Government of the Virgin Islands of the United States
UNIFORM TRAFFIC ACCIDENT REPORT

Form Approved
February 1978

NUMBER _____

DATE			DAY OF WEEK							TIME OF DAY
MO.	DAY	YR.	SUN.	MON.	TUE.	WED.	THU.	FRI.	SAT.	(0001 TO 2400 HR)

RESPONSE TIMES (0001 TO 2400 HR)

POLICE DISPATCHED _____

POLICE ARRIVED _____

AMBULANCE ARRIVED _____

TRAFFIC FLOW RESTORED _____

ACCIDENT LOCATION:

1 ☐ CHRISTIANSTED – IN TOWN
2 ☐ FREDERIKSTED – IN TOWN
3 ☐ ST. CROIX – NOT IN TOWN
4 ☐ CRUZ BAY – IN TOWN
5 ☐ ST. JOHN – NOT IN TOWN
6 ☐ CHARLOTTE AMALIE – IN TOWN
7 ☐ ST. THOMAS – NOT IN TOWN

ON _____ ROAD OR STREET

AT _____ ROAD OR STREET

OR BETWEEN _____ ROAD OR STREET

AND _____ ROAD OR STREET

_____ FEET ☐ N ☐ S ☐ E ☐ W OF _____ ROAD OR STREET

_____ METERS

AT KILOMETER POST NUMBER _____

OR BETWEEN Km POSTS _____ AND _____

COLLISION INVOLVED:

0 ☐ VEHICLE-VEHICLE
1 ☐ VEHICLE-OBJECT
2 ☐ VEHICLE-PEDESTRIAN
3 ☐ VEHICLE-BICYCLE
4 ☐ VEHICLE-ANIMAL
5 ☐ NON-COLLISION
6 ☐ HIT & RUN
7 ☐ STOLEN VEHICLE
8 ☐ HAZARDOUS MATERIAL
9 ☐ OTHER *(WRITE)* _____

TOTAL NO. OF VEHICLES ☐

SEVERITY:

_____ NO. KILLED ☐ DAMAGE ONLY

_____ NO. INJURED DAMAGE TO OBJECT $_____

OBJECT OR ANIMAL STRUCK

LOCATION OF OBJECT OR ANIMAL ☐ IN ROADWAY _____ FEET ☐ N ☐ S ☐ E ☐ W OF ROAD EDGE

DRIVER NO. 1

DRIVER'S NAME–LAST FIRST MIDDLE

STREET ADDRESS

CITY STATE ZIP CODE PHONE NO.

DRIVER'S LICENSE NO. STATE SEX DATE OF BIRTH MO. DAY YR.

LEARNER ☐ TEMPORARY ☐ REGULAR ☐

ENTER CODE FOR THE FOLLOWING: *(OBTAIN CODE FROM BOTTOM OF THIS PAGE.)*

* ☐ INJURY CLASS † ☐ SEAT BELT ‡ ☐ EJECTION

NATURE OF INJURIES

REMOVED FROM SCENE BY: TO:

VEHICLE NO. 1

VEH. YEAR MAKE MODEL BODY STYLE

VEH. COLOR LIC. PLATE NO. STATE TRAILER PLATE NO. STATE

VEHICLE IDENTIFICATION NUMBER ODOMETER

REGISTERED OWNER–LAST FIRST MIDDLE

ADDRESS OF OWNER

NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT

CHARGE CITATION NUMBER

DRIVER NO. 2

DRIVER'S NAME–LAST FIRST MIDDLE

STREET ADDRESS

CITY STATE ZIP CODE PHONE NO.

DRIVER'S LICENSE NO. STATE SEX DATE OF BIRTH MO. DAY YR.

LEARNER ☐ TEMPORARY ☐ REGULAR ☐

ENTER CODE FOR THE FOLLOWING: *(OBTAIN CODE FROM BOTTOM OF THIS PAGE.)*

* ☐ INJURY CLASS † ☐ SEAT BELT ‡ ☐ EJECTION

NATURE OF INJURIES

REMOVED FROM SCENE BY: TO:

VEHICLE NO. 2

VEH. YEAR MAKE MODEL BODY STYLE

VEH. COLOR LIC. PLATE NO. STATE TRAILER PLATE NO. STATE

VEHICLE IDENTIFICATION NUMBER ODOMETER

REGISTERED OWNER–LAST FIRST MIDDLE

ADDRESS OF OWNER

NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT

CHARGE CITATION NUMBER

NAME, ADDRESS AND INJURIES OF OTHER PERSONS INVOLVED (NOT AS VEHICLE DRIVERS)

	CODES Sex	Age	§ Status	– In. Veh. No.	‖ Seat Pos.	* Inj. Class	† Seat Belt	‡ Eject.
NAME:								
ADDRESS:								
NATURE OF INJURIES: REMOVED FROM SCENE BY: TO								
NAME:								
ADDRESS:								
NATURE OF INJURIES: REMOVED FROM SCENE BY: TO								
NAME:								
ADDRESS:								
NATURE OF INJURIES: REMOVED FROM SCENE BY: TO								
NAME:								
ADDRESS:								
NATURE OF INJURIES: REMOVED FROM SCENE BY: TO								

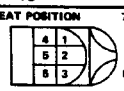
* INJURY CLASS
1. NO INJURY
2. DEAD AT SCENE
3. DEAD ON ARRIVAL
4. DIED IN HOSPITAL
5. DISABLING INJURY
6. NON-DISABLING (EVIDENT) INJURY
7. POSSIBLE INJURY
8. UNKNOWN IF INJURED

† SEAT BELT
1. NOT INSTALLED
2. NOT IN USE
3. USED
4. UNKNOWN
5. SEAT BELT FAILURE

‡ EJECTION
1. NOT EJECTED
2. TOTALLY EJECTED
3. PARTIALLY EJECTED
4. UNKNOWN IF EJECTED

§ STATUS
1. PASSENGER
2. PEDESTRIAN
3. BICYCLIST

‖ SEAT POSITION



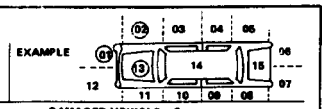
7. OTHER POSITION (BUS-MOTOR-CYCLE)
8. POSITION UNKNOWN

SAMPLE

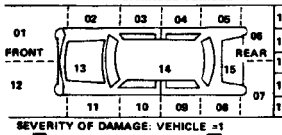
VEHICLE DAMAGE INSTRUCTIONS:

1. IN EACH BOX, CIRCLE THE NUMBER OF EACH DAMAGED AREA.
2. SHADE AREA OF SEVEREST IMPACT.
3. DRAW ARROW(S) TO SHOW PRINCIPAL DIRECTION OF FORCE.

EXAMPLE



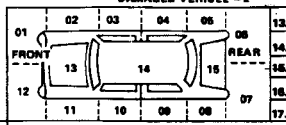
DAMAGED VEHICLE #1



13. Hood
14. Roof
15. Trunk
16. Undercarriage
17. Overturn

(USE THIS SPACE FOR SKETCHING DAMAGE TO TRAILERS, MOTORCYCLES, ETC.)

DAMAGED VEHICLE #2



13. Hood
14. Roof
15. Trunk
16. Undercarriage
17. Overturn

SEVERITY OF DAMAGE: VEHICLE #1
1 ☐ DISABLING DAMAGE 3 ☐ OTHER M.V. DAMAGE
2 ☐ FUNCTIONAL DAMAGE 4 ☐ NO DAMAGE

SEVERITY OF DAMAGE: (OTHER VEHICLE)
1 ☐ DISABLING DAMAGE 3 ☐ OTHER M.V. DAMAGE
2 ☐ FUNCTIONAL DAMAGE 4 ☐ NO DAMAGE

SEVERITY OF DAMAGE: VEHICLE # 2
1 ☐ DISABLING DAMAGE 3 ☐ OTHER M.V. DAMAGE
2 ☐ FUNCTIONAL DAMAGE 4 ☐ NO DAMAGE

TOWED BY	EST. DAMAGE	TOWED BY	EST. DAMAGE	TOWED BY	EST. DAMAGE
TO	$	TO	$	TO	$

Diagram of collision

1. IDENTIFY:
   - ROADWAY & ROADWAY FEATURES
   - VEHICLES
   - PEDESTRIANS
   - OBJECTS ON/OFF ROADWAY
   - TRAFFIC CONTROLS
   - SKIDMARKS
   - UNUSUAL CONDITIONS: CONSTRUCTION AREAS, OIL, ETC.
2. LOCATE PROBABLE POINT OF IMPACT
3. SHOW VEHICLE, PEDESTRIAN OR OBJECT POSITIONS AT IMPACT
4. SHOW PROBABLE VEHICLE OR PEDESTRIAN PATHS BEFORE AND AFTER COLLISION.

DRAW ARROW SHOWING NORTH IN CIRCLE

Description of collision

(INDICATE WHAT PROBABLY HAPPENED BEFORE, DURING AND AFTER THE CRASH; INCLUDE INFORMATION NOT ON DIAGRAM, E.G., DRIVER DISABILITY, REDUCED VISIBILITY, PEDESTRIAN CLOTHING COLOR, CONSTRUCTION OR REPAIR WORK, ETC.)

