PR-601 (Rev 5-93)

➨ Use a BLACK INK Pen

State of Wyoming

Operator's or Owner's Traffic Accident Report

Read Carefully

Fill Out Completely

MAIL THIS REPORT & REPAIR COST ESTIMATE TO: *ACCIDENT RECORDS, WYOMING DEPARTMENT OF TRANSPORTATION, P.O. Box 1708, CHEYENNE, WYOMING 82003-1708*

The driver of any vehicle involved in an accident resulting in injury, death, or property damage to an apparent amount of $500.00 or more must file this report within 10 days. If the driver is physically incapable of reporting and is not the owner of the vehicle, then the owner of the vehicle shall submit this report within 10 days after learning of the accident. Your report is CONFIDENTIAL and not open to general public inspection but may be used in the administration of State laws relating to the Deposit of Security or Proof of Financial Responsibility. This report may NOT be used as evidence in any trial, civil or criminal, EXCEPT for **PROSECUTION OF FILING A FALSE REPORT**. Failure to file this report may result in a fine of not more than $200.00; imprisonment of not more than 20 days, or both. ***NOTE***: Appraisal of damage cost is required, see ESTIMATED REPAIR COST below. ***For additional vehicles, attach another form.*** ***Please use a BLACK INK PEN.***

Date of Accident _____ _____ _____ _____ ☐AM ☐PM
(month day year time — circle the)
Day of Week: Sun Mon Tue Wed Thu Fri Sat
Number of VEHICLES Involved: _____
Number of PERSONS Involved: _____
Number Killed:_____ Number Injured:_____ Number of Pedestrians:_____

Accident Reported? ☐Yes ☐No
Investigated at accident scene? ☐Yes ☐No
Accident on PRIVATE PROPERTY? ☐Yes ☐No

Officer's Name_____Badge_____
☐1 WYO HWY PATROL ☐4 Other Agency
☐2 CITY POLICE ☐5 NOT Investigated
☐3 SHERIFF'S OFFICE

Accident Involved Your Vehicle and:
☐1 One other vehicle ☐9 Permanent object: bridge, post, etc.
☐2 Two or more vehicles ☐10 Overturned vehicle
☐3 Parked vehicle ☐11 Other _____ explain
☐4 Pedestrian
☐5 Train
☐6 Bicycle, tricycle, etc.
☐7 Motorcycle
☐8 Animal (type:_____)

Name of COUNTY where accident occurred:

Accident was ☐ IN ☐ NEAR Name of City or Town:

ACCIDENT OCCURRED ON: name of street, road, or highway number

AT INTERSECTION WITH: name of street, road or highway number

IF **NOT** AT INTERSECTION: describe how far it is AND direction to the next nearest street, highway, city, permanent landmark, or highway milepost marker (whichever is closer):

DRIVER of YOUR VEHICLE

Last Name | First | Middle Initial

Street Address | Social Security Number

City | State | ZIP

Driver's License Number | Class | State | Date of Birth

Driver is ☐Male ☐Female | Total Persons In Your Vehicle: | Posted Speed Limit: | Your Approx. Speed:

Employer | Occupation

Home Phone: | Business Phone:

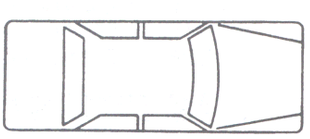
Vehicle Owner's Name ☐ same as driver

Street Address | City | State | ZIP

Vehicle Identification Number | License Plate No. | State

Vehicle Year | Make | Body Style | Model

Shade the damaged parts of your vehicle:



OFFICIAL Repair Cost Estimate $

DRIVER of OTHER VEHICLE

Last name | First | Middle Initial

Street Address | Social Security Number

City | State | ZIP

Driver's License Number | Class | State | Date of Birth

Driver is ☐Male ☐Female | Total Persons In Vehicle: | Posted Speed Limit: | Their Approx. Speed:

Employer | Occupation

Home Phone: | Business Phone:

Vehicle Owner's Name ☐ same as driver

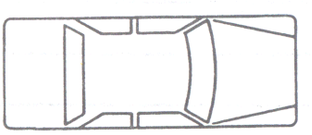
Street Address | City | State | ZIP

Vehicle Identification Number | License Plate No. | State

Vehicle Year | Make | Body Style | Model

OFFICIAL Repair Cost Estimate $

Shade the damaged parts of the other vehicle:



NOTE: Estimated Repair Cost

Whenever damage occurs to a motor vehicle, the operator *shall attach* to this accident report an estimate of repairs or a statement of the total loss from an established repair garage, or an insurance adjustor employed by an insurer, licensed to do business in this State.

