

RHODE ISLAND DEPARTMENT OF TRANSPORTATION MOTOR VEHICLE ACCIDENT REPORT

Under Rhode Island Law:

1. This report must be filed with the Division of Motor Vehicles by the vehicle operator (or by the vehicle owner if operator is physically incapable) within twenty-one (21) days of the date of any motor vehicle accident resulting in death, personal injury, or damage to the property of any one (1) person in excess of one thousand dollars (\$1,000). Failure to file as required may result in criminal prosecution and/or suspension of the operator's license.
2. This report is confidential and may not be used as evidence in civil or criminal courts; it is made without prejudice to the person reporting. This report is not available as public information, it may be used in Division of Motor Vehicles enforcement of the Safety Responsibility Act. Some information is extracted (names and dates) and made available to insurance companies for use in establishing individual rates.
3. False statements made on this report are illegal and punishable by a one thousand dollar (\$1,000.00) maximum fine and/or one (1) year maximum imprisonment.

RETURN TO: STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DIVISION OF MOTOR VEHICLES
100 MAIN STREET
PAWTUCKET, RI 02860

**READ
INSTRUCTIONS**

**COMPLETE
ALL SECTIONS**

Incomplete Forms Will Be Returned To Sender

Instructions for completing report:

1. Print all information except signatures.
2. Answer all questions to the best of your knowledge. Give facts only. Do not guess or assume.
3. When multiple choices are provided, select the best choice.
4. Refer to your vehicle as vehicle #1, other vehicle as #2, #3, and so forth.
5. If more than two (2) vehicles were involved, more than two (2) persons were injured, or property belonging to more than one (1) person was damaged, use another report completing the appropriate sections.
6. Sign each report. Then seal report(s) in an envelope and mail to R.I. D.M.V. Safety Responsibility Section.
7. Complete location information as shown in example below. Print one letter per box; leave a blank between each word. Do not use periods or commas.

AT INTERSECTION

21 ACCIDENT OCCURRED ON (PRINT NAME OF STREET OR HIGHWAY) PARK AVE	IF NOT AT AN INTERSECTION
41 ACCIDENT OCCURRED IN (NAME OF CITY OR TOWN) CRANSTON	23 HOW MANY FEET FROM NEAREST INTERSECTION 125
50 IF AT INTERSECTION (NAME OF INTERSECTING STREET OR HIGHWAY) WELLINGTON AVE	28 IN WHAT DIRECTION N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W FROM
	29 NAME NEAREST INTERSECTING STREET OR HIGHWAY

NOT AT INTERSECTION

21 ACCIDENT OCCURRED ON (PRINT NAME OF STREET OR HIGHWAY) MAIN AVE	IF NOT AT AN INTERSECTION
41 ACCIDENT OCCURRED IN (NAME OF CITY OR TOWN) PROVIDENCE	23 HOW MANY FEET FROM NEAREST INTERSECTION 125
50 IF AT INTERSECTION (NAME OF INTERSECTING STREET OR HIGHWAY)	28 IN WHAT DIRECTION N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W FROM
	29 NAME NEAREST INTERSECTING STREET OR HIGHWAY DUNCAN AVE

DIVISION OF MOTOR VEHICLE SAFETY RESPONSIBILITY SECTION

CASE NO. 1

MONTH DAY YEAR DAY OF WEEK WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY MONDAY TUESDAY

HOUR MIN 17 AM 1 PM 2

TOTAL 18 TOTAL 19 TOTAL 20
VEHICLES INVOLVED INJURED INJURED PEDESTRIANS INVOLVED

LOCATION & TIME
 ACCIDENT OCCURRED ON (PRINT NAME OF STREET OR HIGHWAY)
 ACCIDENT OCCURRED IN (NAME OF CITY OR TOWN)
 IF AT INTERSECTION (NAME OF INTERSECTING STREET OR HIGHWAY)
 IF NOT AT AN INTERSECTION
 23 HOW MANY FEET FROM NEAREST INTERSECTION
 28 IN WHAT DIRECTION N S E W FROM
 29 NAME NEAREST INTERSECTING STREET OR HIGHWAY

