

**MOTOR VEHICLE ACCIDENT INVESTIGATION GUIDE (FORM FS-1)**

**THIS SECTION TO BE COMPLETED BY DRIVER**

1. State Agency/Department: \_\_\_\_\_ 2. Agency Budget Code: \_\_\_\_\_  
3. Driver's Name: \_\_\_\_\_ 4. Unit/Section: \_\_\_\_\_  
5. Classification: \_\_\_\_\_ 6. Date & Time of Accident: \_\_\_\_\_  
7. Location of Accident: \_\_\_\_\_ 8. Driver's License #: \_\_\_\_\_

9. Conditions (Please circle all that apply):

- |                          |             |                               |
|--------------------------|-------------|-------------------------------|
| Daylight                 | Clear       | Wet                           |
| Dawn                     | Cloudy      | Ice                           |
| Dusk                     | Foggy       | Vehicle Defect Specify: _____ |
| Dark (street lights on)  | Rain        | Unknown                       |
| Dark (street lights off) | Snow        |                               |
| Dark (no street lights)  | Severe Wind |                               |

10. Accident Investigation Information:

- a. State Police             Yes     No  
b. Local Police            Yes     No
- b. Were citations issued to:
- (1) State Driver         Yes     No  
(2) Other Driver         Yes     No

11. Was State driver/passenger injured?     Yes     No  
Were restraints in use?                       Yes     No

12. Detailed Description of Accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diagram: Below

13. Insurance Information for Other Vehicle:

Company: \_\_\_\_\_ Tag # of other vehicle: \_\_\_\_\_  
Policy #: \_\_\_\_\_