LIST DAMAGED PROPERTY OTHER THAN TO VEHICLES INVOLVED | Property Repair Cost Estimate $

Property Owner | Address | City | State

➨ ***COMPLETE THIS SECTION***
Do NOT Detach!

Wyoming Insurance Certificate SR21

The Department of Transportation will mail this section to your insurance company.

DATE OF ACCIDENT _____ PLACE OF ACCIDENT _____ COUNTY_____
(NAME OF HIGHWAY ROUTE OR TOWN)

YEAR | MAKE | BODY STYLE | MODEL | VEHICLE IDENTIFICATION NUMBER

YOUR VEHICLE DESCRIPTION:

DRIVER'S NAME | DRIVER'S ADDRESS

OWNER'S NAME | OWNER'S ADDRESS

NAME OF THE INSURANCE COMPANY WHICH ISSUED POLICY (NOT the agency name) | POLICY NUMBER

NAME OF POLICY HOLDER | ADDRESS OF POLICY HOLDER

DRIVER'S LICENSE NUMBER | DRIVER or OWNER **SIGNATURE** of person making this report:

ROAD ALIGNMENT for your vehicle:

- ☐ 1. Straight & level
- ☐ 2. Straight, down grade
- ☐ 3. Straight, up grade
- ☐ 4. Straight, hillcrest
- ☐ 5. Curve & level
- ☐ 6. Curve, down grade
- ☐ 7. Curve, up grade
- ☐ 8. Curve, hillcrest

ROAD CONDITIONS:

- ☐ 1. Dry
- ☐ 2. Wet
- ☐ 3. Icy
- ☐ 4. Snowy
- ☐ 5. Muddy
- ☐ 6. Slush
- ☐ 7. Slippery (fuel, etc)

Was ROAD CONSTRUCTION in progress? ☐ Yes ☐ No

What TRAFFIC CONTROL DEVICES were involved for your vehicle?

- ☐ 1. None Present
- ☐ 2. Stop Sign
- ☐ 3. Yield Sign
- ☐ 4. Flashing Lights
- ☐ 5. Railroad sign or signal
- ☐ 6. DO NOT ENTER sign
- ☐ 7. Traffic Signal
- ☐ 8. Traffic Signal with pedestrian sign
- ☐ 9. Officer/flagman directing traffic
- ☐ 10. Pedestrian Crossing
- ☐ 11. No passing zone striping/sign
- ☐ 12. Warning sign
- ☐ 13. Pavement striping/markings
- ☐ 14. Other _____
- ☐ 15. Traffic cones or barrels
- ☐ 16. School bus flashing stop lights
- ☐ 17. Temporary concrete barrier

ACTIVITY PRIOR TO ACCIDENT?

YOU	Other	
☐	☐	1. Going straight ahead (or around curve)
☐	☐	2. Slowing
☐	☐	3. Stopped in traffic
☐	☐	4. Making RIGHT turn
☐	☐	5. Making LEFT turn
☐	☐	6. Making U-TURN
☐	☐	7. Passing
☐	☐	8. Backing
☐	☐	9. Entering/leaving parked position
☐	☐	10. Starting in traffic
☐	☐	11. Parked
☐	☐	12. Changing lanes
☐	☐	13. Avoiding object in roadway
☐	☐	14. Driving stolen vehicle
☐	☐	15. Other: _____
☐	☐	16. Evading Law Enforcement Officer
☐	☐	17. Road or right-of-way maintenance

ROAD SURFACE

- ☐ 1. Concrete
- ☐ 2. Blacktop (asphalt)
- ☐ 3. Gravel / rock
- ☐ 4. Dirt
- ☐ 5. Brick

LIGHT CONDITION

- ☐ 1. Daylight
- ☐ 2. Darkness, unlighted
- ☐ 3. Darkness, lighted (street lamps, etc)
- ☐ 4. Dawn / Dusk

WEATHER

- ☐ 1. Clear or cloudy
- ☐ 2. Raining
- ☐ 3. Snowing
- ☐ 4. Fog or smoke
- ☐ 5. Dust
- ☐ 6. Strong wind only
- ☐ 7. Ground Blizzard
- ☐ 8. Sleet / hail

