

STATE OF WYOMING - INVESTIGATOR'S TRAFFIC ACCIDENT REPORT

CASE NO. _____

ON PRIVATE PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF ACCIDENT	TIME (24 hr)	DAY OF WEEK	NUMBER VEHICLES	PERSONS INVOLVED	NUMBER OF PEDS	NUMBER INJURED	NUMBER KILLED	INVESTIGATED AT SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO	HIT/RUN <input type="checkbox"/> YES <input type="checkbox"/> NO	PHOTOS <input type="checkbox"/> YES <input type="checkbox"/> NO
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PUBLIC PROPERTY DAMAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTIFIED POLICE DATE _____ TIME _____	NOTIFIED: EMS DATE _____ TIME _____	ARRIVED: _____	POLICE NOTIFIED BY	32
LOCATION OF ACCIDENT				EMS RADIO NUMBER	

COUNTY	CITY	33
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ACCIDENT OCCURED ON: name of street, road, or highway number	AT INTERSECTION WITH:	34
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IF NOT AT INTERSECTION _____ FEET _____ MILES _____ OF _____	DIRECTION _____	nearest street, highway, ramp, bridge, city, railroad crossing, etc.	35
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HIGHWAY MILEPOST MARKER:	HIGHWAY SECTION NUMBER:	IF AT INTERCHANGE LOCATION:	Identify ramp (accel or decel), crossroad, etc.	36
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VEHICLE 1				VEHICLE 2				36
DRIVER NO. 1 LAST NAME	FIRST	MIDDLE INITIAL	DRIVER NO. 2 LAST NAME	FIRST	MIDDLE INITIAL			

ADDRESS	SOCIAL SECURITY NUMBER	ADDRESS	SOCIAL SECURITY NUMBER	37
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CITY	STATE	ZIP	PHONE	CITY	STATE	ZIP	PHONE	38
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DRIVER'S LICENSE NO.	CLASS	STATE	DATE OF BIRTH	DRIVER'S LICENSE NO.	CLASS	STATE	DATE OF BIRTH	39
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OCCUPATION	EMPLOYED BY	BUSINESS PHONE	OCCUPATION	EMPLOYED BY	BUSINESS PHONE			
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<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	POSTED SPEED	NUMBER OF OCCUPANTS	EST. SPEED	INSURANCE CO.	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	POSTED SPEED	NUMBER OF OCCUPANTS	EST. SPEED	INSURANCE CO.	40
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CARRIER'S NAME	<input type="checkbox"/> VEHICLE SIDE <input type="checkbox"/> SHIPPING PAPERS <input type="checkbox"/> DRIVER	GVWR:	NO. AXLES	CARRIER'S NAME	<input type="checkbox"/> VEHICLE SIDE <input type="checkbox"/> SHIPPING PAPERS <input type="checkbox"/> DRIVER	GVWR:	NO. AXLES	41
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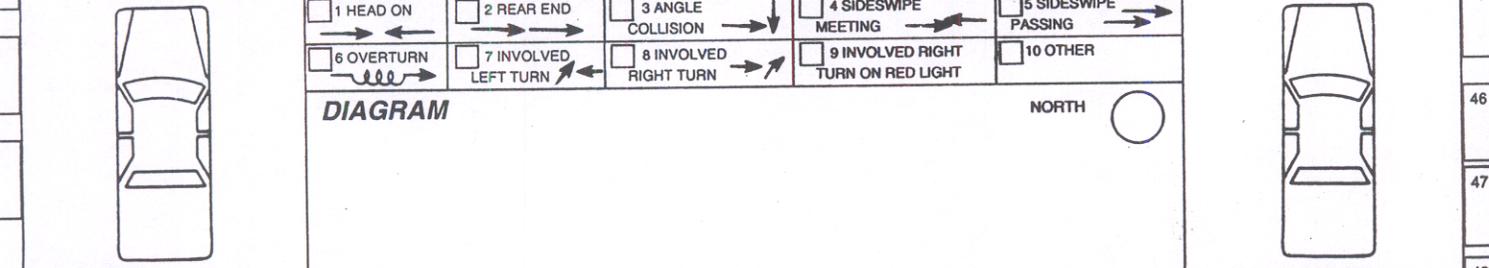
CARRIER'S IDENTIFICATION <input type="checkbox"/> US DOT <input type="checkbox"/> ICC MC	HAZ MAT PLACARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER/NAME	HAZ MAT RELEASE? <input type="checkbox"/> YES <input type="checkbox"/> NO	CARRIER'S IDENTIFICATION <input type="checkbox"/> US DOT <input type="checkbox"/> ICC MC	HAZ MAT PLACARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER/NAME	HAZ MAT RELEASE? <input type="checkbox"/> YES <input type="checkbox"/> NO	42
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VEHICLE OWNER LAST NAME	FIRST	MIDDLE INITIAL	VEHICLE OWNER LAST NAME	FIRST	MIDDLE INITIAL			
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<input type="checkbox"/> same as driver	ADDRESS	CITY	STATE	<input type="checkbox"/> same as driver	ADDRESS	CITY	STATE	43
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VEHICLE IDENTIFICATION NO.	LICENSE NO.	YEAR	STATE	VEHICLE IDENTIFICATION NO.	LICENSE NO.	YEAR	STATE	44
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MAKE	MODEL	BODY STYLE	YEAR	COLOR	ODOMETER	MAKE	MODEL	BODY STYLE	YEAR	COLOR	ODOMETER	45
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VEHICLE TOWED BY:	VEHICLE TOWED TO:	ESTIMATED REPAIR COST \$	46
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VEHICLE TOWED BY:	VEHICLE TOWED TO:	ESTIMATED REPAIR COST \$	47
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TICKET/ARREST <input type="checkbox"/> DRIVER NO. 1 <input type="checkbox"/> DRIVER NO. 2 <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER	TICKET NO.	VIOLATION SECTION	REQUEST LICENSE INVESTIGATION	DRIVER NO.	48
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ACCIDENT DESCRIPTION	49
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ACCIDENT DESCRIPTION	50
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Witnesses	51
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21	22	23	24	25	26	27	28	29	30	31	ALL PERSONS INVOLVED			31	50	51
1																
2																
3																
4																
5																
6																
7																
8																

OFFICER'S RANK & NAME	BADGE NO.	DEPARTMENT	DATE OF REPORT	DIVISION	AGENCY USE
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SIGN HERE: