

IOWA DOT

IOWA ACCIDENT REPORT FORM

An accident occurring anywhere within the State of Iowa causing death, personal injury, or total property damage of \$1,500.00 or more must be reported on this accident report form. Please return form to our office as soon as estimates can be obtained.

Instructions

Please print or type all information. Use black or dark blue ink.

Step 1. Begin completing the "Report of Motor Vehicle Accident" form by entering accident date, day of week, time, number of vehicles, total number killed, number injured, and the total amount of damage to all vehicles and any property other than vehicles.

Step 2. Enter the information pertaining to all drivers and vehicles involved in the accident. Important: Be sure to include the driver's name, driver license number, and driver license state. Also include the vehicle owner's name, license plate number, and license plate state and year. If more than two drivers or two vehicles were involved, use an extra report form or sheet of paper making sure that the extra vehicles and drivers are numbered 3, 4, 5, etc. Total occupants are all persons in the vehicle, driver included.

If you were involved in an accident with a pedestrian, print PEDESTRIAN in the driver space provided for vehicle No. 2 and complete pedestrian information in Step 7. If you were involved in an accident with a pedalcyclist (bicycle, etc.) print 'Bike' in the driver space provided for Vehicle 2 and complete information for Non-Motorist in Step 7.

If one of the vehicles involved was parked at the time of the accident, print PARKED in the driver space and complete the vehicle owner information.

Step 3. Please use the following codes when completing the box marked VEHICLE TYPE CODE:

- | | | | |
|--|--|--------------------------------------|---------------------------------------|
| 01 - Passenger Car | 12 - Truck tractor (bobtail) | 21 - Motor home/recreational vehicle | 31 - Street legal, low-speed vehicle |
| 02 - Four-tire truck (pick-up) | 13 - Tractor/semi-trailer | | |
| 03 - Sport utility vehicle | 14 - Tractor/doubles | 22 - School bus (seats >15) | 32 - Limousine/taxi (seats 8 or less) |
| 04 - Passenger van (seats <9) | 15 - Tractor/triples | 23 - Small school bus (seats 9 -15) | 33 - Limousine/taxi (seats 9 - 15) |
| 05 - Passenger van (seats 9 - 15) | 16 - Other heavy truck (>10,000 lbs.)
(cannot classify) | 24 - Other bus (seats >15) | 34 - Limousine/taxi (seats >15) |
| 06 - Cargo/panel van | | 25 - Other small bus (seats 9 - 15) | |
| 07 - Single-unit truck (2-axle, 6-tire) | 17 - Motorcycle | 26 -Farm tractor | 35 - Maintenance/construction vehicle |
| 08 - Single-unit truck (> = 3 axles) | 18 - 3-wheeled, enclosed | 27 - Farm equipment | 36 - Train |
| 09 - Other light truck (<=10,000 lbs.) | 19 - 3-wheeled, unenclosed | (explain in narrative) | 98 - Other (explain in narrative) |
| 10 - Vehicle <=10,000 lbs., placarded
for hazardous materials | 20 - Moped | 28 - All-terrain vehicle (ATV) | 99 - Unknown |
| 11 - Truck/Trailer | | 29 - Snowmobile | |
| | | 30 - Golf cart | |

Step 4. The location of the accident is very important. Please be as specific as possible.

Step 5. To the best of your ability, complete the Accident Codes section for **your own vehicle** using codes provided on page 2 of this form.

Step 6. If there is damage to property other than the vehicles involved complete the property damage information.

Step 7. Injury information should be entered in the space provided. Make sure that the vehicle number in which the injured party was riding is complete, describe the nature of the injury, and check the box under the column most appropriate for the injury severity.

NOTE: Include all drivers whether injured or not. The codes are:

Injury Status

- 01 - Fatal
- 02 - Suspected serious/incapacitating
- 03 - Suspected minor/non-incapacitating
- 04 - Possible (complaint of pain/injury)
- 05 - Uninjured
- 07 - Fatal, not crash-related
- 09 - Unknown

Ejection Path

- 01 - Not ejected/not applicable
- 02 - Through front windshield
- 03 - Through side window
- 04 - Through side door
- 05 - Through roof
- 06 - Through back window
- 07 - Through back door/tailgate opening
- 98 - Other (explain in narrative)
- 99 - Unknown

Occupant Protection

- 01 - Not applicable
- 02 - None used
- 03 - Shoulder and lap belt used
- 04 - Lap belt only used
- 05 - Shoulder belt only used
- 06 - Child safety seat (forward-facing)
- 07 - Child safety seat (rear-facing)
- 08 - Child safety seat (type unknown)
- 09 - Booster seat
- 10 - Helmet (DOT compliant)
- 11 - Helmet (other)
- 98 - Other (explain in narrative)
- 99 - Unknown

Seating Position

1	2	3	1 st Row
4	5	6	2 nd Row
7	8	9	3 rd Row
10	11	12	4 th Row
13	14	15	5 th Row

Airbag Deployment

- 01 - Not applicable
- 02 - Airbag turned off
- 03 - Not deployed
- 04 - Deployed front of person
- 05 - Deployed side of person
- 06 - Deployed both front/side
- 07 - Deployed curtain
- 98 - Other deployment (explain in narrative)
- 99 - Unknown

Type Non-Motorist (see non-motorist section below)

- 01 - Pedestrian
- 02 - Pedalcyclist (bicycle, tricycle, unicycle pedal car)
- 03 - Pedalcycle passenger
- 04 - In or on building
- 05 - Horse and buggy
- 06 - Skater, personal conveyance, and wheelchair
- 98 - Other (explain in narrative)
- 99 - Unknown

Seating position codes continued on Page 2

(Instructions continued on page 2)

Step 8. To the best of your ability, complete the accident diagram and description as briefly as possible. Important: If you are vehicle No. 1 in Step 2 make sure that your vehicle is vehicle No. 1 in the description and diagram. Indicate if there has been a Peace Officer investigation.

Step 9. Complete the insurance information on the back of the report. **Failure to complete insurance coverage information may result in a suspension of your driving and registration privileges.**

Step 10. Sign the accident report and tear at the perforated line and return accident report to:

Iowa Department of Transportation
 Driver & Identification Services
 6310 SE Convenience Boulevard
 Ankeny, IA 50021

ACCIDENT CODES (See Step 5)

Seating Position Codes (cont.)

- 16 - In 6th row or greater
- 17 - In enclosed passenger/cargo area
- 18 - In unenclosed passenger/cargo area
- 19 - Sleeper
- 20 - Trailing unit
- 21 - Riding on exterior of vehicle
- 22 - Hanging onto vehicle
- 23 - Passenger of motorcycle/moped/ATV
- 98 - Other vehicle-related (explain in narrative)
- 99 - Unknown

A Initial Travel Direction

- 01 - North
- 02 - East
- 03 - South
- 04 - West
- 99 - Unknown



B Vehicle Action

- 01 - Movement essentially straight
- 02 - Turning Left
- 03 - Turning right
- 04 - Making U-turn
- 05 - Overtaking/passing
- 06 - Changing lanes
- 07 - Entering traffic lane (merging)
- 08 - Leaving traffic lane
- 09 - Backing
- 10 - Slowing/stopping (decelerating)
- 11 - Stopped in traffic
- 12 - Legally parked
- 13 - Illegally parked/unattended
- 14 - Negotiating a curve
- 15 - Starting in road
- 16 - Accelerating in road
- 17 - Leaving a parked position
- 18 - Entering a parked position
- 98 - Other (explain in narrative)
- 99 - Unknown

