



Government of the District of Columbia Motor Vehicle Crash Report for **PROPERTY DAMAGE ONLY**

(Use only if **NO** police report was taken. Complete and return form within **5 DAYS** of crash)

Dear Driver:

The District of Columbia uses this form to collect information to help us implement safety programs that will save lives and improve our roads so we can better prevent future crashes. Please call 911 for all crashes involving an injury, complaints of injury, District or Federal property, public transportation vehicle, or if the motor vehicle sustains body or mechanical damage that makes it inoperable.

Responding MPD
Officer's Name,
Badge # and Unit:
(only needed if citizen
calls police)

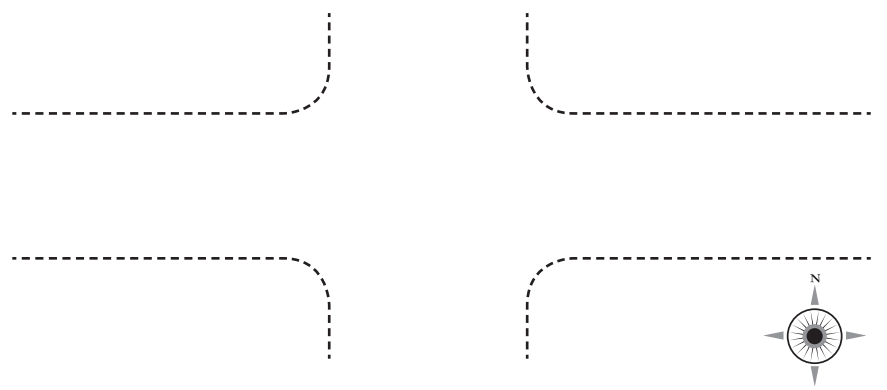
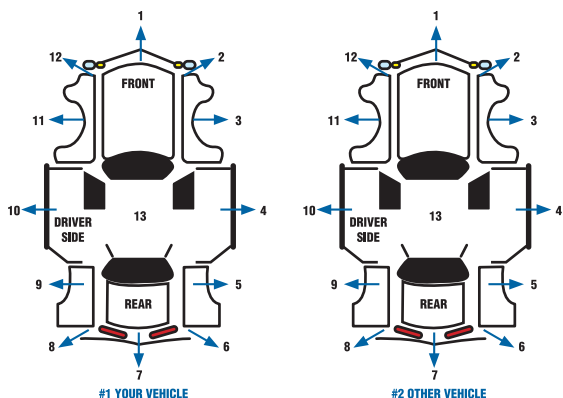
How to complete this form: Use this form to record information for yourself, other vehicle, pedestrian and/or bicyclist. NO POSTAGE NECESSARY. You can mail (using the Business reply envelope), fax 703-858-1358, or complete the form online. We thank you for your participation and cooperation.

DATE	1. Date of Crash (MM/DD/20YY): _____ / _____ / 20____ 2. Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
	LOCATION & ROAD	3. Crash Location: <input type="checkbox"/> NW <input type="checkbox"/> NE On _____ at _____ Street Name Intersecting Street/Exit
OR On _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Street Name Intersecting Street/Exit		
OR In front of _____ Street Address or Landmark		
VEHICLE	4. Pavement Condition: <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow or Ice <input type="checkbox"/> Sand <input type="checkbox"/> Water <input type="checkbox"/> Oil <input type="checkbox"/> Other _____	
	5. Number of Vehicles involved: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> more than 2 Other involvement: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist OR Fixed Object (<input type="checkbox"/> Building <input type="checkbox"/> Pole <input type="checkbox"/> Tree <input type="checkbox"/> Hydrant <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Other _____)	
	#1 Vehicle (Yours) 6. Vehicle was: <input type="checkbox"/> Stopped <input type="checkbox"/> Moving Straight <input type="checkbox"/> Turning Left <input type="checkbox"/> Turning Right <input type="checkbox"/> Parked <input type="checkbox"/> Reversing	
	7. Type of Vehicle: _____ (e.g., 2-door coupe, 4-door sedan, SUV, van, truck, etc.)	
	8. <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Rental Vehicle <input type="checkbox"/> Other _____ 9. State where vehicle is registered: _____	
	10. Driver: Last Name: _____ First Name: _____ 11. Insurance Carrier name: _____	
	12. Residence: City: _____ State: _____ Country: _____ 13. Age: _____ 14. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
	15. Driver was (if known): Distracted (<input type="checkbox"/> cell phone <input type="checkbox"/> Other) <input type="checkbox"/> Speeding <input type="checkbox"/> DUI <input type="checkbox"/> Other _____	
	16. Vehicle Damage Estimate: <input type="checkbox"/> Less than or equal to \$1,000 or <input type="checkbox"/> Greater than \$1,000 (See vehicle damage image below)	
	#2 Other Vehicle 17. Vehicle was: <input type="checkbox"/> Stopped <input type="checkbox"/> Moving Straight <input type="checkbox"/> Turning Left <input type="checkbox"/> Turning Right <input type="checkbox"/> Parked <input type="checkbox"/> Reversing	
18. Type of Vehicle: _____ (e.g., 2-door coupe, 4-door sedan, SUV, van, truck, etc.)		
19. <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Rental Vehicle <input type="checkbox"/> Other _____ 20. State where vehicle is registered: _____		
21. Driver: Last Name: _____ First Name: _____ 22. Insurance Carrier name: _____		
23. Residence: City: _____ State: _____ Country: _____ 24. Age: _____ 25. Gender: <input type="checkbox"/> M <input type="checkbox"/> F		
26. Driver was (if known): Distracted (<input type="checkbox"/> cell phone <input type="checkbox"/> Other) <input type="checkbox"/> Speeding <input type="checkbox"/> DUI <input type="checkbox"/> Other _____		
27. Vehicle Damage Estimate: <input type="checkbox"/> Less than or equal to \$1,000 or <input type="checkbox"/> Greater than \$1,000 (See vehicle damage image below)		
28. Pedestrian was (if involved):		
a. Crossing roadway at intersection <input type="checkbox"/> In a marked crosswalk <input type="checkbox"/> Not marked crosswalk <input type="checkbox"/> Not at intersection <input type="checkbox"/> Walking on sidewalk <input type="checkbox"/> Median <input type="checkbox"/> Other _____		
b. Last Name: _____ First Name: _____		
c. Residence: City: _____ State: _____		
d. Age: _____ e. Gender: <input type="checkbox"/> M <input type="checkbox"/> F		
29. Bicyclist was (if involved):		
a. Crossing roadway at intersection <input type="checkbox"/> In a marked crosswalk <input type="checkbox"/> Not marked crosswalk <input type="checkbox"/> Not at intersection <input type="checkbox"/> Riding with traffic <input type="checkbox"/> Against traffic <input type="checkbox"/> In bike lane <input type="checkbox"/> No bike lane <input type="checkbox"/> On sidewalk		
b. Last Name: _____ First Name: _____		
c. Residence: City: _____ State: _____		
d. Age: _____ e. Gender: <input type="checkbox"/> M <input type="checkbox"/> F		

30. In the space below, briefly state what caused the crash you were in (e.g. What led up to the crash? Who was involved?)

PLEASE CIRCLE ALL POINTS OF IMPACT ON:

CRASH DIAGRAM: Please provide a small diagram of the crash scene, including street names, the location of any vehicles involved, STOP signs, traffic lights, other structures, etc.



(optional) Driver's Signature: _____ Date of Report: _____ / _____ / 20____

WHITE: MAIL THIS COPY

YELLOW: DRIVER 1

PINK: OTHER