ENVIRONMENTAL CONDITIONS

LIGHT CONDITION	WEATHER	ROAD SURFACE	ROAD CONDITION	TRAFFIC CONTROLS PRESENT
1 <input type="checkbox"/> DAYLIGHT 2 <input type="checkbox"/> DAWN OR DUSK 3 <input type="checkbox"/> DARK - ROAD LIGHTED 4 <input type="checkbox"/> DARK - NOT LIGHTED	1 <input type="checkbox"/> CLEAR 2 <input type="checkbox"/> FOGGY 3 <input type="checkbox"/> CLOUDY 4 <input type="checkbox"/> RAINING 5 <input type="checkbox"/> SNOWING 6 <input type="checkbox"/> SLEETING	1 <input type="checkbox"/> DRY 2 <input type="checkbox"/> WET 3 <input type="checkbox"/> SNOWY 4 <input type="checkbox"/> ICE 5 <input type="checkbox"/> FRESH OIL 6 <input type="checkbox"/> OTHER	1 <input type="checkbox"/> NO DEFECTS 2 <input type="checkbox"/> HOLES, RUTS, BUMPS 3 <input type="checkbox"/> FOREIGN MATTER 4 <input type="checkbox"/> DEFECTIVE SHOULDER 5 <input type="checkbox"/> UNDER CONSTRUCTION 6 <input type="checkbox"/> OTHER	1 <input type="checkbox"/> STOP SIGN 2 <input type="checkbox"/> YIELD SIGN 3 <input type="checkbox"/> WARNING SIGN 4 <input type="checkbox"/> SIGNAL LIGHT 5 <input type="checkbox"/> FLASHING LIGHT 6 <input type="checkbox"/> R.R. CROSSING GATE 7 <input type="checkbox"/> R.R. AUTOMATIC SIGNAL 8 <input type="checkbox"/> OFFICER OR FLAGMAN 9 <input type="checkbox"/> CONTROL NOT WORKING 0 <input type="checkbox"/> NO CONTROL PRESENT

ACCIDENT INVOLVED COLLISION WITH

ACCIDENT INVOLVED COLLISION WITH	PEDESTRIAN ACTION	COLLISION TYPE
1 <input type="checkbox"/> PEDESTRIAN 2 <input type="checkbox"/> PEDALCYCLE 3 <input type="checkbox"/> NO COLLISION - RAN OFF ROAD 4 <input type="checkbox"/> MOVING VEHICLE 5 <input type="checkbox"/> VEHICLE STOPPED IN ROAD 6 <input type="checkbox"/> PARKED MOTOR VEHICLE 7 <input type="checkbox"/> FIXED OBJECT 8 <input type="checkbox"/> OBJECT IN ROAD 9 <input type="checkbox"/> NO COLLISION - OVERTURNED 0 <input type="checkbox"/> OTHER	1 <input type="checkbox"/> ENTERING OR CROSSING ROAD 2 <input type="checkbox"/> MOVING WITH TRAFFIC 3 <input type="checkbox"/> MOVING AGAINST TRAFFIC 4 <input type="checkbox"/> STANDING IN ROAD 5 <input type="checkbox"/> GETTING ON/OFF VEHICLE 6 <input type="checkbox"/> PUSHING OR WORKING ON VEHICLE 7 <input type="checkbox"/> WORKING IN ROADWAY 8 <input type="checkbox"/> WORKING IN ROADWAY 9 <input type="checkbox"/> HITCHHIKING 0 <input type="checkbox"/> OTHER	1 <input type="checkbox"/> SIDESWIPE - OPPOSITE DIRECTION 2 <input type="checkbox"/> SIDESWIPE - SAME DIRECTION 3 <input type="checkbox"/> HEAD-ON 4 <input type="checkbox"/> BROADSIDE 5 <input type="checkbox"/> ANGLE 6 <input type="checkbox"/> REAR END 7 <input type="checkbox"/> OTHER 8 <input type="checkbox"/> HIT AND RUN

PROP. DAMAGE

DESCRIBE NON-VEHICLE PROPERTY DAMAGE

DAMAGED BY VEHICLE NO.

