



# OWNER/OPERATOR'S TRAFFIC CRASH REPORT

Mail completed form & damage estimate within **10 days** to:

Wyoming Department of Transportation  
Accident Records (307) 777-4450  
5300 Bishop Boulevard  
Cheyenne, WY 82009-3340

PR-901 (REV. 06/06)

Investigated at Scene by Law Enforcement

**Highway Safety Office Use Only**  
**Crash Type:**  G ≥ \$1,000  N < \$1000  
 P - Private

Date of Crash (yyyy/mm/dd) 20 /    /    Time  A.M.  P.M.  Hit & Run Yes  No  Yes  No

Investigating Agency: WHP  SHERIFF  PARK SERVICE  OTHER   
 CITY PD  BIA  CAMPUS POLICE   
 Badge # \_\_\_\_\_ Officer's Last Name \_\_\_\_\_

# Vehicles  # Drivers  # Persons  # Pedestrians  # Injured  # Killed

**Lighting Conditions** Daylight  Darkness/Lighted  Unknown   
 Darkness/Unlighted  Dawn  Dusk

County \_\_\_\_\_ in / near City \_\_\_\_\_

Accident Occurred On \_\_\_\_\_ Highway/Street \_\_\_\_\_ at intersection with \_\_\_\_\_ Milepost Marker \_\_\_\_\_

If NOT at Intersection how many  Feet or  Miles \_\_\_\_\_  
 North  North East  South  South East  South West  East  North West  West OF \_\_\_\_\_

**Most Harmful Event (Event that caused injury or the most damage to vehicle)**  
 Other Vehicle  Parked Vehicle  Motorcycle  Bicycle  Overturn  Jackknife  Fire/Explosion  Guardrail  Fixed Object  Bridge   
 Wild Animal (type) \_\_\_\_\_ Domestic Animal (type) \_\_\_\_\_ Other (Explain) \_\_\_\_\_

**Vehicle #1 Damage Estimate**  
 Front 

Shade number next to the area damaged on your vehicle

**Vehicle #2 Damage Estimate**  
 Front 

### YOUR INFORMATION (DRIVER #1)

Driver's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Sex \_\_\_\_\_ DOB (yyyy/mm/dd) \_\_\_\_\_  
 Street Number \_\_\_\_\_ Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Driver's License Number \_\_\_\_\_ State  Mexico  Canada  Other \_\_\_\_\_ HomePhone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### YOUR VEHICLE INFORMATION (VEHICLE #1)

Vehicle owner same as driver   
 Vehicle Owner's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ #Per in Veh \_\_\_\_\_ Posted Speed \_\_\_\_\_ Est. Speed \_\_\_\_\_  
 Street Number \_\_\_\_\_ Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Make (example: Chevrolet, Dodge, Toyota) \_\_\_\_\_ Model (example: Silverado, Dakota, Solara) \_\_\_\_\_ Year \_\_\_\_\_ Was Commercial Vehicle Involved?  YES  NO  
 Vehicle Identification Number (VIN - 17 Digits) \_\_\_\_\_ License Plate No. \_\_\_\_\_ State  Mexico  Canada  Other \_\_\_\_\_ If yes, fill out supplement PR-901B

### #2 DRIVER INFORMATION

Driver's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Sex \_\_\_\_\_ DOB (yyyy/mm/dd) \_\_\_\_\_  
 Street Number \_\_\_\_\_ Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Driver's License Number \_\_\_\_\_ State  Mexico  Canada  Other \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### #2 VEHICLE INFORMATION

Vehicle owner same as driver   
 Vehicle Owner's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ #Per in Veh \_\_\_\_\_ Posted Speed \_\_\_\_\_ Est. Speed \_\_\_\_\_  
 Street Number \_\_\_\_\_ Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Make (example: Chevrolet, Dodge, Toyota) \_\_\_\_\_ Model (example: Silverado, Dakota, Solara) \_\_\_\_\_ Year \_\_\_\_\_  
 Vehicle Identification Number (VIN - 17 Digits) \_\_\_\_\_ License Plate No. \_\_\_\_\_ State  Mexico  Canada  Other \_\_\_\_\_

### Complete this Section/DO NOT DETACH

### INSURANCE CERTIFICATE - SR21

WYDOT will mail this section to your insurance company

Date of Crash \_\_\_\_\_ Place of Crash \_\_\_\_\_ County \_\_\_\_\_  
 Vehicle Description \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Vehicle Identification Number \_\_\_\_\_  
 Driver's Name and Address \_\_\_\_\_  
 Owner's Name and Address \_\_\_\_\_  
 Name of Insurance Company which issued Policy (NOT the agency name) \_\_\_\_\_  
 Name and Address of Policy Holder \_\_\_\_\_  
 Driver's License Number \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_  
 Signature of person making this report (Driver or Owner) \_\_\_\_\_