POSITION BEFORE COLLISION: VEH. NO.	HEADED N S E W	Km. DIRECTION Increasing	Decreasing	ON STREET OR ROAD NAME	NO. OF LANES IN ONE DIRECTION	SPEED LIMIT	VEHICLE LEGALLY PARKED	IF PARKED, WAS VEHICLE OCCUPIED?
1	☐☐☐☐	☐	☐			MPH	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No
2	☐☐☐☐	☐	☐			MPH	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No
PED.	☐☐☐☐	Along _____		or Crossing (Street or Highway) _____	From (N.E. Corner to S.E. Corner) (E. to W.) _____		to _____	

PEDESTRIAN WAS USING: 1 ☐ SIDEWALK 2 ☐ WALKWAY 3 ☐ SHOULDER 4 ☐ TRAFFIC LANE 5 ☐ MARKED CROSSWALK 6 ☐ UNMARKED CROSSWALK 7 ☐ OTHER _____

ROAD SURFACE *(CHECK ONE)*
1 ☐ DRY 3 ☐ OIL
2 ☐ WET 4 ☐ LOOSE MATERIAL

WEATHER *(CHECK ONE)*
1 ☐ CLEAR 2 ☐ RAINING
2 ☐ FOG
3 ☐ OTHER *(Specify)* _____

LIGHT CONDITIONS *(CHECK ONE)*
1 ☐ DAYLIGHT
2 ☐ DAWN
3 ☐ DUSK
4 ☐ DARK-STREET LIGHTS ON
5 ☐ DARK-STREET LIGHTS OFF
6 ☐ DARK—NO STREET LIGHTS
7 ☐ Other *(Specify)* _____

CONTRIBUTING CIRCUMSTANCES

DRIVER NO. *(CHECK ONE OR MORE)*	1	2		DRIVER NO. *(CHECK ONE OR MORE)*	1	2		DRIVER NO. *(CHECK ONE OR MORE)*	1	2		DRIVER NO. *(CHECK ONE OR MORE)*	1	2	
01	☐	☐	UNDER INFLUENCE OF ALCOHOL	06	☐	☐	IMPROPER PASSING	11	☐	☐	DISREGARDED STOP & GO LIGHT	16	☐	☐	IMPROPER PARKING LOCATION
02	☐	☐	UNDER INFLUENCE OF DRUGS	07	☐	☐	FOLLOWING TOO CLOSELY	12	☐	☐	DISREGARDED STOP SIGN/SIGNAL	17	☐	☐	OPERATING DEFECTIVE EQUIPMENT
03	☐	☐	EXCEEDING STATED SPEED LIMIT	08	☐	☐	OVER CENTER LINE	13	☐	☐	ANIMAL IN ROAD	18	☐	☐	IMPROPER REVERSE
04	☐	☐	EXCEEDING REASONABLE SAFE SPEED	09	☐	☐	FAILING TO SIGNAL	14	☐	☐	DISREGARDED WARNING SIGN/SIGNAL	19	☐	☐	NO VIOLATION
05	☐	☐	DID NOT GRANT R/W TO VEHICLE	10	☐	☐	IMPROPER TURNING	15	☐	☐	APPARENTLY ASLEEP	20	☐	☐	Other *(Specify)* _____

TRAFFIC CONTROL VEHICLE NO. *(CHECK ONE)*	1	2		TRAFFIC OPERATIONS *(CHECK ONE)*		VEHICLE CONDITION VEHICLE NO. *(CHECK ONE OR MORE)*	1	2		SOBRIETY DRIVER NO. *(CHECK ONE)*	1	2 or Pedestrian	
1	☐	☐	SIGNALS	1	☐	NONINTERSECTION	1	☐	☐	DEFECTIVE BRAKES	1	☐	☐	HBD ABILITY IMPAIRED
2	☐	☐	STOP SIGN	2	☐	INTERSECTION	2	☐	☐	DEFECTIVE HEAD LIGHTS	2	☐	☐	HBD ABILITY NOT IMPAIRED
3	☐	☐	YIELD SIGN	3	☐	PRIVATE ENTRANCE	3	☐	☐	DEFECTIVE REAR LIGHTS	3	☐	☐	HBD SOBRIETY UNKNOWN
4	☐	☐	FLASHING RED SIGNALS	4	☐	ONE-WAY ROADWAY	4	☐	☐	TIRES WORN OR SMOOTH	4	☐	☐	HAD NOT BEEN DRINKING
5	☐	☐	FLASHING YELLOW BEACONS	5	☐	TWO-WAY ROADWAY	5	☐	☐	TIRES PUNCTURED OR BLOWN	DRIVER NO.	1	2 or Pedestrian	CHEM. TEST
6	☐	☐	OFFICER/FLAGMAN	6	☐	DIVIDED ROADWAY	6	☐	☐	DEFECTIVE STEERING	1	☐	☐	TEST GIVEN
7	☐	☐	Other *(Specify)* _____	7	☐	UNDIVIDED ROADWAY	7	☐	☐	Other *(Specify)* _____	2	☐	☐	TEST REFUSED
												%	%	TEST RESULTS

INVESTIGATING OFFICER'S NAME & RANK	BADGE NO.	AGENCY	UNIT	DATE OF REPORT	APPROVED BY	DATE
INVESTIGATING OFFICER'S NAME & RANK	BADGE NO.	AGENCY	UNIT	DMVIS ENTRY DATE		

SAMPLE