THIS REPORT MUST BE SENT TO THE COMMISSIONER OF MOTOR VEHICLES WITHIN THIRTY (30) DAYS PER 23 V.S.A.§ 1016.

BLANK

ROUTE CODE
COUNTY/TOWN CODE
EXACT LOCATION
NO. OF VEH. | NO. OF OCC.
FATALITIES | PERSONS INJ.

STATE OF VERMONT
AGENCY OF TRANSPORTATION
DEPARTMENT OF MOTOR VEHICLES

POLICE REPORT OF A MOTOR VEHICLE ACCIDENT

POLICE NO.
A.O.T. NO.

LOCATION

TIME OF ACCIDENT | DAY OF WEEK | MONTH DAY YEAR 19 | CITY OR TOWN | COUNTY | MILE MARKER

HIGHWAY OR STREET (PRIMARY ROUTE IF AT AN INTERSECTION) | INTERSECTING HIGHWAY, STREET, ROAD, ETC. | AREA TYPE R = RURAL U = URBAN

IF ACCIDENT IS NOT AT AN INTERSECTION, HOW FAR IS IT TO THE NEAREST HIGHWAY, STREET, ROAD, BRIDGE, LANDMARK, ETC.

FEET OR MILES (N. E. S. W.) OF

VEHICLE NO 1

OPERATOR: LAST NAME | FIRST | MIDDLE | ADDRESS (ON LICENSE) | CITY OR TOWN | STATE

OPERATOR'S LICENSE NO. | STATE | LICENSE CLASS

YEARS DRIVING EXP. YRS. MO. | YEAR OF DR. ED. 19 | LICENSE RESTRICTIONS | COMM. VEH. YES ☐ NO ☐

OP. COND. CODE | TYPE OF TEST CODE | PCT. CONTENTS | HAZ. MAT. YES ☐ NO ☐

OPERATOR'S SOC. SEC. # | OPERATOR'S D. O. B. | TRUCK/TRACTOR CBE ☐ COE ☐

OWNER'S NAME

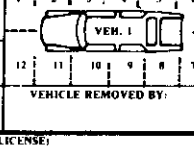
OWNER'S ADDRESS | CYCLE C.C.

V.I. NO. | PLATE NO. | STATE

VEH. YR. 19 | VEH. MAKE | MODEL | TYPE

TRL. YR. 19 | TRAILER MAKE | TRAILER MODEL | TRAILER PLATE NO.

APPARENT PARTS VEHICLE DAMAGED CIRCLE NO. IN BOX FOR EACH AREA DAMAGED



13 HOOD
14 ROOF
15 TRUNK
16 UNDER-CARRIAGE
17 TOTAL

VEH. REPAIR COST | TRL. REPAIR COST | TOTAL COST

VEHICLE REMOVED BY:

OPERATOR'S ESTIMATED SPEED

DIRECTION OF TRAVEL (N.E.S.W.U.)

leave this block blank: VEH. MAKE | VEH. CLASS | COMMERCIAL | COMMODITY

PASSENGERS

pos.	age	sex	belt	eject	injury
1 op					
2 front ctr.					
3 front right					
4 rear left					
5 rear ctr.					
6 rear right					

VEHICLE NO 2

OPERATOR: LAST NAME | FIRST | MIDDLE | ADDRESS (ON LICENSE) | CITY OR TOWN | STATE

OPERATOR'S LICENSE NO. | STATE | LICENSE CLASS

YEARS DRIVING EXP. YRS. MO. | YEAR OF DR. ED. 19 | LICENSE RESTRICTIONS | COMM. VEH. YES ☐ NO ☐

OP. COND. CODE | TYPE OF TEST CODE | PCT. CONTENTS | HAZ. MAT. YES ☐ NO ☐

OPERATOR'S SOC. SEC. # | OPERATOR'S D. O. B. | TRUCK/TRACTOR CBE ☐ COE ☐

OWNER'S NAME

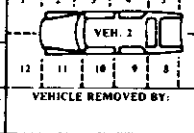
OWNER'S ADDRESS | CYCLE C.C.

