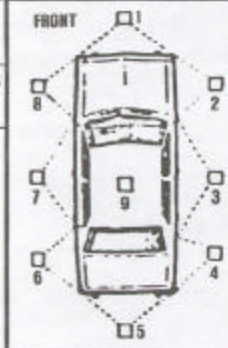
☐ AT INTERSECTION WITH OR _____ ☐ MILES ☐ FEET ☐ N ☐ S ☐ E ☐ W OF ROUTE NUMBER OR STREET NAME

	VEHICLE NO. 1			VEHICLE NO. 2 (OR PEDESTRIAN)		
2	DRIVER'S NAME (LAST, FIRST, MIDDLE)		OCCUPATION	DRIVER'S NAME (LAST, FIRST, MIDDLE)		OCCUPATION
3	ADDRESS (STREET & NO.)		YEARS OF DRIVING EXPERIENCE	ADDRESS (STREET & NO.)		YEARS OF DRIVING EXPERIENCE
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
4	DATE OF BIRTH (MM DD YYYY) / SEX / DRIVER'S LICENSE NUMBER ☐DL ☐CDL		STATE	DATE OF BIRTH (MM DD YYYY) / SEX / DRIVER'S LICENSE NUMBER ☐DL ☐CDL		STATE
	VEHICLE OWNER'S NAME (LAST, FIRST, MIDDLE)			VEHICLE OWNER'S NAME (LAST, FIRST, MIDDLE)		
	ADDRESS (STREET & NO.)			ADDRESS (STREET & NO.)		
5	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	MAKE & TYPE OF VEHICLE (SHOW MOPED, MOTORCYCLE, AMBULANCE, ETC....) ☐CMV ☐HAZMAT	YEAR	REPAIR COST	MAKE & TYPE OF VEHICLE (SHOW MOPED, MOTORCYCLE, AMBULANCE, ETC....) ☐CMV ☐HAZMAT	YEAR	REPAIR COST
6	LICENSE PLATE NUMBER	STATE	NAME OF INSURANCE CO. (NOT AGENT)	LICENSE PLATE NUMBER	STATE	NAME OF INSURANCE CO. (NOT AGENT)

DAMAGE TO PROPERTY OTHER THAN VEHICLES ▷ OBJECT STRUCK (TREE, FENCE, ETC.) | OWNER'S NAME (LAST, FIRST, MIDDLE) | ADDRESS | REPAIR COST

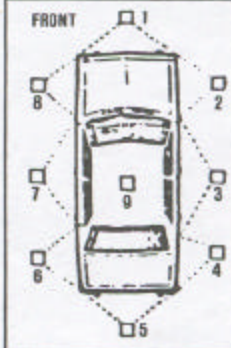
7 VEHICLE NO. 1 DAMAGE CHECK POINTS OF IMPACT

8



ACCIDENT DIAGRAM

VEHICLE NO. 2 DAMAGE CHECK POINTS OF IMPACT



SPEED		
BEFORE ACCIDENT	LIMIT	MAXIMUM SAFE

INDICATE NORTH BY ARROW

SPEED		
BEFORE ACCIDENT	LIMIT	MAXIMUM SAFE

VEHICLE NO. 1 DAMAGES: ☐ UNKNOWN ☐ NO DAMAGE ☐ OVERTURNED ☐ MOTOR ☐ UNDERCARRIAGE ☐ TOTALED ☐ BY FIRE ☐ OTHER

VEHICLE NO. 2 DAMAGES: ☐ UNKNOWN ☐ NO DAMAGE ☐ OVERTURNED ☐ MOTOR ☐ UNDERCARRIAGE ☐ TOTALED ☐ BY FIRE ☐ OTHER

ACCIDENT DESCRIPTION

OFFENSES CHARGED DRIVER

ALL INJURED

	9	10	11	12	13	14	15	16	NAMES OF INJURED - IF DECEASED, INCLUDE DATE OF DEATH SHOWN AS MM DD YY
A									
B									
C									
D									
E									

TROOPER/OFFICER'S NAME	BADGE/CODE NUMBER	DEPARTMENT NAME AND CODE NUMBER	REVIEWING OFFICER	DATE REPORT FILED