

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 #1:

Year: _____ Make: _____ Type: _____ (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: _____ Type: _____ (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: _____ Type: _____ (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: _____

