



WHAT WE ARE REQUESTING IN SPECIFIC FIELDS (continued)

② REMOVE INSTRUCTION SHEET AT LEFT

<b>Unit</b>	The person completing the report should be Unit 1. Unit 2 is the other party involved. If the other unit is unknown, enter "UNK" in the Last Name field. If more parties are involved, attach additional blank pages or use additional Units Involved pages. A "unit" may be a motor vehicle (motorcycle, car, truck, unoccupied parked vehicle, etc.), pedal-cycle (bicycle, tricycle, unicycle, etc.), pedestrian (wheelchair, skateboard, roller skates, etc.), property owner (fence, yard, tree, ditch, etc.) that had damage. If you are a property owner, enter in a name, address, and estimated cost for repair. Check the appropriate box to indicate if you are a motor vehicle, pedal-cycle, pedestrian, or property owner.	
<b>Was Helmet Used</b>	Check the appropriate box to indicate if a helmet was used if you were a motorcyclist, pedalcyclist, skater, or skateboarder.	
<b>Name</b>	Provide your full last name, full first name, and middle initial.	
<b>Sex</b>	Check the appropriate box.	
<b>Address</b>	Provide your full address and/or a mailing address (check the box if this is a new address), city, state, and ZIP code.	
<b>Driver's License #</b>	Provide your driver's license number.	
<b>State</b>	Indicate the state that issued your driver's license.	
<b>Date of Birth</b>	Provide the month, date, and year you were born.	
<b>License Plate/State</b>	Provide your license plate number and the state where the vehicle is registered.	
<b>VIN</b>	Provide the Vehicle Identification Number. It can be 10 to 17 characters long (found on the vehicle registration or on your insurance card).	
<b>Trailer Plate #</b>	If you were pulling a flatbed, camping trailer, etc., provide the license plate number and state.	
<b>Estimated Cost to Repair Vehicle or Object Struck</b>	Estimate the cost to fix your vehicle or the object struck.	
<b>Vehicle Year</b>	Provide the year of your vehicle.	
<b>Make</b>	Provide the make (i.e., Ford, Chevrolet, Dodge, etc.).	
<b>Model</b>	Provide the model (i.e., Taurus, Lumina, Charger, etc.).	
<b>Body Style</b>	Provide the body style (i.e., 2 door, 4 door, hatchback, etc.).	
<b>Registered Owner</b>	Provide the full name, address, state, and ZIP code of the registered owner.	
<b>Was Auto Liability Insurance in Effect at Time of the Collision</b>	Check the appropriate box.	
<b>Insurance Company and Policy Number</b>	Provide the name of your insurance company and policy number.	
<b>Nature of Injuries</b>	Indicate the type of injuries, if any (head pain, chest pain, legs hurt, etc.).	
<b>Mark if This Unit Was a Commercial Vehicle</b>	Indicate if this was a commercial vehicle. Types of commercial vehicles may include cement truck, semi with attached trailer, school bus (vehicle with a gross vehicle weight rating [GVWR] of more than 26,000 pounds).	
<b>Shade In Damaged Area of Vehicle</b>	Shade in the area where damage occurred on the vehicle.	
<b>Passengers</b>	Identify passengers by the unit number they belong to (i.e., Unit 1, Unit 2, etc.). If there were more than two passengers, use an additional <b>Units Involved</b> page for other passengers. Complete the passenger fields as follows:	
	<b>Name</b>	Provide the full last name, full first name, and middle initial.
	<b>In Unit #</b>	Indicate which unit they were in (i.e., Unit 1, Unit 2, etc.).
	<b>Sex</b>	Check the appropriate box.
	<b>Address</b>	Provide full address and/or mailing address including city, state, and ZIP code.
	<b>Date of Birth</b>	Provide the month, day, and year they were born.
	<b>Nature of Injuries</b>	Indicate the type of injuries incurred.
<b>If Motorcyclist or Pedalcyclist Was Helmet Used</b>	Check the appropriate box.	



**UNITS INVOLVED**

**REPORT NO.**

<b>UNIT #</b> _____	(MARK ONLY ONE) <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> PEDAL-CYCLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PROPERTY OWNER	WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER? <input type="checkbox"/> YES <input type="checkbox"/> NO
LAST NAME	NATURE OF INJURIES	
FIRST NAME	MIDDLE INITIAL	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS NEW <input type="checkbox"/>		
CITY	ST	ZIP
DRIVER'S LICENSE #	STATE	D.O.B. MM-DD-YYYY M M D D Y Y Y Y
LICENSE PLATE #	STATE	VIN
TRAILER PLATE #	STATE	ESTIMATED COST TO REPAIR VEHICLE OR OBJECT STRUCK \$ .00
VEH YEAR	MAKE (CHEV, FORD)	MODEL (CAMARO, TAURUS) BODY STYLE (2 DR)
REGISTERED OWNER (LAST - FIRST - MIDDLE INITIAL)		OWNER'S ADDRESS (STREET, CITY, STATE & ZIP CODE)
WAS AUTO LIABILITY INSURANCE IN EFFECT AT TIME OF THE COLLISION? <input type="checkbox"/> YES <input type="checkbox"/> NO		INSURANCE COMPANY AND POLICY NUMBER

**VEHICLE**  
SHADE IN DAMAGED AREA

<b>UNIT #</b> _____	(MARK ONLY ONE) <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> PEDAL-CYCLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PROPERTY OWNER	WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER? <input type="checkbox"/> YES <input type="checkbox"/> NO
LAST NAME	NATURE OF INJURIES	
FIRST NAME	MIDDLE INITIAL	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS NEW <input type="checkbox"/>		
CITY	ST	ZIP
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REGISTERED OWNER (LAST - FIRST - MIDDLE INITIAL)		OWNER'S ADDRESS (STREET, CITY, STATE & ZIP CODE)
WAS AUTO LIABILITY INSURANCE IN EFFECT AT TIME OF THE COLLISION? <input type="checkbox"/> YES <input type="checkbox"/> NO		INSURANCE COMPANY AND POLICY NUMBER

**VEHICLE**  
SHADE IN DAMAGED AREA

**PASSENGERS**

LAST NAME	IN UNIT	
FIRST NAME	MIDDLE INITIAL	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS	D.O.B. MM-DD-YYYY	M M D D Y Y Y Y
NATURE OF INJURIES	IF MOTORCYCLIST OR PEDALCYCLIST WAS HELMET USED? <input type="checkbox"/> Y <input type="checkbox"/> N	
LAST NAME	IN UNIT	
FIRST NAME	MIDDLE INITIAL	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS	D.O.B. MM-DD-YYYY	M M D D Y Y Y Y
NATURE OF INJURIES	IF MOTORCYCLIST OR PEDALCYCLIST WAS HELMET USED? <input type="checkbox"/> Y <input type="checkbox"/> N	