

<b>MOTOR VEHICLE ACCIDENT REPORT</b> <small>Please read the Privacy Act Statement on Page 3.</small>		<b>INSTRUCTIONS:</b> Sections I thru IX are filled out by the vehicle operator. Section X, Items 22 thru 32c are filled out by the operator's supervisor. Sections 20 thru 30c are filled out by an accident investigator for bodily injury, fatality, and/or damage exceeding \$500.	
<b>SECTION I - FEDERAL VEHICLE DATA</b>			
1. DRIVER'S NAME (Last, first, middle)		2. DRIVER'S LICENSE NO./STATE/LIMITATIONS	
3. DATE OF ACCIDENT		4. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS	
5. WORK TELEPHONE NUMBER E 3		6. TAG OR IDENTIFICATION NUMBER	
7. EST. REPAIR COST		8. YEAR OF VEHICLE	
9. MAKE		10. MODEL	
11. DESCRIBE VEHICLE DAMAGE		12. SEAT BELTS USED <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>SECTION II - OTHER VEHICLE DATA (Use Section VII if additional space is needed.)</b>			
13. DRIVER'S NAME (Last, first, middle)		14. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS	
15. WORK ADDRESS		16. WORK TELEPHONE NUMBER E 3	
17. HOME ADDRESS		18. HOME TELEPHONE NUMBER E 3	
19. DESCRIBE VEHICLE DAMAGE		20. ESTIMATED REPAIR COST \$	
21. YEAR OF VEHICLE		22. MAKE OF VEHICLE	
23. MODEL OF VEHICLE		24. TAG NUMBER AND STATE	
25. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS		26. POLICY NUMBER	
27. TELEPHONE NUMBER E 3		28. TELEPHONE NUMBER E 3	
29. VEHICLE IS: <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED		30. OWNER'S NAME(S) (Last, first, middle)	
31. OWNER'S ADDRESS(S)		32. TELEPHONE NUMBER E 3	
<b>SECTION III - KILLED OR INJURED (Use Section VII if additional space is needed.)</b>			
33. NAME (Last, first, middle)		34. SEX	
35. DATE OF BIRTH		36. ADDRESS	
<b>A. 37. MARK "X" IN TWO APPROPRIATE BOXES:</b> <div style="display: flex; justify-content: space-between;"> <div>           38. KILLED <input type="checkbox"/>            39. INJURED <input type="checkbox"/> </div> <div>           40. DRIVER <input type="checkbox"/>            41. PASSENGER <input type="checkbox"/>            42. HELPER <input type="checkbox"/>            43. PEDESTRIAN <input type="checkbox"/> </div> </div>			
44. IN WHICH VEHICLE		45. LOCATION IN VEHICLE	
46. FIRST AID GIVEN BY		47. OTHER (S)	
48. TRANSPORTED BY		49. TRANSPORTED TO	
<b>B. 50. MARK "X" IN TWO APPROPRIATE BOXES:</b> <div style="display: flex; justify-content: space-between;"> <div>           51. KILLED <input type="checkbox"/>            52. INJURED <input type="checkbox"/> </div> <div>           53. DRIVER <input type="checkbox"/>            54. PASSENGER <input type="checkbox"/>            55. HELPER <input type="checkbox"/>            56. PEDESTRIAN <input type="checkbox"/> </div> </div>			
57. IN WHICH VEHICLE		58. LOCATION IN VEHICLE	
59. FIRST AID GIVEN BY		60. OTHER (S)	
61. TRANSPORTED BY		62. TRANSPORTED TO	
<b>63. NAME OF STREET OR HIGHWAY</b> <div style="display: flex; justify-content: space-between;"> <div>           64. DIRECTION OF PEDESTRIAN (driver's or left corner, etc.)            FROM         </div> <div>           TO         </div> </div>			
<b>65. Pedestrian</b> c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, diagonally, in roadway, playing, walking, etc.)			

# Sample Police Report Forms

**Lingjun Ying**

A red circular graphic with a gradient, appearing as a stylized arrow or a partial circle, located to the right of the name bar.

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