GEORGIA DEPARTMENT OF DRIVER SERVICES SAFETY RESPONSIBILITY UNIT P.O. BOX 80447 CONYERS, GEORGIA 30013 678-413-8400

ACCIDENT REPORT

PLEASE READ INSTRUCTIONS CAREFULLY!! THIS FORM MUST BE FILLED OUT COMPLETELY IN ORDER TO AVOID FILLING OUT A SUPPLEMENTAL REPORT.

- 1. Answer all questions to the best of your knowledge. If unable to answer any questions write "not known".
- 2. Print all names and addresses.
- 3. Sign the report in the space provided on the reverse side.
- 4. Report must be complete as to the exact names, birth dates, and driver's license numbers.
- 5. Use a second report form or a sheet of plain paper of the same size to report additional vehicles, injured persons, witnesses or any other information for which there is insufficient space.

DATE OF ACCIDENT:		PLACE WHERE ACCIDENT OCCURRED (CITY/COUNTY):	
YOUR VEHICLE	E #1:		
Year:	Make:		(Sedan, Truck, Taxi, Bus, etc.)
Driver Name:		Driver's License #:	Driver's Birth Date
Address:		City:	Zip:
Owner:		Owner's License #:	Owner's Birth Date:
Address:		City:	Zip:
VEHICLE #2:			
Year:	Make:		(Sedan, Truck, Taxi, Bus, etc.)
Driver Name:		Driver's License #:	Driver's Birth Date:
Address		City:	Zip:
Owner:		Owner's License #:	Owner's Birth Date:
Address:		City:	Zip:
VEHICLE #3:			
Year:	Make:	<i>Type:</i>	(Sedan, Truck, Taxi, Bus, etc.)
Driver Name:		Driver's License #:	Driver's Birth Date:
Address		City:	Zip:
Owner:		Owner's License #:	Owner's Birth Date:
Address:		City:	Zip:

COMPLETE BOTH SIDES OF THIS FORM

DAMAGE TO PROPERTY OTHER THAN VEHICLE:				
NAME OF OBJECT:	NATURE OF DAMAGE:			
APPROX. REPAIR COST: \$				
NAME AND ADDRESS OF OWNER OF DAMAGED PROPERTY:				
DESCRIBE WHAT HAPPENED. REFER TO VEHICLES BY NUMBER. IF MORE SPACE IS REQUIRED, USE ANOTHER REPORT OR A SHEET OF PLAIN PAPER OF THE SAME SIZE.				
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