

ALL INFORMATION REQUESTED MUST BE COMPLETED IN FULL IN INK OR TYPEWRITTEN

FOR OFFICE USE ONLY		<p style="text-align: center;">State of Vermont Agency of Transportation Department of Motor Vehicles Montpelier, VT 05603-0001</p> <p style="text-align: center;">REPORT OF A MOTOR VEHICLE ACCIDENT</p>	FOR OFFICE USE ONLY	
ROUTE CODE			REF. NO.	
COUNTY/TOWN CODE			A.O.T. NO.	
EXACT LOCATION				
NO. OF VEH.	NO. INVOLVED			
NO. OF FATALS	NO. INJ.			

The operator of every motor vehicle involved in an accident which results in injury or death or total property damage of \$1000.00 or more, must make a report on this form with 72 hours to the above address. YOU MUST REPORT EVEN IF VEHICLE WAS PARKED. The failure or refusal of any person to report is punishable by a penalty of up to \$175.00.

TIME OF ACCIDENT <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DAY OF WEEK	MONTH DAY YEAR	PLACE OF ACCIDENT (CITY OR TOWN)	COUNTY OF	FOR OFFICE USE ONLY
ROAD ON WHICH ACCIDENT OCCURED (STREET OR ROUTE NO.)			IF AT AN INTERSECTION, GIVE OTHER STREET OR ROUTE NO.	TYPE OF AREA R - RURAL U - URBAN	
IF ACCIDENT IS NOT AT AN INTERSECTION, GIVE DISTANCE TO NEAREST TOWN LINE, BRIDGE, INTERSECTION, OR OTHER LANDMARK					

IF YOUR (OPERATOR #1) ADDRESS IS DIFFERENT FROM THE ADDRESS ON DEPARTMENT RECORDS AND THIS FORM IS SIGNED BY YOU THIS FORM WILL BE CONSIDERED TO BE A NOTICE OF ADDRESS CHANGE AND YOUR ADDRESS WILL BE CHANGED ON DMV RECORDS.

YOUR VEHICLE - NO. 1				OTHER VEHICLE - NO. 2			
OPER. NAME: LAST		NO. OF OCCUPANTS		OPER. NAME: LAST		NO. OF OCCUPANTS	
		FIRST	MIDDLE			FIRST	MIDDLE
STREET OR BOX NO.		CITY OR TOWN		STREET OR BOX NO.		CITY OR TOWN	
		STATE				STATE	
ZIP CODE	SOCIAL SECURITY NO.	DATE OF BIRTH	AGE	ZIP CODE	SOCIAL SECURITY NO.	DATE OF BIRTH	AGE
OPERATOR'S LICENSE NO.	CLASS	STATE	DRIVING EXPERIENCE	OPERATOR'S LICENSE NO.	CLASS	STATE	DRIVING EXPERIENCE
			YEARS MONTHS				YEARS MONTHS
DID OPERATOR TAKE DRIVER'S EDUCATION IN HIGH SCHOOL?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT YEAR	FOR OFFICE USE ONLY	DID OPERATOR TAKE DRIVER'S EDUCATION IN HIGH SCHOOL?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT YEAR	FOR OFFICE USE ONLY
		19	0 0 0 0			19	0 0 0 0
VEHICLE IDENTIFICATION NO.		PLATE NO.	PLATE STATE	VEHICLE IDENTIFICATION NO.		PLATE NO.	PLATE STATE
VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE TYPE	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE TYPE
TRAILER YEAR	TRAILER MAKE	TRAILER MODEL	TRAILER PLATE NO.	TRAILER YEAR	TRAILER MAKE	TRAILER MODEL	TRAILER PLATE NO.
APPARENT PARTS VEHICLE DAMAGED CIRCLE NO. IN BOX FOR EACH AREA DAMAGED				APPARENT PARTS VEHICLE DAMAGED CIRCLE NO. IN BOX FOR EACH AREA DAMAGED			
13. HOOD 14. ROOF 15. TRUNK 16. UNDERCARRIAGE 17. TOTAL				13. HOOD 14. ROOF 15. TRUNK 16. UNDERCARRIAGE 17. TOTAL			
ACTUAL COST OF REPAIRS				ACTUAL COST OF REPAIRS			
ESTIMATED SPEED OF VEHICLE				ESTIMATED SPEED OF VEHICLE			
DIRECTION VEHICLE TRAVELING (N-E-S-W)				DIRECTION VEHICLE TRAVELING (N-E-S-W)			
FOR OFFICES USE ONLY				FOR OFFICES USE ONLY			
MAKE				MAKE			
CLASS				CLASS			
COMM.				COMM.			
MAT.				MAT.			
VEHICLE OWNER'S NAME				VEHICLE OWNER'S NAME			
VEHICLE OWNER'S ADDRESS				VEHICLE OWNER'S ADDRESS			

OCCUPANT DATA
THE INFORMATION BELOW IS REQUIRED FOR YOURSELF AND ALL OCCUPANTS IN ALL VEHICLES
(ATTACH ADDITIONAL SHEETS IF THERE IS NOT WOUGH ROOM BELOW)

OCCUPANT'S NAME AND ADDRESS (USE THE FIRST LINE FOR YOURSELF EVEN IF NOT INJURED)	NATURE AND EXTENT OF INJURY (STATE 'NONE' IF NOT INJURED)	NAME OF HOSPITAL INJURED TAKEN TO	THIS INFORMATION IS REQUIRED					FOR OFFICE USE ONLY	
			VER. NO.	POSITION WITHIN VEHICLE	AGE OF OCC.	MALE OR FEMALE	WAS SEAT BELT OR HARNESS USED		WAS OCC. THROWN FROM VEHICLE
			1	YOURSELF DRIVER					

WHAT WAS PEDESTRIAN OR BICYCLIST DOING? PEDESTRIAN BICYCLIST DATA <input type="checkbox"/> WALKING W/ TRAFFIC <input type="checkbox"/> WALKING AGST. TRAF. <input type="checkbox"/> NOT IN ROADWAY <input type="checkbox"/> CROSSING INTERSECT. <input type="checkbox"/> CROSS NOT AT INTER. <input type="checkbox"/> PLAYING IN ROAD <input type="checkbox"/> GETTING ON/OFF VEH <input type="checkbox"/> PUSHING VEHICLE <input type="checkbox"/> WORKING ON VEH. <input type="checkbox"/> RIDING PUSHING BIKE <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN	PEDESTRIAN OR BICYCLIST NAME	DATE OF BIRTH	AGE	CLOTH
	STREET ADDRESS OR BOX NO.	CITY OR TOWN	STATE	SEX
	DESCRIBE INJURY	TYPE OF CLOTHING <input type="checkbox"/> BRIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> DARK		