POSITION OF ALL PERSONS

1 Driver
2 - 9 Passengers
10 Hanging / riding on outside
11 Pedacyclist
12 Pedestrian
13 Motorcyclist
14 Truck sleeper
15 Other _____
16 Open pickup bed
17 In camper/ shell/ truck
18 Lying down - front
19 Lying down - rear

CODE HERE

CODE HERE

SAFETY EQUIPMENT

1 None used
2 Not available
3 Lap belt only
4 Shoulder & lap
5 Air bag (deployed)
6 Child Restraint
7 Helmet
8 Passive restraint
9 Unknown

Person's PHYSICAL STATUS

1 No apparent injury
2 Fatal injury
3 Incapacitating injury (cannot perform normally)
4 Non-incapacitating injury (bruises, cuts, swelling, etc.)
5 Possible injury (no visible signs of injury)

CODE HERE

CODE HERE

Person's MEDICAL TREATMENT

1 Fatal: not documented
2 Fatal: autopsy
3 Fatal: medical diagnosis
4 Hospitalized (24hr+)
5 Treated & Released
6 First aid at scene
7 No treatment
8 Unknown
9 Refused Treatment

LIST ALL PERSONS INVOLVED

Name			Address			Vehicle	Age	Sex
Name			Address			Vehicle	Age	Sex
Name			Address			Vehicle	Age	Sex
Name			Address			Vehicle	Age	Sex
Name			Address			Vehicle	Age	Sex
Name			Address			Vehicle	Age	Sex

ACCIDENT DESCRIPTION: Describe what happened just before and during the accident. Was alcohol involved? Was the driver distracted? Were drugs, prescribed medication, or physical disabilities involved? Refer to each vehicle by driver's name.

ACCIDENT DIAGRAM: Draw you own diagram. (1)Show NORTH by arrow in the circle. (2) Show direction of vehicles (or pedestrian) before crash. (3) Show approximate crash point. (4) Show where vehicles (or pedestrian) were located at final position. (5) Show vehicles by symbol: ☐ ▷ and identify each. (6) Show distance, direction to landmarks, or other identifying marks.

CHECK ONE OF THE NINE DIAGRAMS IF IT GENERALLY DESCRIBES THE ACCIDENT:

- ☐ 1. Head On
- ☐ 2. Rear End
- ☐ 3. Angle Collision
- ☐ 4. Sideswipe Meeting
- ☐ 5. Sideswipe Passing
- ☐ 6. Overturn
- ☐ 7. Involves a Vehicle Turning LEFT
- ☐ 8. Involves a Vehicle Turning RIGHT
- ☐ 9. Involves a Vehicle Turning RIGHT on RED LIGHT

DIRECTION of TRAVEL:

YOU were going: ☐N ☐NE ☐E ☐SE ☐S ☐SW ☐W ☐NW

Other was going: ☐N ☐NE ☐E ☐SE ☐S ☐SW ☐W ☐NW

(Driver must sign report if physically capable)

SIGN HERE:

DATE

Do **NOT** Complete This Section - FOR OFFICIAL USE ONLY

Do NOT Detach!

SR21

DRIVER SERVICES

Insurance Carrier, Return To:

Department of Transportation
P.O. Box 1708
Cheyenne, Wyoming 82003-1708

With regard to an AUTOMOBILE LIABILITY INSURANCE POLICY for the policyholder named on the reverse side hereof, the undersigned insurance company advises you in accordance with the items checked below:

- ☐ 1. NO policy was in effect on the date of the accident.
- ☐ 2. Our policy for the named policyholder applies to the person as the owner of the vehicle involved in the accident and any driver operating the vehicle with permission of the owner.
- ☐ 3. Our policy for the named policyholder applies to the owner of the vehicle involved in the accident, but does not apply to the operator of the vehicle involved.
- ☐ 4. Our policy for the named policyholder applies to the person as the operator, but does not apply to the owner of the vehicle involved in the accident.
- ☐ 5. Our policy affords limits of liability of at least $25,000/$50,000 bodily injury/death and $20,000 property damage.
- ☐ 6. Our policy affords limits of less than $25,000/$50,000 bodily injury/death and $20,000 property damage.

DATE:_____ SIGNATURE:_____

AUTHORIZED INSURANCE REPRESENTATIVE