NAME AND ADDRESS OF PROPERTY OWNER

APPROXIMATE COST TO REPAIR

YOUR VEHICLE NO. 1

OPERATOR'S NAME (FIRST, MIDDLE INITIAL, LAST)

7 DATE OF BIRTH MO. / DAY / YEAR

9 SEX M F

10 OPERATOR'S LICENSE NUMBER

21 STATE

23 DIRECTION OF TRAVEL N 1 S 2 E 3 W 4

RESIDENCE ADDRESS (NO. AND STREET, CITY OR TOWN, AND STATE/ZIP)

24 VEHICLE REGISTRATION NUMBER

32 STATE

VEHICLE OWNER (COMPLETE NAME AND ADDRESS)

34 VEHICLE IDENTIFICATION NUMBER (VIN)

57 VEHICLE MAKE

66 MODEL

73 YEAR

REGISTRATION CLASSIFICATION (PASSENGER, COMMERCIAL, MOTORCYCLE, CAMPER, ETC.)

75

VEHICLE NO. 79 80 9

OTHER VEHICLE

OPERATOR'S NAME (FIRST, MIDDLE INITIAL, LAST)

7 DATE OF BIRTH MO. / DAY / YEAR

9 SEX M F

10 OPERATOR'S LICENSE NUMBER

21 STATE

23 DIRECTION OF TRAVEL N 1 S 2 E 3 W 4

RESIDENCE ADDRESS (NO. AND STREET, CITY OR TOWN, AND STATE/ZIP)

24 VEHICLE REGISTRATION NUMBER

32 STATE

VEHICLE OWNER (COMPLETE NAME AND ADDRESS)

34 VEHICLE IDENTIFICATION NUMBER (VIN)

(CITY OR TOWN, AND STATE/ZIP)

57 VEHICLE MAKE

66 MODEL

73 YEAR

REGISTRATION CLASSIFICATION (PASSENGER, COMMERCIAL, MOTORCYCLE, CAMPER, ETC.)

75

VEHICLE NO. 79 80 9

ACCIDENT INFORMATION

IF FIXED OBJECT, OBJECT COLLIDED WITH

01 <input type="checkbox"/> MEDIAN BARRIER	08 <input type="checkbox"/> EMBANKMENT
02 <input type="checkbox"/> GUARD RAIL	09 <input type="checkbox"/> DITCH
03 <input type="checkbox"/> CURBING	10 <input type="checkbox"/> ROCK OR LEDGE
04 <input type="checkbox"/> ABUTMENT	11 <input type="checkbox"/> STONE WALL OR FENCE
05 <input type="checkbox"/> SIGNPOST	12 <input type="checkbox"/> BRIDGE RAIL
06 <input type="checkbox"/> UTILITY OR LIGHT POLE	13 <input type="checkbox"/> CONSTRUCTION BARRIER
07 <input type="checkbox"/> TREE	14 <input type="checkbox"/> OTHER FIXED OBJECT

DESTINATION OF YOUR TRIP PRIOR TO ACCIDENT

1 <input type="checkbox"/> HOME	5 <input type="checkbox"/> RECREATION
2 <input type="checkbox"/> WORK	6 <input type="checkbox"/> SOCIAL
3 <input type="checkbox"/> SHOPPING	7 <input type="checkbox"/> BUSINESS
4 <input type="checkbox"/> SCHOOL	8 <input type="checkbox"/> OTHER

YOUR VEHICLE

MILEAGE READING

WHAT WAS YOUR VEHICLE DOING PRIOR TO ACCIDENT?