V.I. NO. | PLATE NO. | STATE

VEH. YR. 19 | VEH. MAKE | MODEL | TYPE

TRL. YR. 19 | TRAILER MAKE | TRAILER MODEL | TRAILER PLATE NO.

APPARENT PARTS VEHICLE DAMAGED CIRCLE NO. IN BOX FOR EACH AREA DAMAGED



13 HOOD
14 ROOF
15 TRUNK
16 UNDER-CARRIAGE
17 TOTAL

VEH. REPAIR COST | TRL. REPAIR COST | TOTAL COST

VEHICLE REMOVED BY:

OPERATOR'S ESTIMATED SPEED

DIRECTION OF TRAVEL (N.E.S.W.U.)

leave this block blank: VEH. MAKE | VEH. CLASS | COMMERCIAL | COMMODITY

PASSENGERS

pos.	age	sex	belt	eject	injury
1 op					
2 front ctr.					
3 front right					
4 rear left					
5 rear ctr.					
6 rear right					

PEDES

PEDESTRIAN (OR BICYCLIST) NAME	ADDRESS	CITY OR TOWN	STATE	BIRTHDATE MON.	DAY	YR.	age	sex	cloth code	manr. code	bike code	injury code	cond. code	test code	pct. cont.

CODES

INJURY CODES
1. Fatal
2. Incapacitating
3. Non-incapacitating
4. Possible injury
5. No injury
0. Unknown

EJECT CODES
1. Yes, completely
2. No, stayed in vehicle
3. Partially
4. Unoccupied vehicle
0. Unknown

BELT CODES
1. No restraints used
2. Belt only used
3. Harness only used
4. air bag only used (no other restraints)
5. Belt and harness
6. Belt and air bag
7. Harness and air bag
8. Belt, harness, bag
9. Other restraint
10. No restraint available
0. Unknown

CONDITION CODES
1. Apparently normal
2. Been drinking
3. Influence liquor
4. Influence drugs
5. Infl. liquor & drugs
6. Influence medicine
7. Fatigue or ill
8. Physical defect
9. Other
0. Unknown

TEST CODES
1. Blood
2. Breath
3. Urine
4. Unknown
8. Refused
9. Other
0. Not given

CLOTH CODES
1. Fluorescent or carrying a light
2. Bright
3. Moderate
4. Dark
9. Unknown

TRUCK/TRACTOR CODES
CBE Cab Behind Engine
COE Cab Over Engine

MANR. CODES—WHAT PEDES. DOING
1. In rdwy. w/traffic
2. In rdwy. agst. traf.
3. On shldr. w/traffic
4. On shldr. agst. traf.
5. Off rdwy. w/traffic
6. Off rdwy. agst. traf.
7. On sidewalk w/traf.
8. On sidewalk agst. traf
9. Cross legal intersect.
10. Cross legal non-int.
11. Jay at intersection
12. Jay at non-intersec.
13. Playing in road
14. Getting on/off veh.
15. Pushing vehicle
16. Working on vehicle
17. Working in road
18.
20. Other maneuver
99. Unknown

BICYCLIST (only) CODES
1. Turned into vehicle
2. Out of driveway
3. Failed to yield
4. Lost balance
5. Pushing bicycle
6. Defective equip.
7. Vehicle hit bicycle
8. Other maneuver
9. Unknown

TA-VA-08 7/94 JTB 30M

MISCELLANEOUS DATA

VEHICLE NO. 1 COLLIDED WITH (First Action)

1. Pedestrian
2. MV in traffic
3. MV parked
4. RR train
5. Pedacycle
6. Wild Animal
7. Domestic animal
8. Snowmobile
9. Other movable object
10. Overturned
11. Other, Non-collision
12. Guard rail, curb
13. Tree
14. Pole, sign
15. Ledge, boulder
16. Other Fixed object
17. Moped
18. Motorcycle
00. Unknown

VEHICLE COND. (Def. Equip.) V1 V2

1. Brakes
2. Tires
3. Steering
4. Front lights
5. Rear lights
6. Exhaust
7. Engine
8. Glass
9. Other
10. Unknown
0. No defects

