



REPORT OF A MOTOR VEHICLE CRASH

DEPARTMENT OF MOTOR VEHICLES
Agency of Transportation
120 State Street
Montpelier, Vermont 05603-0001
(voice) 802.828.2050
dmv.vermont.gov

A crash with more than 2 vehicles involved must fill out as many forms as needed to include all vehicles involved in the crash.

FOR OFFICE USE ONLY
DMV Crash Number

ALL INFORMATION REQUESTED MUST BE COMPLETED IN INK OR TYPEWRITTEN

THE OPERATOR OF EVERY MOTOR VEHICLE INVOLVED IN A CRASH WHICH RESULTS IN INJURY OR DEATH OR TOTAL PROPERTY DAMAGE OF \$3,000.00 OR MORE (THIS INCLUDES ALL VEHICLES INVOLVED AND PHYSICAL PROPERTY DAMAGE), 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 MAY BE PUNISHABLE BY A CIVIL PENALTY. INSURANCE INFORMATION IS REQUIRED.

TIME OF CRASH DAY OF WEEK MONTH/DAY/YEAR OF CRASH PLACE OF CRASH (CITY OR TOWN) STREET/ROUTE/HIGHWAY OF CRASH

IF YOUR (OPERATOR #1) ADDRESS IS DIFFERENT FROM THE ADDRESS ON DMV 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 OTHER VEHICLE OR PEDESTRIAN OR BICYCLIST
OPERATOR NAME: LAST FIRST MIDDLE
STREET OR BOX NO.
CITY OR TOWN STATE
ZIP CODE DATE OF BIRTH GENDER
OPERATOR'S LICENSE # CLASS STATE
IDENTIFICATION NUMBER PLATE NUMBER PLATE STATE
VEHICLE YEAR VEHICLE MAKE VEHICLE MODEL VEHICLE TYPE
TRAILER YEAR TRAILER MAKE TRAILER MODEL TRAILER PLATE #
COMMERCIAL VEHICLE HAZARDOUS MATERIAL
ACTUAL COST OF VEHICLE #1 REPAIRS
PROPERTY DAMAGE OTHER THAN VEHICLE
APPROXIMATE COST OF PROPERTY REPAIRS
PROPERTY OWNER'S NAME AND ADDRESS:
IF THE CRASH INVOLVED A PEDESTRIAN OR A BICYCLIST, COMPLETE THE FOLLOWING INFORMATION
WHAT WAS PEDESTRIAN OR BICYCLIST DOING
D WALKING WITH TRAFFIC D PLAYING IN ROAD D UNKNOWN
D WALKING AGAINST TRAFFIC D GETTING ON/OFF VEHICLE
D NOT IN ROADWAY D PUSHING VEHICLE
D CROSSING INTERSECTION D WORKING ON VEHICLE
D CROSSING NOT AT AN INTERSECTION D RIDING/PUSHING BIKE
OTHER:
DESCRIBE INJURY:

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)

Table with columns: OCCUPANT'S NAME AND ADDRESS, NATURE AND EXTENT OF INJURY, NAME OF HOSPITAL INJURED TAKEN TO, VEH NO, POSITION WITHIN VEHICLE, AGE OF OCC., GENDER, WAS SEATBELT OR HARNESS USED, WAS OCCUPANT THROWN FROM VEHICLE. Includes entry for '1 YOURSELF DRIVER'.

CONTINUE ON NEXT PAGE

**DESCRIBE IN YOUR OWN WORDS WHAT HAPPENED (ATTACH SHEET IF NECESSARY)**

WAS THIS CRASH INVESTIGATED BY AN OFFICER?  Yes  No IF YES, GIVE NAME OF OFFICER:

OFFICER'S DEPARTMENT:

WERE YOU DRIVING A COMMERCIAL VEHICLE?  Yes  No

WAS THE VEHICLE TRANSPORTING HAZARDOUS MATERIALS?  Yes  No

IF YES, GIVE NAME OF MATERIAL

**OPERATOR SIGN HERE**

DATE OF REPORT

CONTINUE ON NEXT PAGE

**IMPORTANT: YOU MUST FURNISH THE INSURANCE INFORMATION FOR THE VEHICLE YOU WERE OPERATING.**

Vermont law requires that any person involved in a crash 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 \$3,000 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 crash.

Any person who fails to furnish satisfactory proof that liability insurance was in force at the time of the crash 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.

<b>(OPERATOR #1) MUST COMPLETE BOTH SECTIONS BELOW 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.</b>	DMV CRASH NUMBER
Was an Automobile Liability Insurance policy, providing you AT LEAST \$25,000/\$50,000 bodily injury and \$10,000 property damage insurance in effect on the date of the above crash? You <b>must</b> answer Yes or No.      D Yes    D No	
Name of your (Operator 1) Insurance Company ( <b>NOT AGENT</b> ): _____	
Insurance Company Mailing Address: _____	
Policy Number: _____	Policy Period From: _____ to _____
Name of Policy Holder: _____	Address: _____
Name of Operator at the time of the Crash: _____	Date of Crash: _____
Is this motor vehicle covered by a Certificate of Self-Insurance?    D Yes    D No    If yes, certificate number: _____	

DO NOT DETACH FORM SR-21A VERMONT	VERMONT DEPARTMENT OF MOTOR VEHICLES MONTPELIER VERMONT	DMV CRASH NUMBER
Name of insurance company with whom you are insured for liability or damage to others ( <b>For Operator #1</b> ): _____		
Insurance Company mailing address: _____		
Policy Number: _____	Policy Period From: _____	to _____
Date of Crash: _____	At or near (Town/City): _____	
Make of your vehicle: _____	Year: _____	Type: _____ VIN: _____
Operator: _____	Address: _____	
Name of Policy Holder: _____	Signature of Operator: _____	
<b>IMPORTANT!! THIS CRASH SHOULD ALSO BE REPORTED DIRECTLY TO YOUR INSURANCE COMPANY. FAILURE TO REPORT MAY JEOPARDIZE YOUR AUTOMOBILE LIABILITY</b>		

**DO NOT WRITE IN THE SECTION BELOW – IT IS FOR USE OF INSURANCE COMPANY ONLY**

<b>TO INSURANCE COMPANY :</b> Return this form in 15 days if no policy, or insufficient policy was in effect as alleged by motorist. <b>IF NOTIFICATION IS NOT RECEIVED WITHIN 15 DAYS, IT WILL BE ASSUMED THE REQUIRED INSURANCE WAS IN EFFECT AT THE TIME OF THE CRASH.</b> TO COMMISSIONER OF MOTOR VEHICLES, MONTPELIER, VERMONT 05603-0001 With regard to an insurance policy for the policy holder named on the reverse side hereof the undersigned insurance company advises you in accordance with the items checked below :	
D 1. No such policy was in effect at the time of the crash.	
D 2. Our policy applies to the owner of the vehicle but does not apply to the operator of the vehicle involved in the crash.	
D 3. Our policy affords limits of liability less than \$25,000/\$50,000 bodily injury and \$10,000 property damage (indicate actual limits under remarks).	
REMARKS :	
NAME OF INSURANCE COMPANY : _____	BY : _____
DATE : _____	AUTHORIZED REPRESENTATIVE