01 <input type="checkbox"/> MAKING RIGHT TURN	08 <input type="checkbox"/> SKIDDING	15 <input type="checkbox"/> PARKED
02 <input type="checkbox"/> MAKING LEFT TURN	09 <input type="checkbox"/> SLOWING/STOPPING	16 <input type="checkbox"/> PARKING
03 <input type="checkbox"/> MAKING U-TURN	10 <input type="checkbox"/> CROSSING MEDIAN	17 <input type="checkbox"/> STALLED/DISABLED
04 <input type="checkbox"/> STRAIGHT AHEAD	11 <input type="checkbox"/> MOVING VEH - NO DRIVER	18 <input type="checkbox"/> STALLED/DISABLED WITH FLASHERS ON
05 <input type="checkbox"/> PASSING ON RIGHT	12 <input type="checkbox"/> BACKING	19 <input type="checkbox"/> ENTERING/EXITING FROM DRIVEWAY
06 <input type="checkbox"/> PASSING ON LEFT	13 <input type="checkbox"/> STARTING IN TRAFFIC	20 <input type="checkbox"/> OTHER
07 <input type="checkbox"/> STOPPED AT STOP SIGN	14 <input type="checkbox"/> STARTING FROM PARK	

VEHICLE FAILURE

1 <input type="checkbox"/> BRAKE FAILURE	18
2 <input type="checkbox"/> LIGHT FAILURE	
3 <input type="checkbox"/> STEERING FAILURE	
4 <input type="checkbox"/> TIRE FAILURE	
5 <input type="checkbox"/> NO FAILURES	
6 <input type="checkbox"/> OTHER	

VISUAL OBSTRUCTIONS

1 <input type="checkbox"/> TREES, SHRUBS, CROPS	19
2 <input type="checkbox"/> BUILDING	
3 <input type="checkbox"/> EMBANKMENT	
4 <input type="checkbox"/> SIGN OR BILLBOARD	
5 <input type="checkbox"/> PARKED VEHICLE	
6 <input type="checkbox"/> VISION NOT BLOCKED	
7 <input type="checkbox"/> OTHER	

INSURANCE INFORMATION

WAS AUTO LIABILITY INSURANCE IN EFFECT ON THE DATE OF THE ACCIDENT? IF "YES" COMPLETE ATTACHED FORM

YES NO

NAME OF INSURANCE COMPANY: (NOT AGENT)

POLICY NUMBER:

POLICY EFFECTIVE DATE: FROM TO

NAME OF POLICYHOLDER: STREET ADDRESS: CITY OR TOWN STATE/ZIP

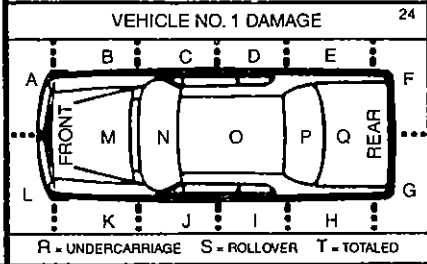
-COMPLETE BOTH SIDES OF THIS REPORT-

APPROXIMATE COST TO REPAIR VEHICLE 1 20

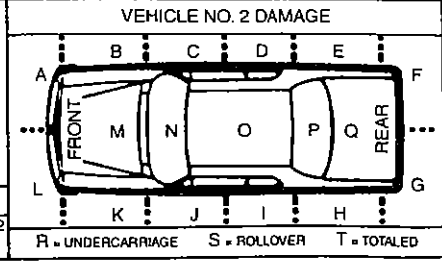
FOR EACH VEHICLE INVOLVED, CIRCLE THE LETTER OR LETTERS INDICATING THE DAMAGED AREA

