DMV-349 (Rev. 4/2018)

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces

1 No. of Units Involved   Form___ of___   ☐ Supplemental Report   ☐ Non-Reportable

Date   County   Time   Local/Patrol Area   Date Received by DMV
mm/dd/ccyy   :   24 Hour HH:MM

2 **LOCATION**
Relation to Roadway Surface ___ Crash occurred ☐ ☐ In / Near _____ or ___ Miles ☐☐☐☐ N S E W   outside municipality

Municipality _____

On ___ ☐ Ramp or Service Road   (R.R. Crossing # _____) _____ Miles (0 ft intersection) ___ ft. ☐☐☐☐ N S E W (if available)
(Highway Number, or Highway, Street ramp or service road, indicate on line)

3 At or from _____ ☐☐☐☐ N S E W   toward _____ Latitude _____ Longitude _____ Altitude _____
(Use Highway Number, Street Name or Adjacent County or State Line)   (Use Highway Number, Street Name or Adjacent County or State Line)

Unit # ___ ☐ Vehicle ☐ Pedestrian ☐ Hit & Run ☐ Commercial Vehicle

4 Driver _____
First   Middle   Last   Suffix

5 Address _____

City _____ State ___ Zip ___

Same Address on Driver's License? ☐ Yes ☐ No   Driver's Phone Numbers H (___) ___ W (___) ___

6 D.L. # _____ D.L. Class ___ State ___
☐ CDL License

DOB ___ (mm/dd/ccyy)   34 Vision Obstruction ___ 35 Physical Condition ___ 36 D.L. Restrictions ___

7 37 Alcohol/Drugs Suspected ___ 38 Alcohol/Drugs Test ___ 39 Results (If known) ___ 40 Vehicle Seizure (DWI) ☐

Owner _____
Same as Driver? ☐

Address _____
Same Address as Driver? ☐

City _____ State ___ Zip ___

Plate # _____ Plate State ___ Plate Year ___

VIN _____

Vehicle Make ___ Vehicle Year ___ 41 Vehicle Style (Type) ___ 42 Vehicle Drivable ☐ Yes ☐ No

43 TAD _____ 44 Estimated $ Damage ___

Insurance Company _____

Policy # _____

Unit # ___ ☐ Vehicle ☐ Pedestrian ☐ Hit & Run ☐ Other ___

Driver _____
First   Middle   Last   Suffix

Address _____

City _____ State ___ Zip ___

Same Address on Driver's License? ☐ Yes ☐ No   Driver's Phone Numbers H (___) ___ W (___) ___

D.L. # _____ D.L. Class ___ State ___
☐ CDL License

DOB ___ (mm/dd/ccyy)   34 Vision Obstruction ___ 35 Physical Condition ___ 36 D.L. Restrictions ___

37 Alcohol/Drugs Suspected ___ 38 Alcohol/Drugs Test ___ 39 Results (If known) ___ 40 Vehicle Seizure (DWI) ☐

Owner _____
Same as Driver? ☐

Address _____
Same Address as Driver? ☐

City _____ State ___ Zip ___

Plate # _____ Plate State ___ Plate Year ___

VIN _____

Vehicle Make ___ Vehicle Year ___ 41 Vehicle Style (Type) ___ 42 Vehicle Drivable ☐ Yes ☐ No

43 TAD _____ 44 Estimated $ Damage ___

Insurance Company _____

Policy # _____

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20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source   Source: **Carrier Identification Numbers, GVWR, Axles**

Unit ___ 45 Cargo Body Type ___ ☐ Same Address as Owner?   ☐ Truck   US DOT # _____ ICC# _____ Axles or Vehicle Including Trailers ___

_____   ☐ Shipping Papers   State ___ State# _____ IFTA# _____

_____   ☐ Driver   FEI# _____ Fleet# ___ Gross Vehicle Weight Rating ___

Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc- See above); Use check blocks if address same as Driver

	21	22	23	24	25	26	27	28	29	30	31	32		
A				Unit1-Drv1, Ped1, etc. see above									see above	Veh# ___ Towed To/By:
B				Unit2-Drv2, Ped2, etc. see above									see above	Veh# ___ Towed To/By:
C													☐	
D													☐	
E													☐	
F													☐	
G													☐	
H													☐	

46 Name of EMS _____   46 Name of EMS _____

47 Injured Taken by EMS to _____ (Treatment Facility and City or Town)   47 Injured Taken by EMS to _____ (Treatment Facility and City or Town)

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48 POINTS OF INITIAL CONTACT (Write in Codes)	Unit#____ _____			VEHICLE INFO.	Veh #___	Veh #___	ROADWAY INFO.		WORK ZONE RELATED	
	Unit#____ _____			60 Authorized Speed Limit			69 Road Feature		78 Workzone Area	
CRASH SEQUENCE (Unit Level)		Unit#___	Unit#___	61 Estimate of Original Traveling Speed			70 Road Character		79 Work Activity	
49 Vehicle Maneuver/Action				62 Estimate of Speed at Impact			71 Road Classification		80 Work Area Marked	
50 Non-Motorist Action				63 Tire Impressions Before Impact (ft.)			72 Road Surface Type		81 Crash Location	
51 Non-Motorist Location Prior to impact				64 Distance Traveled After Impact (ft.)			73 Road Configuration		TRAILER INFO.	Unit#___ Unit#___
52 Crash Sequence-First Event for This Unit				65 Emergency Vehicle Use			74 Access Control		82 Trailer Type	
53 Crash Sequence-Second Event				66 Post Crash Fire (If "Yes" check block)	☐	☐	75 Number of Lanes		1st Trailer No. Axles	
54 Crash Sequence-Third Event				67 School Bus – Contact Vehicle	☐	☐	76 Traffic Control Type		Width (inches)	
55 Crash Sequence-Fourth Event				68 School Bus – Noncontact Vehicle	☐	☐	77 Traffic Control Oper		Length (feet)	
56 Most Harmful Event for This Unit				COMMERCIAL VEHICLE: Hazardous Materials Involved Unit ____					2nd Trailer No. Axles	
57 Distance/Direction to Object Struck				Haz Mat Placard ☐ Yes ☐ No		From Placard indicates:			Width (inches)	
58 Vehicle Underride/Override				Hazardous Cargo ☐ Yes ☐ No		4-digit placard number	1-digit number from bottom of diamond		Length (feet)	
59 Vehicle Defects				Released (does not include fuel from fuel tank) Carrying Haz Mat ☐ Yes ☐ No		___ ___ ___ ___	___		83 Unit# ___ Overwidth Trailer and Overwidth Mobile Home	Overwidth Permit #

84 DIAGRAM

Indicate North

Unit #___was:	☐ Traveling ☐ Parked Facing N S E W	☐☐☐☐	on _____	Unit#___was:	☐ Traveling ☐ Parked Facing N S E W	☐☐☐☐	on _____

85 NARRATIVE (Note: If additional space is needed for the Narrative or Diagram, please use the Continuation Page.)

ADDITIONAL PROPERTY DAMAGE

State Property ☐

86 Type/Owner _____

Owner Address _____
Phone _____

Estimated Damage _____

WITNESS

Name _____ Address _____ Phone No (____) _____

Name _____ Address _____ Phone No (____) _____

TRAFFIC VIOLATION(S)

Name _____ Charger(s) _____
(Citation # optional)

Name _____ Charger(s) _____

Officer Name	Officer Number	Department	Date of Report