GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT

Accident Number | Agency NCIC No. | County | Date Rec. by DOT

Date | Day of Week ☐ Sun ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ S | Time | Off. Arrived | Total Number of: Vehicles | Injuries | Fatalities | Inside City Of:

Road of Occurrence ____________________ 1 ☐ Interstate 2 ☐ Lowest St. Rt. 3 ☐ Co. Road 4 ☐ City St.

At Its Intersection With ____________________ 1 ☐ Interstate 2 ☐ Lowest St. Rt. 3 ☐ Co. Road 4 ☐ City St.

Corrected Report? Yes ☐

Not At Its Intersection But____________ ☐ Miles ☐ Feet 1 ☐ North 2 ☐ South 3 ☐ East 4 ☐ West Of:____________________ 1 ☐ Interstate 2 ☐ Lowest St. Rt. 3 ☐ Co. Road 4 ☐ city St. 5 ☐ Co. Line

Suppl. To Original? Yes ☐

And continuing in the direction checked above, the Next Reference Point is ____________________ 1 ☐ Interstate 2 ☐ Lowest St. Rt. 3 ☐ Co. Road 4 ☐ City St. 5 ☐ Co. Line

Hit and Run? Yes ☐

Driver # / Ped # ☐ — LAST NAME, FIRST, MIDDLE; Address	Driver # / Ped # ☐ — LAST NAME, FIRST, MIDDLE; Address
City, State, Zip, DOB	City, State, Zip, DOB
Driver's License No., Class, State, ☐ Male ☐ Female	Driver's License No., Class, State, ☐ Male ☐ Female
Posted Speed, Insurance Co., Policy No.	Posted Speed, Insurance Co., Policy No.
Year, Make, Model, Telephone No.	Year, Make, Model, Telephone No.
VIN, Vehicle Color	VIN, Vehicle Color
Tag #, State, County, Year	Tag #, State, County, Year
Trailer Tag #, State, County, Year	Trailer Tag #, State, County, Year
☐ Same as Driver, Owner's Last Name, First, Middle	☐ Same as Driver, Owner's Last Name, First, Middle
Address	Address
City, State, Zip	City, State, Zip
Removed By, ☐ Request ☐List	Removed By, ☐ Request ☐List
Alcohol Test, Type, Results, Drug Test, Type, Results	Alcohol Test, Type, Results, Drug Test, Type, Results
Driver Cond, Direction Of Travel, Vision Obscured, Contributing Factors ________ ________	Driver Cond, Direction Of Travel, Vision Obscured, Contributing Factors ________ ________
Veh Cond, Veh Maneuver, Ped. Maneuver ________ ________	Veh Cond, Veh Maneuver, Ped. Maneuver ________ ________
Most Harmful Event, Veh Class:, Veh Type:	Most Harmful Event, Veh Class:, Veh Type:
Traffic Ctrl, Device Inoperative? ☐ Yes ☐ No	Traffic Ctrl, Device Inoperative? ☐ Yes ☐ No

Injured Taken To: | By:

EMS Notified Time | EMS Arrival Time | Hospital Arrival Time | Photos Taken: ☐Yes ☐No | By:

Report By: | Department | Report Date | Checked By: | Date Checked

Witness(es): Name | Address | City | State | Zip Code | Telephone No.

DOT MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

COMMERCIAL VEHICLES ONLY

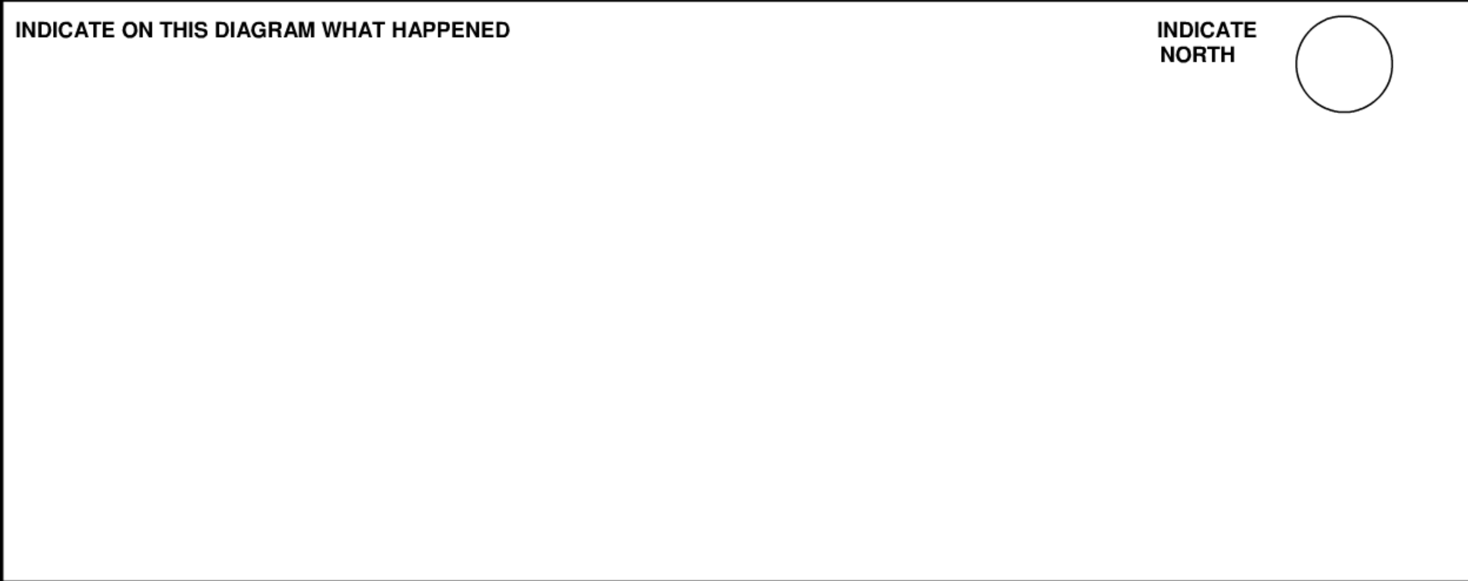
Vehicle A	Vehicle B
Carrier Name, Vehicle #	Carrier Name, Vehicle #
Address, City, State, Zip	Address, City, State, Zip
No. of Axles, G.V.W.R., Fed. Reportable 1 ☐ Yes 2 ☐ No, Cargo Body Type	No. of Axles, G.V.W.R., Fed. Reportable 1 ☐ Yes 2 ☐ No, Cargo Body Type
Vehicle Config., I.C.C.M.C. #, U.S. D.O.T. #, Interstate ☐ Intrastate ☐	Vehicle Config., I.C.C.M.C. #, U.S. D.O.T. #, Interstate ☐ Intrastate ☐
C.D.L.? 1 ☐ Yes 2 ☐ No; C.D.L. Suspended? 1 ☐ Yes 2 ☐ No	C.D.L.? 1 ☐ Yes 2 ☐ No; C.D.L. Suspended? 1 ☐ Yes 2 ☐ No
Vehicle Placarded? 1 ☐ Yes 2 ☐ No; Hazardous Materials? 1 ☐ Yes 2 ☐ No	Vehicle Placarded? 1 ☐ Yes 2 ☐ No; Hazardous Materials? 1 ☐ Yes 2 ☐ No
Released? 1 ☐ Yes 2 ☐ No	Released? 1 ☐ Yes 2 ☐ No
If YES, Name or 4 Digit Number from Diamond or Box: ____________	If YES, Name or 4 Digit Number from Diamond or Box: ____________
1 Digit Number from Bottom of Diamond: ____________	1 Digit Number from Bottom of Diamond: ____________
__ Ran Off Road __Down Hill Runaway __Cargo Loss or Shift __ Separation of Units	__ Ran Off Road __Down Hill Runaway __Cargo Loss or Shift __ Separation of Units

DOT-523 (12/03)

MAIL TO: Georgia Department of Transportation, CRASH REPORTING UNIT 935 East Confederate Ave. Atlanta, GA 30316-2590

REMARKS:

INDICATE ON THIS DIAGRAM WHAT HAPPENED **INDICATE NORTH**



CITATIONS – VEHICLE # _____	CITATIONS – VEHICLE # _____

First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Cond.	Manner of Collision	Location at Area Of Impact	Road Comp.	Road Def.	Road Character	Construction / Maintenance Zone

	VEH # _____	VEH # _____
Number of Occupants		
Point of Initial Contact		
Damage To Vehicles		

SKID DISTANCE BEFORE IMPACT

_____________ AFTER _____________
VEH. VEH.

_____________ _____________
VEH. VEH.

Width of Road
____

Damage Other Than Vehicle:		Owner:				AGE	SEX	VEH #	POS	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP.	EXTRIC.	AIR BAG
Occupants (list below):	Driver #	Or Pedestrian #													
	Driver #	Or Pedestrian #													
LAST NAME	FIRST	ADDRESS	CITY	STATE	ZIP	X	X	X	X	XXXXX	XXXXX	XXXX	XXXXX	XXXXX	XXXX