

MOTOR VEHICLE ACCIDENT REPORT

STATE OF GEORGIA

The operator of every motor vehicle which is in any manner involved in an accident within this State, in which any person is killed or injured or in which damage to the property of any one person, including himself, to an extent of \$250.00 or more is sustained, must make a report of the accident on this form within 10 days from the date of the accident. If the operator is physically incapable of making a report and is not the owner of the motor vehicle which he was operating, the owner is required to make the report within 10 days after learning of the accident. The owner of any parked motor vehicle which is involved in an accident, shall file the report of same within 10 days after learning of the accident. Failure to report accident subjects violator to a maximum fine of \$25.00 and the suspension of the driver's license or operating privilege until the report is filed and not to exceed 30 days thereafter. (The motor Vehicle Safety Responsibility Act, Title _____, as amended.)

ALL REPORTS ARE CONFIDENTIAL AND CANNOT BE USED AS EVIDENCE IN AN ACTION AT LAW TO RECOVER DAMAGES.

INSTRUCTIONS—RULES—READ CAREFULLY! Fill Out COMPLETELY to Avoid SUPPLEMENTARY Report

1. Answer all questions to the best of your knowledge. If unable to answer any question, mark "not known."
2. Give exact time of accident (date, day and hour).
3. Under "Location of Accident" show sufficient information to locate exact scene of the accident.
4. Print or type all names and addresses.
5. Sign the report in the space provided on reverse side.
6. Report must be complete as to exact names, birth dates and drivers license numbers.
7. Use a second report form or a sheet of plain paper of the same size to report additional vehicles, injured persons, or witnesses, or any other information for which there is insufficient space.

IMPORTANT: If you had an automobile liability policy at the time of the accident, secure from your agent or company a notice of insurance (Form SR-21) and attach to this report or have your agent or insurance company mail such form direct to the Bureau of Safety Responsibility.

TIME	Date of Accident _____ Day of _____ Week _____ Hour _____ A.M. _____ P.M. Weather: _____ Clear, Raining, Fog, Etc.									
LOCATION	PLACE WHERE ACCIDENT OCCURRED: County _____ City, Town or Township _____ If accident was outside city limits indicate distance from nearest town. Use two distances and two directions if necessary. { _____ miles south-north } of { ☐ limits of } _____ CITY OR TOWN { _____ miles east-west } { ☐ center of } ROAD ACCIDENT OCCURRED ON: _____ Give name of street or highway number. (U.S. or State). If no highway number, identify by name. Check and complete one { ☐ At its intersection with: _____ Or _____ Name of intersecting street or highway number { ☐ Not at intersection: { _____ feet north-south } of _____ show nearest intersecting street or highway, house number, bridge, driveway or other identifying landmark. { _____ feet east-west }								DO NOT WRITE IN THIS SPACE	
VEHICLES	YOUR VEHICLE NUMBER 1 Year _____ Make _____ Type (sedan, truck, taxi, bus, etc.) _____ Vehicle License Plate _____ Year _____ State _____ Number _____ Approximate cost to repair vehicle \$ _____ Driver _____ Print or Type Full Name _____ Street or R.F.D. _____ City and State _____ Driver's Occupation _____ Driver's License _____ State _____ Number _____ Driver's Birth Date _____ Mo. _____ Da. _____ Yr. _____ Age _____ Sex _____ Owner _____ Print or Type Full Name _____ Street or R.F.D. _____ City and State _____ Owner's Birth Date _____ Month _____ Day _____ Year _____ Parts of Vehicle Damaged _____ Driveable: Yes ☐ No ☐ Owner's License _____ State _____ Number _____ Is this vehicle covered by automobile liability insurance? ☐ Yes ☐ No ☐ IF YES TO EITHER SHOW INSURANCE COMPANY If vehicle not covered, did driver have liability policy applicable? ☐ Yes ☐ No ☐ Show Policy Number Here _____ Name _____ Show name of insurance company not name of insurance agency Address _____									
Space for any third vehicle on reverse side. Total vehicles involved	OTHER VEHICLE NUMBER 2 Year _____ Make _____ Type (sedan, truck, taxi, bus, etc.) _____ Vehicle License Plate _____ Year _____ State _____ Number _____ Approximate cost to repair vehicle \$ _____ Driver _____ Print or Type Full Name _____ Street or R.F.D. _____ City and State _____ Driver's Occupation _____ Driver's License _____ State _____ Number _____ Driver's Birth Date _____ Mo. _____ Da. _____ Yr. _____ Age _____ Sex _____ Owner _____ Print or Type Full Name _____ Street or R.F.D. _____ City and State _____ Owner's Birth Date _____ Month _____ Day _____ Year _____ Parts of Vehicle Damaged _____ Driveable: Yes ☐ No ☐ Owner's License _____ State _____ Number _____ Is this vehicle or driver covered by automobile liability insurance? ☐ Yes ☐ No ☐ IF YES SHOW NAME OF INSURANCE COMPANY _____									
DAMAGE TO PROPERTY OTHER THAN VEHICLE _____ Approximate cost to repair \$ _____ NAME AND ADDRESS OF OWNER OF DAMAGED PROPERTY _____ NAME OBJECT AND STATE NATURE OF DAMAGE _____										

