



Iowa Department of Transportation

**REPORT OF INVESTIGATION
VEHICLE ACCIDENT**

Omit information on this page if investigating officers report is attached.

LOCATION AND TIME OF ACCIDENT

_____ Date _____ Day of Week _____ Hour _____ Station No. or Mile Post _____

_____ County _____ Road No. Urban Suburban Rural

_____ miles (south-north) of _____

_____ miles (west-east) _____ City or Town

INVESTIGATING OFFICER

_____ Name _____ Badge No. _____ Department _____

Were charges filed? Yes No If so, against whom? _____

VEHICLE – NO.1

_____ Driver's Name _____ Street Address _____ City _____ State _____ Zip _____

_____ Type of Vehicle _____ Make _____ Year _____ License No. _____ State _____ Age & Sex of Driver _____

_____ Owner's Name (if other than driver) _____ Street Address _____ City _____ State _____ Zip _____

VEHICLE – NO. 2

_____ Driver's Name _____ Street Address _____ City _____ State _____ Zip _____

_____ Type of Vehicle _____ Make _____ Year _____ License No. _____ State _____ Age & Sex of Driver _____

_____ Owner's Name (if other than driver) _____ Street Address _____ City _____ State _____ Zip _____

INJURED PERSONS

NAME	INJURY	AGE	SEX	ADDRESS
Driver Vehicle No. 1				
Driver Vehicle No. 2				
Passenger Vehicle No. _____				
Passenger Vehicle No. _____				

NAME	WITNESSES	ADDRESS

Date of Investigation _____

Report Prepared By _____

Names and address of others with some knowledge of the accident (Include ambulance or rescue unit attendants, tow truck operators, photographers, those living near accident site, etc.) _____

Weather Conditions (Describe in detail if other than clear or cloudy. Include temperature and wind direction and velocity if pertinent.)

Pavement Surface Conditions (Describe in detail if other than normal. Include type and width.) _____

Shoulder Condition (Describe in detail if other than normal. Include type and width.) _____

Photographs (Number each and give location from which taken, direction facing and description. Initial each picture and note date taken.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Additional information or comments: _____

Attach sketch or plan sheet (Include diagram or accident and exact location of each sign, barricade, flashing light, arrow, cones and other warning devices).