



**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.)** \_\_\_\_\_

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

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**Pavement Surface Conditions (Describe in detail of other than normal. Include type and width).** \_\_\_\_\_

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

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**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:** \_\_\_\_\_

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