COMMONWEALTH OF VIRGINIA - DEPARTMENT OF MOTOR VEHICLES

POLICE ACCIDENT REPORT

DMV COPY

FR 300P (REV. 1/90)

PAGE ____ OF ____ PAGES

ACCIDENT DATE Month Day Year	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 — 17

ROUTE NO. OR STREET NAME AT SCENE — 18

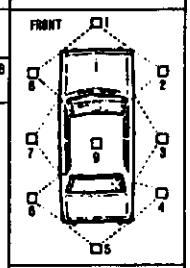
☐ AT INTERSECTION WITH OR ____ ☐ MILES ☐ FEET ☐ N ☐ S ☐ E ☐ W OF ROUTE NUMBER OR STREET NAME

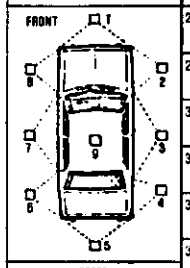
2	VEHICLE NO. 1		VEHICLE NO. 2 (OR PEDESTRIAN)		
	DRIVER'S NAME (LAST, FIRST, MIDDLE)	OCCUPATION	DRIVER'S NAME (LAST, FIRST, MIDDLE)	OCCUPATION	
3	ADDRESS (STREET & NO.)	YEARS OF DRIVING EXPERIENCE	ADDRESS (STREET & NO.)	YEARS OF DRIVING EXPERIENCE	19
	CITY / STATE	ZIP CODE	CITY / STATE	ZIP CODE	20
4	DATE OF BIRTH Month Day Year / SEX / DRIVER'S LICENSE NUMBER ☐DL ☐CDL	STATE	DATE OF BIRTH Month Day Year / SEX / DRIVER'S LICENSE NUMBER ☐DL ☐CDL	STATE	21
	VEHICLE OWNER'S NAME (LAST, FIRST, MIDDLE)		VEHICLE OWNER'S NAME (LAST, FIRST, MIDDLE)		22
5	ADDRESS (STREET & NO.)		ADDRESS (STREET & NO.)		23
	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	24
6	LICENSE PLATE NUMBER / STATE	NAME OF INSURANCE CO. (NOT AGENT)	LICENSE PLATE NUMBER / STATE	NAME OF INSURANCE CO. (NOT AGENT)	25

DAMAGE TO PROPERTY OTHER THAN VEHICLES — OBJECT STRUCK (TREE, FENCE, ETC.) | OWNER'S NAME (LAST, FIRST, MIDDLE) | ADDRESS | REPAIR COST — 26

7 VEHICLE NO. 1 DAMAGE CHECK POINTS OF IMPACT — ACCIDENT DIAGRAM — VEHICLE NO. 2 DAMAGE CHECK POINTS OF IMPACT — 27

8





28 29 30 31 32 33

SPEED: BEFORE ACCIDENT | LIMIT | MAXIMUM SAFE

INDICATE NORTH BY ARROW

SPEED: BEFORE ACCIDENT | LIMIT | MAXIMUM SAFE

VEHICLE NO. 1 DAMAGES: ☐ 1 UNKNOWN ☐ 2 NO DAMAGE ☐ OVERTURNED 3 ☐ MOTOR 4 ☐ UNDERCARRIAGE 5 ☐ TOTALED 6 ☐ BY FIRE 7 ☐ OTHER 8 | VEHICLE NO. 2 DAMAGES: ☐ 1 UNKNOWN ☐ 2 NO DAMAGE ☐ OVERTURNED 3 ☐ MOTOR 4 ☐ UNDERCARRIAGE 5 ☐ TOTALED 6 ☐ BY FIRE 7 ☐ OTHER 8 — 34

ACCIDENT DESCRIPTION — 35 36 37

OFFENSES CHARGED DRIVER

ALL INJURED	9	10	11	12	13	14	15	16	NAMES OF INJURED - IF DECEASED, INCLUDE DATE OF DEATH
A									
B									
C									
D									
E									

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