SURFACE CONDITION

1. Dry
2. Wet
3. Snow
4. Ice
5. Muddy
6. Slushy
7. Oily
8. Leaves
9. Other
10. Unknown
0. Not applicable

ROAD CHARACTER

1. Intersection
2. Bridge over
3. Underpass
4. RR Crossing
5. Driveway
6. Alley
7. Ramp off
8. Ramp on
9. Other
10. Unknown
0. Not applicable

ROAD COND. (check most serious)

1. Potholes
2. Frost heaves
3. Snowdrift
4. Soft shldr.
5. Const. area
6. Flooding
7. Ice chunks
8. Debris
9. Other
10. Unknown
0. Not applicable

TRAFFIC CONTROL (Highway Only)

1. Officer
2. Flagperson
3. Stoplight
4. Stop sign
5. Caution light
6. Yield sign
7. Lane markings
8. Special signs
9. Other type
0. No control

MOTORCYCLE INFORMATION ONLY

Check off (✓) blocks only if answer is YES	Cycle 1 OP	Cycle 1 PS	Cycle 2 OP	Cycle 2 PS
Wore helmet				
Wore eye protection				
Injured head				
Injured neck				
Injured chest				
Injured back				
Injured arm or leg				
Injured internally				
Other injury				

ROAD TYPE

1. Blacktop
2. Gravel
3. Dirt, trail
4. Concrete
9. Other
0. Unknown

LIGHT CONDITION

1. Dawn
2. Daylight
3. Dusk
4. Dark
5. Dark-lighted
9. Other
0. Unknown

ROAD DESIGN

1. Up/down hill
2. Top of hill
3. Bot. of hill
4. Level
0. Unknown

ROAD ALIGN

1. Straight
2. Slight curve
3. Sharp curve
0. Unknown

WEATHER COND.

1. Clear
2. Raining
3. Snowing
4. Foggy
5. Hailing
6. Cloudy only
7. Sleeting
9. Other
0. Unknown

R.R. TRAFFIC COND.

1. Officer
2. Flagperson
3. Gates
4. Crossbucks
5. Flashing lights
6. Stop sign
7. Warning sign
9. Other type
10. No RR control
0. Not applicable

PROPERTY DAMAGE OTHER THAN VEHICLE

OWNER'S NAME AND ADDRESS

APPROXIMATE REPAIR COSTS $

LT. RT. Dist. from road c.l. to fixed object

VEH. NO. 1

PAVEMENT WIDTH

TOTAL WIDTH

POSTED SPEED LIMIT

WITNESSES

LIST WITNESSES OTHER THAN OCCUPANTS

LAST NAME	FIRST NAME	MIDDLE	ADDRESS	CITY OR TOWN	STATE

DISP. OF INJ.

VEH. NO.	VEH. POS.	APPARENT NATURE AND EXTENT OF INJURIES	INJURED TAKEN TO	WHOM TAKEN BY	LEAVE BLANK HOSP.	LEAVE BLANK RESCUE

CAUSE

IN THE OFFICER'S OPINION WHAT FACTORS CONTRIBUTED TO THE CAUSE OF ACCIDENT

A. PRIMARY CAUSE

B. OTHER CAUSES

LEAVE THIS BLOCK BLANK

Cause of accident	
Type of accident	
Veh. no. 1 maneuver	
Veh. no. 2 maneuver	
Degree of curve	
Percent of grade	
Skid accident code	

LEGAL

COURT ACTION	YES	NO	LIST LAW VIOLATIONS AND UTT NOS.
VEHICLE NO. 1			
VEHICLE NO. 2			
PEDESTRIAN OR OTHER			

OFFICER

DEPARTMENT OR TROOP	DEPT. TYPE	DEPT. CODE	OFFICER NOTIFIED OF ACCIDENT TIME	MONTH DAY YEAR	OFFICER ARRIVED AT SCENE TIME	MONTH DAY YEAR

SIGNATURE OF THE INVESTIGATING OFFICER		DATE OF REPORT	RANK	I.D. No.
NAMES OF ASSISTING OFFICERS		OFFICIAL PHOTOS WERE TAKEN BY		Indicate if photos taken
SIGNATURE OF THE APPROVING OFFICER		DATE APPROVED:		Y = Yes N = No