

# COMMONWEALTH OF PENNSYLVANIA

## Driver's Accident Report



FORWARD THIS REPORT WITHIN 5 DAYS TO THE PENNSYLVANIA DEPARTMENT OF TRANSPORTATION,  
BUREAU OF HIGHWAY SAFETY AND TRAFFIC ENGINEERING, P.O. Box 2047, HARRISBURG, PA 17105-2047  
Pennsylvania Vehicle Code, Section 3747 states: All reports are confidential, not available as trial evidence

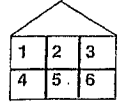
<b>TIME</b>	Date of Accident (Month - Day - Year)		County	Day of Week	Hour (AM - PM)	Check if Hit-Run <input type="checkbox"/>
	SEVERITY : Was Towing Required? UNIT 1: <input type="checkbox"/> YES <input type="checkbox"/> NO UNIT 2: <input type="checkbox"/> YES <input type="checkbox"/> NO		Number of Vehicles Involved	Number Injured	Number Killed	
<b>LOCATION</b>	TO PROPERLY LOCATE ACCIDENTS, USE AS LANDMARKS; SR SEGMENT NUMBERS, MILEPOSTS; INTERSECTION OF TWO HIGH-WAYS; CITY, BOROUGH, TOWNSHIP, OR COUNTY LINES.		City - Borough - Township	On: (Street Name or Highway Number)		
			At Intersection With:	If Not At Intersection : _____ Feet N S E W Of Station Marker - Intersection - Etc...		
<b>MY VEHICLE - NO 1</b>	Operator's Name (First, Middle, Last) Mr. Mrs. Miss			Date of Birth	Operator's License Number and State	
	Address (Street, City, State, Zip Code)			Vehicle License Number and State		
	Owner's Name (First, Middle, Last) Mr. Mrs. Miss			Year	Make	Model
	Address (Street, City, State, Zip Code)			PA TITLE OR OUT-OF-STATE VIN		

**USE THE FOLLOWING SECTION TO RECORD VEHICLE NUMBER 2, PEDESTRIAN, OR OTHER PROPERTY**

<b>OTHER</b>	Operator's Name (First, Middle, Last) Mr. Mrs. Miss		Date of Birth	Operator's License Number and State	
	Address (Street, City, State, Zip Code)		Vehicle License Number and State		
	Owner's Name (First, Middle, Last) Mr. Mrs. Miss		Year	Make	Model
	Address (Street, City, State, Zip Code)		PA TITLE OR OUT-OF-STATE VIN		
Description of Damaged Property		Check If State Owned Property <input type="checkbox"/>			

**IF MORE VEHICLES/PEDESTRIANS/OCCUPANTS ARE INVOLVED USE ADDITIONAL REPORTS.**

PERSONS INVOLVED	NAME	AGE	SEX	VEH. NO.	INJURY CLASS	ACTIVE RESTRAINT	INJURY TYPE	SEATING POSITION	ACTIVE RESTRAINT	PASSIVE RESTRAINT
						0 - No INJURY 1 - DEATH 2 - MAJOR INJURY 3 - MODERATE INJURY 4 - MINOR INJURY 9 - UNKNOWN	0 - NONE 1 - SHOULDER HARNESS ONLY 2 - SEAT BELT ONLY 3 - COMBINATION (HARNESS & BELT) 4 - CHILD RESTRAINT 7 - MOTORCYCLE HELMET 8 - OTHER 9 - UNKNOWN			
					POSITION 1 - DRIVER 2-6 - PASSENGER 7 - PEDESTRIAN 8 - OTHER	PASSIVE RESTRAINT 0 - NONE OR PEDESTRIAN 1 - AIRBAG (DEPLOYED) 2 - AIRBAG (NOT DEPLOYED) 3 - AUTOMATIC SEAT BELT 8 - OTHER 9 - UNKNOWN				



Insurance Information	Company	Insurance Information	Company
Unit 1	Policy No.	Unit 2	Policy No.

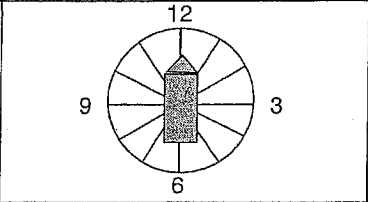
WEATHER:  Rain  Snow  Clear  Foggy  Other

ROADWAY:  Wet  Snowy  Dry  Icy  Rain

0 = None  
 1 = 1 o'clock  
 2 = 2 o'clock  
 3 = 3 o'clock  
 4 = 4 o'clock  
 5 = 5 o'clock  
 6 = 6 o'clock  
 7 = 7 o'clock  
 8 = 8 o'clock  
 9 = 9 o'clock

10 = 10 o'clock  
 11 = 11 o'clock  
 12 = 12 o'clock  
 13 = Top of Vehicle  
 14 = Vehicle Undercarriage  
 15 = Use when the Initial Impact was with a towed unit (such as utility trailer vehicle, horse van, etc...)

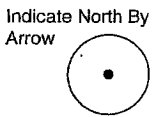
99 = Unknown



VEHICLE NUMBER 1:  
 INITIAL IMPACT POINT \_\_\_\_\_  
 LEGAL SPEED \_\_\_\_\_ MPH  
 ESTIMATED SPEED \_\_\_\_\_ MPH

VEHICLE NUMBER 2:  
 INITIAL IMPACT POINT \_\_\_\_\_  
 LEGAL SPEED \_\_\_\_\_ MPH  
 ESTIMATED SPEED \_\_\_\_\_ MPH

- INSTRUCTIONS:**
1. Draw Diagram As Clearly As You Can.
  2. Show Your Vehicle As Number 1.
  3. Label All Streets, Highways, and Landmarks.
  4. Draw An Arrow In Circle Below So It Points North.
  5. Complete Narrative.



**GIVE A DETAILED DESCRIPTION OF THE ACCIDENT IMMEDIATELY PRIOR TO IMPACT, AT IMPACT, AND IMMEDIATELY AFTER IMPACT, REFER TO VEHICLES BY NUMBERS**

SIGNATURE

DATE

POLICE INVESTIGATED:  YES  NO      If Yes, Name of Police Department: