

ALL INFORMATION REQUESTED MUST BE COMPLETED IN FULL IN INK OR TYPEWRITTEN

FOR OFFICE USE ONLY				FOR OFFICE USE ONLY			
ROUTE CODE				State of Vermont Agency of Transportation Department of Motor Vehicles 120 State Street Montpelier, VT 05603-0001		REF. NO.	
COUNTY/TOWN CODE						A.O.T. NO.	
EXACT LOCATION							
NO. OF VEH.		NO. INVOLVED		REPORT OF A MOTOR VEHICLE ACCIDENT			
NO. OF FATALS		NO. INJ.					

The operator of every motor vehicle involved in an accident which results in injury or death or total property damage of \$1000.00 or more, must make a report on this form within 72 hours to the above address. **YOU MUST REPORT EVEN IF VEHICLE WAS PARKED.** The failure or refusal of any person to report is punishable by a penalty of up to \$175.00.

TIME OF ACCIDENT <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		DAY OF WEEK		MONTH DAY YEAR / /		PLACE OF ACCIDENT (CITY OR TOWN)		COUNTY OF		OFFICE USE ONLY			
ROAD ON WHICH ACCIDENT OCCURRED (STREET/ ROUTE NO.)						IF AT AN INTERSECTION GIVE OTHER STREET/ROUTE NO.		TYPE OF AREA R=RURAL U=URBAN					
IF ACCIDENT IS NOT AT AN INTERSECTION, GIVE DISTANCE TO NEAREST TOWN LINE, BRIDGE, INTERSECTION, OR OTHER LANDMARK													

IF YOUR (OPERATOR #1) ADDRESS IS DIFFERENT FROM THE ADDRESS ON DEPARTMENT RECORDS AND THIS FORM IS SIGNED BY YOU THIS FORM WILL BE CONSIDERED TO BE A NOTICE OF ADDRESS CHANGE AND YOUR ADDRESS WILL BE CHANGED ON DMV RECORDS.

YOUR VEHICLE -- NO. 1				NO. OF OCCUPANTS				OTHER VEHICLE -- NO. 2				NO. OF OCCUPANTS																			
OPER. NAME: LAST FIRST MIDDLE								OPER. NAME: LAST FIRST MIDDLE																							
STREET OR BOX NO.				CITY OR TOWN				STATE				STREET OR BOX NO.				CITY OR TOWN				STATE											
ZIP CODE				SOCIAL SECURITY NO.				DATE OF BIRTH				AGE				ZIP CODE				SOCIAL SECURITY NO.				DATE OF BIRTH				AGE			
OPERATOR'S LICENSE NO.				CLASS				STATE				DRIVING EXPERIENCE __ YEARS __ MONTHS				OPERATOR'S LICENSE NO.				CLASS				STATE				DRIVING EXPERIENCE __ YEARS __ MONTHS			
DID OPERATOR TAKE DRIVER'S EDUCATION IN HIGH SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO				WHAT YEAR				FOR OFFICE USE ONLY				MOTORCYCLE C.C.				DID OPERATOR TAKE DRIVER'S EDUCATION IN HIGH SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO				WHAT YEAR				FOR OFFICE USE ONLY				MOTORCYCLE C.C.			
IDENTIFICATION NUMBER				PLATE NUMBER				PLATE STATE				IDENTIFICATION NUMBER				PLATE NUMBER				PLATE STATE											
VEHICLE YEAR				VEHICLE MAKE				VEHICLE MODEL				VEHICLE TYPE				VEHICLE YEAR				VEHICLE MAKE				VEHICLE MODEL				VEHICLE TYPE			
TRAILER YEAR				TRAILER MAKE				TRAILER MODEL				TRAILER PLATE NUMBER				TRAILER YEAR				TRAILER MAKE				TRAILER MODEL				TRAILER PLATE NUMBER			
APPARENT PARTS VEHICLE DAMAGED CIRCLE NO. IN BOX FOR EACH AREA DAMAGED								ESTIMATED COST OF REPAIRS				APPARENT PARTS VEHICLE DAMAGED CIRCLE NO. IN BOX FOR EACH AREA DAMAGED								ESTIMATED COST OF REPAIRS											
1 2 3 4 5 6 7 8 9 10 11 12												13 HOOD 14 ROOF 15 TRUNK 16 UNDERCARRIAGE 17 TOTAL				ESTIMATED SPEED OF VEHICLE				1 2 3 4 5 6 7 8 9 10 11 12				13 HOOD 14 ROOF 15 TRUNK 16 UNDERCARRIAGE 17 TOTAL				ESTIMATED SPEED OF VEHICLE			
VEHICLE OWNER'S NAME								MAKE				VEHICLE OWNER'S NAME								MAKE											
								CLASS												CLASS											
VEHICLE OWNER'S ADDRESS								COMM.				VEHICLE OWNER'S ADDRESS								COMM.											
								MAT.												MAT.											

OCCUPANT DATA
THE INFORMATION BELOW IS REQUIRED FOR YOURSELF AND ALL OCCUPANTS IN ALL VEHICLES
(ATTACH ADDITIONAL SHEETS IF THERE IS NOT ENOUGH ROOM BELOW)

OCCUPANT'S NAME AND ADDRESS (USE THE FIRST LINE FOR YOURSELF EVEN IF NOT INJURED)	NATURE AND EXTENT OF INJURY (STATE "NONE" IF NOT INJURED)	NAME OF HOSPITAL INJURED TAKEN TO	THIS INFORMATION IS REQUIRED						FOR OFFICE USE ONLY
			VEH NO	POSITION WITHIN VEHICLE	AGE OF OCC	MALE OR FEMALE	WAS SEATBELT OR HARNESS USED	WAS OCCUPANT THROWN FROM VEHICLE	
			1	YOURSELF DRIVER					

WHAT WAS PEDESTRIAN OR BICYCLIST DOING?				PEDESTRIAN OR BICYCLIST NAME				DATE OF BIRTH		AGE		FOR OFFICE USE ONLY			
PEDESTRIAN BICYCLIST DATA FILL IN ONLY IF A PEDESTRIAN OR BICYCLIST WAS INVOLVED <input type="checkbox"/> WALKING W/TRAFFIC <input type="checkbox"/> WALKING AGST. TRAF. <input type="checkbox"/> NOT IN ROADWAY <input type="checkbox"/> CROSSING INTERSECT <input type="checkbox"/> CROSS NOT AT INTER. <input type="checkbox"/> PLAYING IN ROAD <input type="checkbox"/> GETTING ON/OFF VEHICLE <input type="checkbox"/> PUSHING VEHICLE <input type="checkbox"/> WORKING ON VEH <input type="checkbox"/> RIDING/PUSHING BIKE <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN				STREET ADDRESS OR BOX NO.				CITY OR TOWN		STATE				SEX	
				DESCRIBE INJURY				TYPE OF CLOTHING <input type="checkbox"/> BRIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> DARK						CLOTH	
												BIKE			
												INJ			
												0 0 0			


YOUR VEHICLE COLLIDED WITH (First Action) <input type="checkbox"/> 1. Pedestrian <input type="checkbox"/> 2. MV in traffic <input type="checkbox"/> 3. MV Parked <input type="checkbox"/> 4. RR train <input type="checkbox"/> 5. Pedal cycle <input type="checkbox"/> 6. Wild Animal <input type="checkbox"/> 7. domestic animal <input type="checkbox"/> 8. Snowmobile <input type="checkbox"/> 9. Other Moveable object <input type="checkbox"/> 10. Overturned <input type="checkbox"/> 11. Other non-collision <input type="checkbox"/> 12. Guard rail, curb <input type="checkbox"/> 13. Tree <input type="checkbox"/> 14. Pole, sign <input type="checkbox"/> 15. Ledge, boulder <input type="checkbox"/> 16. Other fixed object <input type="checkbox"/> 17. Moped <input type="checkbox"/> 18. Motorcycle <input type="checkbox"/> 00. Unknown		SURFACE CONDITION <input type="checkbox"/> 1. Dry <input type="checkbox"/> 2. Wet <input type="checkbox"/> 3. Snow <input type="checkbox"/> 4. Ice <input type="checkbox"/> 5. Muddy <input type="checkbox"/> 6. Slushy <input type="checkbox"/> 7. Oily <input type="checkbox"/> 8. Leaves <input type="checkbox"/> 9. Other <input type="checkbox"/> 10. Unknown <input type="checkbox"/> 00. Not applicable	ROAD CHARACTER <input type="checkbox"/> 1. Intersection <input type="checkbox"/> 2. Bridge Over <input type="checkbox"/> 3. Underpass <input type="checkbox"/> 4. RR crossing <input type="checkbox"/> 5. Driveway <input type="checkbox"/> 6. Alley <input type="checkbox"/> 7. Ramp off <input type="checkbox"/> 8. Ramp on <input type="checkbox"/> 9. Other <input type="checkbox"/> 10. Unknown <input type="checkbox"/> 0. Not applicable	ROAD CONDITION (Check Most Serious) <input type="checkbox"/> 1. Pot holes <input type="checkbox"/> 2. Frost heaves <input type="checkbox"/> 3. Snow drift <input type="checkbox"/> 4. Soft shoulder <input type="checkbox"/> 5. Construc. Area <input type="checkbox"/> 6. Flooding <input type="checkbox"/> 7. Ice chunks <input type="checkbox"/> 8. Debris <input type="checkbox"/> 9. Other <input type="checkbox"/> 10. Unknown <input type="checkbox"/> 00. Not applicable	TRAFFIC CONTROL (Highway Only) <input type="checkbox"/> 1. Officer <input type="checkbox"/> 2. Flagperson <input type="checkbox"/> 3. Stop light <input type="checkbox"/> 4. Stop sign <input type="checkbox"/> 5. Caution light <input type="checkbox"/> 6. Yield sign <input type="checkbox"/> 7. Lane marking <input type="checkbox"/> 8. Special signs <input type="checkbox"/> 9. Other type <input type="checkbox"/> 0. No Control	MOTORCYCLE INFO ONLY								
			ROAD TYPE		LIGHT CONDITIONS		ROAD DESIGN		WEATHER COND.		R.R. TRAFFIC COND.		PROPERTY DAMAGE OTHER THAN VEHICLE	
		<input type="checkbox"/> 1. Blacktop <input type="checkbox"/> 2. Gravel <input type="checkbox"/> 3. Dirt, trail <input type="checkbox"/> 4. Concrete <input type="checkbox"/> 9. Other <input type="checkbox"/> 0. Unknown		<input type="checkbox"/> 1. Dawn <input type="checkbox"/> 2. Daylight <input type="checkbox"/> 3. Dusk <input type="checkbox"/> 4. Dark <input type="checkbox"/> 5. Dark-street lights on <input type="checkbox"/> 9. Other <input type="checkbox"/> 0. Unknown		<input type="checkbox"/> 1. Up/down hill <input type="checkbox"/> 2. Top of hill <input type="checkbox"/> 3. Bottom of hill <input type="checkbox"/> 4. Level		<input type="checkbox"/> 1. Clear <input type="checkbox"/> 2. Raining <input type="checkbox"/> 3. Snowing <input type="checkbox"/> 4. Foggy <input type="checkbox"/> 5. Hailing <input type="checkbox"/> 6. Cloudy only <input type="checkbox"/> 7. Sleet <input type="checkbox"/> 9. Other <input type="checkbox"/> 0. Unknown		<input type="checkbox"/> 1. Officer <input type="checkbox"/> 2. Flagperson <input type="checkbox"/> 3. Gates <input type="checkbox"/> 4. Cross bucks <input type="checkbox"/> 5. Flashing lights <input type="checkbox"/> 6. Stop sign <input type="checkbox"/> 7. Warning sign <input type="checkbox"/> 9. Other type <input type="checkbox"/> 10. No RR Control <input type="checkbox"/> 00. Not applicable		PROPERTY OWNER'S NAME AND ADDRESS APPROXIMATE REPAIR COSTS \$		



WITNESS - DO NOT LIST ANY VEHICLE OCCUPANTS

LAST NAME	FIRST NAME	MIDDLE	ADDRESS	CITY OR TOWN	STATE

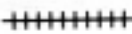
ACCIDENT SKETCH-INDICATE ON THIS DIAGRAM WHAT HAPPENED (ATTACH SHEET IF NECESSARY)

USE ONE OF THESE OUTLINES TO SKETCH THE SCENE OF YOUR ACCIDENT
 WRITING IN STREET OR HIGHWAY NAMES OR NUMBERS.


1. NUMBER EACH VEHICLE AND SHOW DIRECTION OF TRAVEL BY ARROW:


2. USE SOLID LINE TO SHOW PATH BEFORE ACCIDENT →  DOTTED LINE AFTER ACCIDENT - - - → 


3. SHOW PEDESTRIAN BY: → (P)

4. SHOW RAILROAD BY: 

5. SHOW DISTANCE AND DIRECTION TO LANDMARKS: IDENTIFY LANDMARKS BY NAME OR NUMBER.

6. INDICATE NORTH BY ARROW, AS: 

INDICATE NORTH BY ARROW



DESCRIBE IN YOUR OWN WORDS WHAT HAPPENED (ATTACH SHEET IF NECESSARY)				FOR OFFICE USE ONLY (K.P. SKIP AHEAD)	
				CAUSE	
				TYPE	
				VEHICLE MANEUVER	
				DEGREE OF CURVE	
				PERCENT OF GRADE	
				SKID	
				DEPT. TYPE	
				DEPT. CODE	
WAS THIS ACCIDENT INVESTIGATED BY AN OFFICER? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE NAME OF OFFICER	OFFICER'S DEPARTMENT	IF YOUR VEHICLE IS A SCHOOL BUS, INDICATE ITS SEATING CAPACITY	
WERE YOU DRIVING A COMMERCIAL VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THE VEHICLE TRANSPORTING HAZARDOUS MATERIALS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE NAME OF MATERIAL		1. 16 OR MORE	
				2. 15 OR LESS	

OPERATOR SIGN HERE

IMPORTANT: YOU (OPERATOR #1) MUST FURNISH THE INSURANCE INFORMATION REQUESTED BELOW

Vermont Law Requires that any person involved in an accident which has resulted in bodily injury or death to any person or whereby the motor vehicle then under his control or any other property is damaged in an aggregate amount to the extent of \$1000.00 or more must furnish the Commissioner with satisfactory proof that a standard provisions automobile liability insurance policy was in full force and effect at the time of the accident.

Any person who fails to furnish satisfactory proof that liability insurance was in force at the time of the accident may be required to obtain and furnish proof that Financial Responsibility Insurance has been obtained covering such person in the future operation of any motor vehicle.

FORM SR-21A VERMONT	YOU (OPERATOR #1) MUST COMPLETE THIS SECTION IN FULL If you fail to give full information below, it will be assumed that you do not have automobile liability insurance and a suspension of your license/privilege to operate in Vermont will be issued.	A.O.T. NO.
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Was an Automobile Liability Insurance policy, providing you AT LEAST \$25,000/\$50,000 body injury and \$10,000 property damage insurance in effect on the date of this accident? (You must answer "Yes" or "No"): _____

Name of your (Operator #1) insurance company (NOT AGENT): _____

Insurance company's mailing address: _____

Your policy number: _____ Policy period from: _____ to _____

Name of policyholder: _____ Address: _____

Name of operator at time of accident: _____ Date of accident: _____

Is this motor vehicle covered by a certificate of self-insurance? _____ If so, certificate number: _____

FORM SR-21A VERMONT	Vermont Department of Motor Vehicles Montpelier, Vermont	A.O.T. NO.
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Name of insurance company with whom you are insured for liability or damage to others (**for Operator #1**): _____

Insurance Company mailing address: _____

Policy number: _____ Policy period from: _____ to: _____

Date of accident: ____/____/____ Location of accident (at or near city/town): _____ Vermont

Make of your vehicle: _____ Year: _____ Type: _____ VIN Number: _____

Name of operator at time of accident: _____ Address: _____

Name of owner of vehicle: _____ Address: _____

Name of policyholder: _____ Address: _____

Signature of operator: _____

IMPORTANT! This accident should also be reported directly to your insurance company. Failure to report may jeopardize your automobile liability.

DO NOT WRITE BELOW THIS LINE – FOR USE OF INSURANCE COMPANY ONLY

TO INSURANCE COMPANY:
Return this form in 15 days if no policy, or insufficient policy, was in effect as alleged by motorist. If notification is not received within 15 days, it will be assumed the required insurance was in effect at the time of the accident.

TO COMMISSIONER OF MOTOR VEHICLES, 120 STATE STREET, MONTPELIER, VERMONT 05603-0001:
With regard to an insurance policy for the policyholder named on this document the undersigned insurance company advises you in accordance with the items checked below.

- 1. No such policy was in effect on the date of the accident.
- 2. Our policy applies to the owner of the vehicle but does not apply to the operator of the vehicle involved in the accident.
- 3. Our policy affords limits of liability less than \$25,000/\$50,000 body injury and \$10,000 property damage. (Indicate actual limits under remarks)

REMARKS:

NAME OF INSURANCE COMPANY

BY: _____

Authorized Representative of Insurance Company