C Driver Condition

- 01 - Apparently normal
- 02 - Emotional (e.g., depressed, angry)
- 03 - Asleep/fatigued
- 04 - Illness/fainted
- 05 - Medical condition (seizure, reaction)
- 06 - Under the influence of alcohol
- 07 - Under the influence of drugs/meds
- 08 - Physical impairment
- 09 - Walks with a cane/crutches
- 10 - Paraplegic/wheelchair restricted
- 11 - Impaired due to previous injury
- 12 - Hearing impaired/deaf
- 13 - Visually impaired
- 98 - Other (explain in narrative)
- 99 - Unknown

D Vision Obscured

- 01 - Not obscured
- 02 - Trees/crops
- 03 - Embankment
- 04 - Hillcrest
- 05 - Building(s)
- 06 - Sign/billboard
- 07 - Parked vehicle(s)
- 08 - Moving vehicle(s)
- 09 - Person/object in or on vehicle
- 10 - Blinded by sun or headlights
- 11 - Broken/dirty windshield
- 12 - Frosted windows/windshield
- 13 - External mirrors
- 14 - Blowing snow
- 15 - Fog/smoke/dust
- 16 - Splash/spray of passing vehicle
- 17 - Inadequate vehicle lighting
- 18 - Exterior angle/blind spot on vehicle
- 98 - Other (explain in narrative)
- 99 - Unknown

E Traffic Controls

- 01 - No controls present
- 02 - Traffic signals
- 03 - Flashing traffic control signal
- 04 - Stop signs
- 05 - Yield signs
- 06 - No passing zone (marked)
- 07 - Warning sign
- 08 - School zone signs
- 09 - Railway crossing device
- 10 - Traffic director (person)
- 11 - Work zone sign
- 12 - Inoperative (not functioning properly)
- 13 - Traffic sign missing
- 98 - Other (explain in narrative)
- 99 - Unknown

F First Harmful Event

- Non-collision events:
- 20 - Overturn/rollover
 - 21 - Jackknife
 - 22 - Non-contact vehicle (phantom)
 - 23 - Vehicle went airborne
 - 24 - Fell/jumped from vehicle
 - 95 - Other non-collision (explain in narrative)

Collision with:

- 30 - Thrown or falling object
- 31 - Animal
- 32 - Non-motorist (**do not fill as a unit**)
- 33 - Vehicle in traffic
- 34 - Re-entering roadway
- 35 - Parked motor vehicle
- 36 - Work zone maintenance equipment
- 37 - Railway vehicle/train
- 38 - Struck/struck by object/cargo/person from other vehicle
- 96 - Other non-fixed object (explain in narrative)

F First Harmful Event (cont.)

- Collision with fixed object:
- 40 - Bridge overhead structure
 - 41 - Bridge pier or support
 - 42 - Bridge/bridge rail parapet
 - 43 - Curb/island/raised median
 - 44 - Ditch
 - 45 - Embankment
 - 46 - Ground
 - 47 - Culvert/pipe opening
 - 48 - Guardrail - face
 - 49 - Guardrail - end
 - 50 - Concrete traffic barrier (median or right side)
 - 51 - Other traffic barrier (explain in narrative)
 - 52 - Cable barrier
 - 53 - Impact attenuator/crash cushion
 - 54 - Utility pole/light support
 - 55 - Traffic sign support
 - 56 - Traffic signal support
 - 57 - Other post/pole/support (explain in narrative)
 - 58 - Fire hydrant
 - 59 - Mailbox
 - 60 - Tree
 - 61 - Landscape/shrubbery
 - 62 - Snow bank
 - 63 - Fence
 - 64 - Wall
 - 65 - Building
 - 97 - Other fixed object (explain in narrative)
- Miscellaneous events:
- 70 - Fire/explosion
 - 71 - Immersion
 - 72 - Hit and run
 - 73 - Eluding law enforcement
 - 74 - Gas inhalation/asphyxiation
 - 75 - Vehicle out of gear/rolled
 - 98 - Other (explain in narrative)
 - 99 - Unknown

