

Alabama Department of  
**Public Safety**

(PLEASE PRINT OR TYPE)

**Driver License Division  
Safety Responsibility Unit  
P. O. Box 1471  
Montgomery, AL 36102-1471**

Reset Form

**For Office Use Only**

DOC No.

Case No.

**COMPLETION OF THIS FORM IS REQUIRED BY §32-7-1, CODE OF ALABAMA 1975. FAILURE TO FILE A REPORTABLE ACCIDENT ON THIS FORM MAY RESULT IN SUSPENSION OF YOUR DRIVER LICENSE.**

INFORMATION AND INSTRUCTIONS: Completion of this form is required ONLY if a motor vehicle accident occurring in Alabama caused death, personal injury, or property damage to any one owner in excess of \$250. The driver is legally required to file a report on this form with the Department of Public Safety within thirty (30) days after the accident regardless of who is at fault and regardless of whether or not the vehicle involved was covered by liability insurance at the time of the accident. If a driver is physically incapable of making such report, the owner of the motor vehicle involved in such accident, within thirty (30) days after learning of the accident, make such report. Use additional forms if necessary.

**YOU MUST FILL IN ALL INFORMATION FOR PROCESSING**

DATE OF ACCIDENT		TIME: A. M. P. M.		HOW MANY VEHICLES WERE INVOLVED		<b>For Office Use Only</b>					
LOCATION OF ACCIDENT (CITY) (STREET/HWY)				COUNTY							
YOUR INFORMATION (PLEASE PRINT OR TYPE)						OTHER PARTY'S INFORMATION (PLEASE PRINT OR TYPE)					
YOU ARE THE: <input type="checkbox"/> DRIVER <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> OTHER <input type="checkbox"/> PARKED <input type="checkbox"/> HIT & RUN						OTHER PARTY WAS <input type="checkbox"/> DRIVER <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> OTHER <input type="checkbox"/> PARKED <input type="checkbox"/> HIT & RUN					
DRIVER'S NAME (FIRST, MIDDLE, LAST)				TELEPHONE NO.		DRIVER'S NAME (FIRST, MIDDLE, LAST)				TELEPHONE NO.	
CURRENT ADDRESS: STREET NO.						CURRENT ADDRESS: STREET NO.					
CITY			STATE	ZIP CODE		CITY			STATE	ZIP CODE	
DRIVERS DATE OF BIRTH		SEX <input type="checkbox"/> M <input type="checkbox"/> F	DRIVER LICENSE #		STATE	DRIVER'S DATE OF BIRTH		SEX <input type="checkbox"/> M <input type="checkbox"/> F	DRIVER LICENSE NUMBER		STATE
OWNER OF VEHICLE/PROPERTY				IF SAME AS DRIVER, MARK BOX <input type="checkbox"/>		OWNER OF VEHICLE/PROPERTY				IF SAME AS DRIVER, MARK BOX <input type="checkbox"/>	
ADDRESS OF OWNER: STREET NO.						ADDRESS OF OWNER: STREET NO.					
CITY			STATE	ZIP CODE		CITY			STATE	ZIP CODE	
YOUR VEHICLE						OTHER VEHICLE (Use additional form if more than two (2) vehicles)					
YEAR	MAKE	TYPE	COMMERCIAL VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO		STATE	YEAR	MAKE	TYPE	COMMERCIAL VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO		STATE
VIN			LICENSE PLATE NO.			VIN			LICENSE PLATE NO.		

**PROPERTY DAMAGE**

DESCRIPTION OF PROPERTY DAMAGE (OTHER THAN VEHICLE, HOUSE/FENCE, UTILITY POLE/ETC)

**INSURANCE INFORMATION ON BACK MUST BE COMPLETED AND SIGNED**

(COMPLETE REVERSE SIDE)

**YOUR INSURANCE INFORMATION****INJURED PERSONS IN YOUR VEHICLE** NONE

Complete the following as required by the Safety Responsibility Law of Alabama §32-7-1, and following sections. Mark only the appropriate box. All information will be verified.

1. When accident occurred, the vehicle I was driving was covered by liability insurance with \_\_\_\_\_  
(List name of insurance company, not Agency's name)  
POLICY NO. \_\_\_\_\_  
POLICY PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_  
POLICY HOLDER \_\_\_\_\_

2. When accident occurred, the vehicle I was driving was not covered by liability insurance
3. Form SR-23 (Fleet Policy) is on file with Department of Public Safety.
4. Your vehicle is a qualified carrier with Alabama Public Service Commission.
5. Department of Public Safety Self-Insurance Certificate No. \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FULL NAME OF INJURED IN YOUR VEHICLE

DID INJURED DIE?

 YES  NO

ADDRESS: STREET NO.

CITY

STATE

ZIP

DATE OF BIRTH

SEX  M  
 F

INJURED WAS (Please Circle)

DRIVER PASSENGER PEDESTRIAN OTHER

FULL NAME OF INJURED IN YOUR VEHICLE

DID INJURED DIE?

 YES  NO

ADDRESS: STREET NO.

CITY

STATE

ZIP

DATE OF BIRTH

SEX  M  
 F

INJURED WAS (Please Circle) DRIVER PASSENGER

PEDESTRIAN OTHER

**INFORMATION AND INSTRUCTIONS:** Complete this portion of the form if you believe that another party is responsible for your damages and you have not been compensated for them. You must give vehicle and/or other damages in dollar amount.

**VEHICLE AND/OR OTHER PROPERTY DAMAGE**

I, \_\_\_\_\_ (Full Name of Person Making Claim) certify that damages to my property amounted to \$ \_\_\_\_\_ (Amount of Damage) as a result of this motor vehicle accident. I believe I am entitled to recover the amount specified from \_\_\_\_\_ (Driver of Vehicle) and from \_\_\_\_\_ (Owner of Vehicle), and I have not released said party(ies).  
Signature of Property Owner \_\_\_\_\_ (If owner is a company, give title of person signing claim.)

**INJURIES (Please complete one section for each party injured)**

I, \_\_\_\_\_ (Full Name of Person Injured) certify that my medical expenses are \$ \_\_\_\_\_ (Amount of Injury) as a result of this motor vehicle accident. I believe I am entitled to recover the amount specified above from \_\_\_\_\_ (Driver of Vehicle) and from \_\_\_\_\_ (Owner of Vehicle), and I have not released said party(ies).  
Signature of Claimant/Legal Guardian of Minor \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ (Full Name of Person Injured) certify that my medical expenses are \$ \_\_\_\_\_ (Amount of Injury) as a result of this motor vehicle accident. I believe I am entitled to recover the amount specified above from \_\_\_\_\_ (Driver of Vehicle) and from \_\_\_\_\_ (Owner of Vehicle), and I have not released said party(ies).  
Signature of Claimant/Legal Guardian of Minor \_\_\_\_\_ Date \_\_\_\_\_

**FORM COMPLETION REVIEW**

- Review form to ensure all blanks have been filled in.
- Use your full, legal name.
- Describe all property damage (Example: bicycle, farm equipment, house, fence, etc.)
- Sign and date this form in spaces provided.
- Use additional forms, if necessary. Be sure to include all information requested.
- For more information call 334-242-4222.