3rd
VEHICLE

VEHICLE NUMBER 3 (If third vehicle involved)

Vehicle License Plate _____ Approximate cost to repair vehicle \$ _____

Year Make Type (sedan, truck, taxi, bus, etc.) Year State Number

Driver _____ Print or Type Full Name Street or R.F.D. City and State

Driver's Occupation _____ Driver's License _____ Driver's Birth Date _____ Age _____ Sex _____
Carpenter, Sales Clerk, Etc. State Number Mo. Da. Yr.Owner _____ Print or Type Full Name Street or R.F.D. City and State Owner's Birth Date _____
Month Day YearParts of Vehicle Damaged _____ Driveable: Yes ☐ No ☐ Owner's License _____
State NumberIs this vehicle or driver covered by automobile liability insurance? ☐ Yes ☐ No } IF YES SHOW NAME OF INSURANCE COMPANY }

INJURED

Total Injured

Name _____ Address _____ Injured taken to _____
Age _____ Sex _____ Race _____
Did injured die? _____ Nature and extent of injuries _____ Attending Doctor _____
☐ Driver } In Vehicle
☐ Passenger } No.
☐ Pedestrian
☐ Specify other _____Name _____ Address _____ Injured taken to _____
Age _____ Sex _____ Race _____
Did injured die? _____ Nature and extent of injuries _____ Attending Doctor _____
☐ Driver } In Vehicle
☐ Passenger } No.
☐ Pedestrian
☐ Specify other _____

Light Conditions

- ☐
- Daylight
-
- ☐
- Dawn or dusk
-
- ☐
- Darkness

What Pedestrian Was Doing

- Pedestrian was going (check one)
- ☐
- N
- ☐
- S
- ☐
- E
- ☐
- W
- ☐
- Across or into _____ (Street name, highway no.) From _____ To _____ (N.E. corner to S.E. corner, or west side to east side, etc.)
-
- ☐
- Crossing or entering at intersection
- ☐
- Walking in roadway—with traffic
- ☐
- Pushing or working on vehicle
- ☐
- Other in roadway
-
- ☐
- Crossing or entering not at intersection
- ☐
- Walking in roadway—against traffic
- ☐
- Other working in roadway
- ☐
- Not in roadway
-
- ☐
- Getting on or off vehicle
- ☐
- Standing in roadway
- ☐
- Playing in roadway

What Drivers Intended To Do: (Check one for each driver)

- | | | | |
|--|---|---|---|
| Driver
1 2 3 | Driver
1 2 3 | Driver
1 2 3 | Driver
1 2 3 |
| ☐ ☐ ☐ Go straight ahead | ☐ ☐ ☐ Make left turn | ☐ ☐ ☐ Start in traffic | ☐ ☐ ☐ Remain stopped in traffic lane |
| ☐ ☐ ☐ Overtake and pass | ☐ ☐ ☐ Make U turn | ☐ ☐ ☐ Start from parked position | ☐ ☐ ☐ Remain parked |
| ☐ ☐ ☐ Make right turn | ☐ ☐ ☐ Slow or stop | ☐ ☐ ☐ Back | ☐ ☐ ☐ Get out of parked or stopped vehicle |

Witnesses:

Name _____ Address _____ Age _____ approximate
Name _____ Address _____ Age _____ approximateInvestigated by _____ Badge No. _____ Department _____
Name of law enforcement officer(s) Name of city department, county, state, etc.☐ NOT INVESTIGATED BY LAW ENFORCEMENT AGENCY

DESCRIBE WHAT HAPPENED:

Refer to vehicles by number.
If more space is needed, use
another report form or a sheet of
plain paper of the same size.

SIGNATURE _____ ADDRESS _____ DATE _____

Signature of person submitting report is required—complete both sides of this form