G Location of Accident

- 01 - On roadway
- 02 - Shoulder
- 03 - Median
- 04 - Roadside
- 05 - Gore
- 06 - Outside trafficway
- 07 - In parking lane/zone
- 08 - Continuous left turn lane
- 09 - Separator
- 98 - Other (explain in narrative)
- 99 - Unknown

H Manner of Crash/Collision

- 01 - Non-collision (single vehicle)
- 02 - Head-on (front to front)
- 03 - Rear end (front to rear)
- 04 - Angle, oncoming left turn
- 05 - Broadside (front to side)
- 06 - Sideswipe, same direction
- 07 - Sideswipe, opposite direction
- 08 - Rear to rear
- 09 - Rear to side
- 98 - Other (explain in narrative)
- 99 - Unknown

I Light Conditions

- 01 - Daylight
- 02 - Dusk
- 03 - Dawn
- 04 - Dark, roadway lighted
- 05 - Dark, roadway not lighted
- 06 - Dark, unknown roadway lighting
- 09 - Unknown

J Weather Conditions (up to two)

- 01 - Clear
- 02 - Cloudy
- 03 - Fog, smoke, smog
- 04 - Freezing rain/drizzle
- 05 - Rain
- 06 - Sleet, hail
- 07 - Snow
- 08 - Blowing snow
- 09 - Severe winds
- 10 - Blowing sand, soil, dirt
- 98 - Other (explain in narrative)
- 99 - Unknown

K Surface Conditions

- 01 - Dry
- 02 - Wet
- 03 - Ice/Frost
- 04 - Snow
- 05 - Slush
- 06 - Mud, dirt
- 07 - Water (standing or moving)
- 08 - Sand
- 09 - Oil
- 10 - Gravel
- 98 - Other (explain in narrative)
- 99 - Unknown

L Type of Roadway Junction

- Non-Intersection
- 01 - Non-junction/no special feature
 - 02 - Bike lanes
 - 03 - Railroad grade crossing
 - 04 - Driveway access (within)
 - 05 - Driveway access (related, not in)
 - 06 - Alley
 - 07 - Crossover-related
 - 96 - Other non-intersection (explain in narrative)

Intersection-related

- 10 - Roundabout
- 11 - Traffic circle
- 12 - Four-way intersection
- 13 - T-intersection
- 14 - Y-intersection
- 15 - Five points or more
- 16 - L-intersection
- 17 - Shared use path or trail
- 18 - Intersection with ramp
- 97 - Other intersection (explain in narrative)

Interchange-related

- 20 - On-ramp merge area
- 21 - Off-ramp, diverge area
- 22 - On-ramp
- 23 - Off-ramp
- 24 - Mainline, between ramps
- 98 - Other interchange (explain in narrative)
- 99 - Unknown



REPORT OF MOTOR VEHICLE ACCIDENT

See instructions on completing (please print or type)

Did accident occur on private property? Yes No

Step 1.		Accident Date (Mo/Day/Year)	Day of Week	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Number of Vehicles	Total Killed	Total Injured	Total Estimated Damage \$
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Step 2. No. 1 (YOUR VEHICLE)					No. 2 (OTHER VEHICLE)				
Date of Birth	Sex	Dr. Lic. State	Driver License Number		Date of Birth	Sex	Dr. Lic. State	Driver License Number	
Last Name of Driver 1		First Name		Middle Initial	Last Name of Driver 2		First Name		Middle Initial
Number and Street		City	State	ZIP Code	Number and Street		City	State	ZIP Code
Last Name of Owner 1		First Name		Middle Initial	Last Name of Owner 2		First Name		Middle Initial
Number and Street		City	State	ZIP Code	Number and Street		City	State	ZIP Code
No. of Occupants	Plate Number	State of Registration		Year	No. of Occupants	Plate Number	State of Registration		Year
Vehicle Identification Number (VIN)			Estimated Cost of Repairs		Vehicle Identification Number (VIN)			Estimated Cost of Repairs	
Vehicle Year and Make			Step 3. Vehicle Type Code		Vehicle Year and Make			Step 3. Vehicle Type Code	

Step 4. LOCATION OF ACCIDENT

County _____ Accident occurred within corporate limits of (city) _____

If accident occurred outside of city limits, describe distance to city _____ miles N NE E SE S SW W NW of nearest city _____

Name of Road, Street, or Highway _____ At intersection with _____

Note: Unless accident occurred at an intersection which is completely described above, use the space below to give the exact location from a milepost or definable intersection, bridge, or railroad crossing using two distances and directions if necessary.

