



Motor Vehicle Accident Report

Office of Risk Management

Return to the Director of the Office of Risk Management within 24 hours at 2025 F Street, NW, Suite 101.
Phone (202) 994-3265 • Fax (202) 994-0130

ACCIDENT DATE Month day year		DAY OF WEEK		TIME <input type="checkbox"/> am <input type="checkbox"/> pm		COUNTY OF ACCIDENT				MILE POST NUMBER 		RAILROAD CROSSING I.D. NO. IF WITHIN 150 FEET 							
<input type="checkbox"/> CITY or <input type="checkbox"/> TOWN of						LANDMARKS AT SCENE				NUMBER OF VEHICLES		OFFICIAL USE ONLY							
ROUTE NO. OR STREET NAME AT SCENE												ROUTE NO. OR STREET NAME							
<input type="checkbox"/> AT INTERSECTION WITH or _____ <input type="checkbox"/> MILES <input type="checkbox"/> FEET												<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West		OF					
VEHICLE NO. 1						VEHICLE NO. 2 (OR PEDESTRIAN)													
DRIVER'S NAME (LAST, FIRST, MIDDLE)						WORK #		DRIVER'S NAME (LAST, FIRST, MIDDLE)				WORK #							
ADDRESS (STREET & NO.)						HOME #		ADDRESS (STREET & NO.)				HOME #							
CITY						STATE ZIP CODE		CITY				STATE ZIP CODE							
DATE OF BIRTH Month day year		SEX	DRIVER'S LICENSE NUMBER			<input type="checkbox"/> DL <input type="checkbox"/> CDL		STATE		DATE OF BIRTH Month day year		SEX	DRIVER'S LICENSE NUMBER			<input type="checkbox"/> DL <input type="checkbox"/> CDL		STATE	
VEHICLE OWNER'S NAME (IF DIFFERENT FROM DRIVER)												VEHICLE OWNER'S NAME (IF DIFFERENT FROM DRIVER)							
ADDRESS (STREET & NO.)												ADDRESS (STREET & NO.)							
CITY						STATE ZIP CODE		CITY				STATE ZIP CODE							
MAKE & TYPE OF VEHICLE (SHOW MOPED, MOTORCYCLE, AMBULANCE, ETC.)						YEAR		MAKE & TYPE OF VEHICLE (SHOW MOPED, MOTORCYCLE, AMBULANCE, ETC.)				YEAR							
LICENSE PLATE NUMBER		STATE	NAME OF INSURANCE CO. (NOT AGENT)					LICENSE PLATE NUMBER		STATE	NAME OF INSURANCE CO. (NOT AGENT)								
VEHICLE NO. 1 DAMAGE CHECK POINTS OF IMPACT			ACCIDENT DIAGRAM										VEHICLE NO. 2 DAMAGE CHECK POINTS OF IMPACT						
ACCIDENT DESCRIPTION																			
WITNESS #1 NAME						HOME PHONE				WORK PHONE									
WITNESS #2 NAME						HOME PHONE				WORK PHONE									
WITNESS #3 NAME						HOME PHONE				WORK PHONE									
TROOPER'S/OFFICER'S NAME					BADGE/CODE NO.			DEPARTMENT NAME AND CODE NUMBER											