

Agency Case Number		Agency NCIC Number		GEORGIA MOTOR VEHICLE CRASH REPORT				County		Date Rec. by GDOT					
Estimated Crash Date Time		Dispatch Date Time		Arrival Date Time		Total Number of Vehicles Injuries Fatalities		Inside City Of							
Road of Occurrence _____				At Its Intersection With _____				<input type="checkbox"/> Corrected Report							
Not At Its Intersection But _____				Of _____				<input type="checkbox"/> Sup To Original							
Latitude (Y) _____ (Format) 00.00000				Longitude (X) _____ (Format) -00.00000				<input type="checkbox"/> Hit and Run							
Unit #	<input type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike	LAST NAME		FIRST	MIDDLE	Unit #	<input type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike	LAST NAME		FIRST	MIDDLE				
<input type="checkbox"/> Susp At Fault		Address				<input type="checkbox"/> Susp At Fault		Address							
City		State	Zip	DOB		City		State	Zip	DOB					
Driver's License No.		Class	State	Country		Driver's License No.		Class	State	Country					
Insurance Co.		Policy No.		Telephone No.		Insurance Co.		Policy No.		Telephone No.					
Year		Make	Model		Year		Make	Model							
VIN		Vehicle Color				VIN		Vehicle Color							
Tag #	State	County	Year		Tag #	State	County	Year							
Trailer Tag #	State	County	Year		Trailer Tag #	State	County	Year							
<input type="checkbox"/> Same as Driver	Owner's Last Name		First	Middle	<input type="checkbox"/> Same as Driver	Owner's Last Name		First	Middle						
Address						Address									
City		State	Zip		City		State	Zip							
Removed By:				<input type="checkbox"/> Request <input type="checkbox"/> List		Removed By:				<input type="checkbox"/> Request <input type="checkbox"/> List					
Alco Test:	Type:	Results:	Drug Test:	Type:	Results:	Alco Test:	Type:	Results:	Drug Test:	Type:	Results:				
First Harmful Event:		Most Harmful Event:		Operator/Ped Cond:		First Harmful Event:		Most Harmful Event:		Operator/Ped Cond:					
Operator Contributing Factors: _____				Operator Contributing Factors: _____											
Vehicle Contributing Factors:			Roadway Contributing Factors:			Vehicle Contributing Factors:			Roadway Contributing Factors:						
Direction of Travel:		Vehicle Maneuver:		Non-Motor Maneuver:		Direction of Travel:		Vehicle Maneuver:		Non-Motor Maneuver:					
Vehicle Class:		Vehicle Type:		Vision Obscured:		Vehicle Class:		Vehicle Type:		Vision Obscured:					
Number of Occupants:		Area of Initial Contact:		Damage to Veh:		Number of Occupants:		Area of Initial Contact:		Damage to Veh:					
Traffic-Way Flow:		Road Comp:		Road Character:		Traffic-Way Flow:		Road Comp:		Road Character:					
Number of Lanes:		Posted Speed:		Work Zone:		Number of Lanes:		Posted Speed:		Work Zone:					
Traffic Control:				Device Inoperative: <input type="checkbox"/> Yes <input type="checkbox"/> No				Traffic Control:				Device Inoperative: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Citation Information:						Citation Information:									
Citation # _____		O.C.G.A. § _____		Citation # _____		O.C.G.A. § _____		Citation # _____		O.C.G.A. § _____					
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Citation # _____		O.C.G.A. § _____		Citation # _____		O.C.G.A. § _____		Citation # _____		O.C.G.A. § _____					
COMMERCIAL MOTOR VEHICLES ONLY															
Carrier Name:						Carrier Name:									
Address		City	State	Zip		Address		City	State	Zip					
U.S. D.O.T. #		No. of Axles		G.V.W.R.		U.S. D.O.T. #		No. of Axles		G.V.W.R.					
Cargo Body Type		Vehicle Config.		<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		Cargo Body Type		Vehicle Config.		<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate					
				<input type="checkbox"/> Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No					
C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Vehicle Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Haz Mat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No		Haz Mat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No		Haz Mat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No		Haz Mat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No		Haz Mat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No		Haz Mat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If YES: Name or four Digit Number from Diamond or Box: _____						If YES: Name or four Digit Number from Diamond or Box: _____									
One Digit Number from Bottom of Diamond: _____						One Digit Number from Bottom of Diamond: _____									
<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units						<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units									