Feet _____ or _____ Miles N NE E SE S SW W NW and _____ or _____ Miles N NE E SE S SW W NW of _____

Milepost Number _____ Or _____ Definable intersection, bridge, or railroad crossing

Step 5. Accident codes (on page 2) for your own vehicle:

A Direction of Travel <input type="checkbox"/> <input type="checkbox"/>	B Vehicle Action <input type="checkbox"/> <input type="checkbox"/>	C Driver Condition <input type="checkbox"/> <input type="checkbox"/>	D Vision Obscured <input type="checkbox"/> <input type="checkbox"/>
E Traffic Controls <input type="checkbox"/> <input type="checkbox"/>	F First Harmful Event <input type="checkbox"/> <input type="checkbox"/>	G Location of Accident <input type="checkbox"/> <input type="checkbox"/>	H Manner of Crash <input type="checkbox"/> <input type="checkbox"/>
I Light Conditions <input type="checkbox"/> <input type="checkbox"/>	J Weather Conditions <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	K Surface Conditions <input type="checkbox"/> <input type="checkbox"/>	L Type of Roadway Junction/Feature <input type="checkbox"/> <input type="checkbox"/>

Step 6. Identify Damaged Property Other Than Vehicles

Owner _____	Amount of Damage _____
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Step 7. Injury Section: Fill Out Space Below For Every Person Injured Or Killed In The Accident
(Attach additional sheets if necessary)

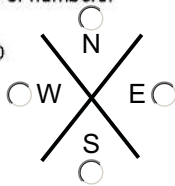
Name and Address	In Vehicle Number	Date of Birth	Gender	Describe Injuries	Insert Correct Code (See Step 7 of Instructions)							Date of Death
					Seating Position	Type Non-Motorist	Injury Status	Occupant Protection	Airbag Deployment	Ejection		

Step 8.

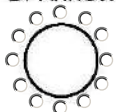
Indicate On This Diagram What Happened

Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers.

- Initial Travel Direction**
(prior to coded Vehicle Action)
- 1 - North
 - 2 - East
 - 3 - South
 - 4 - West
 - 9 - Unknown



INDICATE NORTH BY ARROW



Original Direction of Travel: (Example: Vehicle going north then turning left, code 'N' for Original Direction of Travel)

Vehicle 1 _____ Vehicle 2 _____
 _____ Street or Highway

Street or Highway

Street or Highway

Description

Did Peace Officer investigate? Yes No Department _____

If you did not have automobile liability insurance coverage for this accident, please check this box .

If you had automobile liability insurance coverage for this accident, please complete insurance information below.

Failure To Complete Insurance Coverage Information Requested Below May Result In A Suspension Of Your Driving And/Or Registration Privileges.

Step 9.

Name of Insurance Company (**Not Agent**) Providing Insurance To Cover Your Liability For Damage Or Injury To Others:

Name of Agent Who Sold Policy _____

Agent Address _____

Policy No. _____ Policy Period: From _____ Agent Phone No. _____

V.I.N. No. (if not previously given) _____

Name of Driver _____

Name of Owner _____

Name of Policyholder _____

Step 10.

Date	Signature of Driver of Vehicle No. 1	If Signed By Person Other Than Driver, Give Reason
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IMPORTANT: This accident should also be reported directly to your insurance company. Failure to report may jeopardize your automobile liability insurance.