APPROXIMATE COST TO REPAIR VEHICLE 2

VEHICLE DAMAGE



USE THIS SPACE TO SKETCH DAMAGE TO TRAILERS OR MOTORCYCLES



IF TRAILER IN TOW, SHOW REGISTRATION AND STATE 40 (STATE) TOWED BY VEHICLE NO. 42

FOR YOUR VEHICLE PROVIDE THE FOLLOWING SEAT BELT INFORMATION

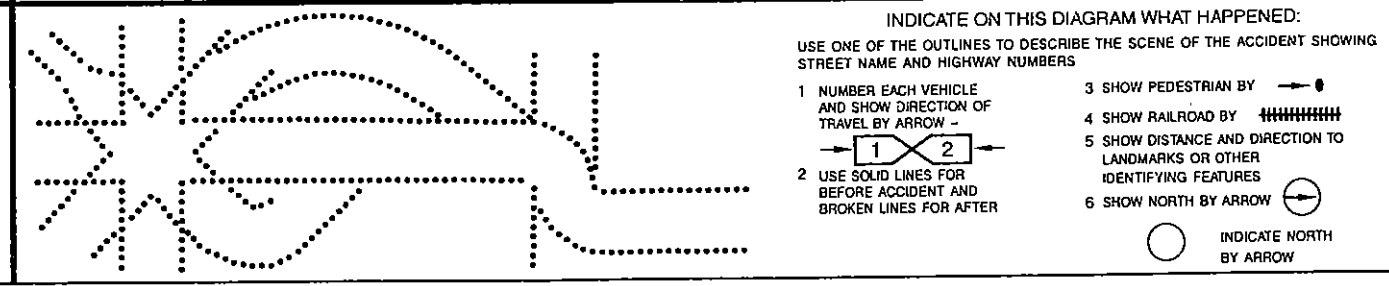
OCCUPANT INFORMATION

OCCUPIED SEATS	EJECTION	SEAT BELT USE	SEAT BELT TYPE
INDICATE THE SEATS OCCUPIED FOR SIX-PASSENGER AUTOS USE 1 - 6 FOR NINE-PASSENGER WAGONS OR VANS USE 1-9 FOR BUCKET SEATS IN FRONT USE 1 AND 3 FOR BUCKET SEATS IN REAR USE 4 AND 6 FOR MOTORCYCLES USE 1 AND 4	FOR EACH OCCUPIED SEAT INDICATE WHETHER THE OCCUPANT WAS THROWN FROM THE VEHICLE BY PLACING THE PROPER CODE IN THE PROPER SEAT LOCATION 1 - NOT THROWN 2 - PARTIALLY THROWN 3 - TOTALLY THROWN 4 - UNKNOWN	FOR EACH OCCUPIED SEAT, ENTER THE SEAT BELT USE CODE IN THE PROPER SEAT LOCATION 1 - BELTS USED 2 - BELTS NOT USED 3 - BELTS NOT INSTALLED 4 - BELTS FAILED 5 - USE UNKNOWN FOR MOTORCYCLES 6 - HELMETS USED 7 - HELMETS NOT USED 8 - USE UNKNOWN	FOR EACH OCCUPIED SEAT, ENTER THE SEAT BELT TYPE CODE IN THE PROPER SEAT LOCATION 1 - LAP BELT 2 - SHOULDER HARNESS 3 - LAP/SHOULDER COMBINATION 4 - CHILD RESTRAINT 5 - OTHER
43	52	61	70

INJURED

NAME OF INJURED: (FIRST, MIDDLE INITIAL, LAST)		STREET ADDRESS:		CITY OR TOWN:	STATE/ZIP:	INJURED WAS RIDING IN VEHICLE NO. <input type="checkbox"/> X7								
AGE <input type="text"/>	WAS INJURED A CHILD IN LAP OF ADULT? <input type="checkbox"/>	ACCIDENT SEVERITY CONDITION AT SCENE OF ACCIDENT X4		PERSON INJURED X6		SHOW SEAT OCCUPIED BY INJURED								
SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	X3 YES <input type="checkbox"/> NO <input type="checkbox"/>	1 <input type="checkbox"/> FATAL	2 <input type="checkbox"/> BLEEDING OR BROKEN BONES	3 <input type="checkbox"/> BRUISES OR ABRASIONS	4 <input type="checkbox"/> COMPLAINT OF PAIN	1 <input type="checkbox"/> PEDESTRIAN	2 <input type="checkbox"/> PEDALCYCLIST	3 <input type="checkbox"/> PASS IN BUS	4 <input type="checkbox"/> OTHER	5 <input type="checkbox"/> VEHICLE OPERATOR	6 <input type="checkbox"/> VEHICLE PASSENGER	7 <input type="checkbox"/> MOTORCYCLE OPER	8 <input type="checkbox"/> MOTORCYCLE PASS	
NAME OF INJURED: (FIRST, MIDDLE INITIAL, LAST)		STREET ADDRESS:		CITY OR TOWN:	STATE/ZIP:	INJURED WAS RIDING IN VEHICLE NO. <input type="checkbox"/> X7								
AGE <input type="text"/>	WAS INJURED A CHILD IN LAP OF ADULT? <input type="checkbox"/>	ACCIDENT SEVERITY CONDITION AT SCENE OF ACCIDENT X4		PERSON INJURED X6		SHOW SEAT OCCUPIED BY INJURED								
SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	X3 YES <input type="checkbox"/> NO <input type="checkbox"/>	1 <input type="checkbox"/> FATAL	2 <input type="checkbox"/> BLEEDING OR BROKEN BONES	3 <input type="checkbox"/> BRUISES OR ABRASIONS	4 <input type="checkbox"/> COMPLAINT OF PAIN	1 <input type="checkbox"/> PEDESTRIAN	2 <input type="checkbox"/> PEDALCYCLIST	3 <input type="checkbox"/> PASS IN BUS	4 <input type="checkbox"/> OTHER	5 <input type="checkbox"/> VEHICLE OPERATOR	6 <input type="checkbox"/> VEHICLE PASSENGER	7 <input type="checkbox"/> MOTORCYCLE OPER	8 <input type="checkbox"/> MOTORCYCLE PASS	

COLLISION DIAGRAM



DESCRIBE WHAT HAPPENED -- REFER TO VEHICLES BY NUMBER:

FOR OFFICIAL USE ONLY:
EDIT BY: _____
DATE: _____

BOTH SIDES OF THIS REPORT MUST BE COMPLETED

OPERATOR'S SIGNATURE: (THIS REPORT MUST BE SIGNED)

X

DATE:

RHODE ISLAND MOTOR VEHICLE ACCIDENT INSURANCE INFORMATION				DO NOT WRITE IN THIS SPACE CASE NO.
Date of Accident:		Place of Accident:		
DESCRIPTION OF VEHICLE INVOLVED IN ACCIDENT MUST CORRESPOND TO VEHICLE 1 ON ACCIDENT REPORT				
Vehicle Make:	Type:	Year:	Vehicle Identification Number:	
Name of Operator:	Street Address:	City or Town:	State/Zip:	
Name of Owner:	Street Address:	City or Town:	State/Zip:	
Name of Insurance Company (Not Agent):		Policy Number:	Effective Period:	
Name of Policyholder:	Street Address:	City or Town:	State/Zip:	
Name of Insurance Agent Who Issued Policy:	Street Address:	City or Town:	State/Zip:	
Your Signature: X			Date Signed:	
This Accident Should Be Reported Directly to Your Insurance Agent. Failure to Report May Jeopardize Your Auto Liability Insurance.				

SR-21 Rev. 1/83

FOR USE BY INSURANCE COMPANY ONLY	
<p>RETURN THIS FORM ONLY IF NO STANDARD POLICY WAS IN EFFECT AS ALLEGED BY MOTORIST.</p> <p>With regard to an automobile liability insurance policy for the policyholder named on the reverse side hereof, the undersigned insurance company advised you in accordance with the items checked below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. No policy was in effect on the date of the accident. <input type="checkbox"/> 2. Our policy for the named policyholder applies to him as the operator but it does not apply to the owner of the vehicle involved in the accident <input type="checkbox"/> 3. Our policy applies to the owner of the vehicle, but does not apply to the operator of the vehicle involved in the accident. <input type="checkbox"/> 4. Our policy affords bodily injury coverage only. <input type="checkbox"/> 5. Our policy affords property damage coverage only. 	
<p>To: STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS DIVISION OF MOTOR VEHICLES 100 MAIN STREET PAWTUCKET, RI 02860</p>	<p>Remarks:</p> <p>_____</p> <p>NAME OF INSURANCE COMPANY</p> <p>By _____</p> <p>AUTHORIZED REPRESENTATIVE</p>
<p>Date _____</p>	