



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

Investigated at Scene by
Law Enforcement

PR-901 (REV. 06/06)

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 **Law Enforcement** Yes No

Investigating Agency
WHP SHERIFF FOREST 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 **Feet** North North East South South East South West East North West West **OF** **nearest street, highway, ramp, bridge, city, railroad crossing, etc.**
how many **Miles**

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


Shade number next to the area damaged on your vehicle

Vehicle #2 Damage Estimate


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)

Seat Position 1-Driver 2-Front Row Middle 3-Front Row Right 4-Passenger Front Row Left (for foreign or postal vehicles) 5-Second Row Left 6-Second Row Middle 7-Second Row Right 8-Third Row Middle 9-Third Row Right 10-Third Row Left 11-Fourth Row Left 12-Fourth Row Middle 13-Fourth Row Right 14-Other Row (ie. Bus, Van) 15-Lying Down-Front Seat 16-Lying Down-Other Seat 17-MC Passenger 18-Sleeper Section of Cab 19-Other Enclosed Area 20-Unenclosed Cargo Area 21-Trailing Unit 97-Riding on MV Exterior 98-Other (explain in narrative) 99-Unknown	Safety Equipment Usage 1-None Used 2-Not Available 3-Shoulder & Lap belt 4-Shoulder Belt Only 5-Lap Belt Only 6-Passive Restraint Only 7-Restraint used-Type Unk. 8-Forward Facing Child 9-Rear Facing Child Restraint 10-Booster Seat 11-Child Restraint-Type Unk. 12-Helmet Used 13-Other 99-Unknown	Air Bag Deployed 1-Not Applicable 2-Not Deployed 3-Deployed Front 4-Deployed Side 5-Deployed Combination 6-Deployed Other 99-Deployment Unknown	Injury Classification 1-Fatal (Not Documented) 2-Fatal (Autopsy) 3-Fatal (Medical Diagnosis) 4-Non-Fatal (Hospitalized overnight or longer) 5-Non-Fatal (Treated & released from hospital) 6-First Aid Given at Scene 7-No Treatment 8-Refused Treatment 99-Unknown
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Vehicle # 1 Driver # 1	Please Attach More Sheets If Needed
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PASSENGER INFORMATION FOR VEHICLE #1					
Last Name	First Name	MI	AGE	Sex M, F, X	
Last Name	First Name	MI	AGE	Sex M, F, X	
Last Name	First Name	MI	AGE	Sex M, F, X	

Vehicle # 2 Driver # 2

NON-MOTORIST INFORMATION (Pedestrians, bicyclist, etc.)

Last Name	First Name	MI	AGE	Sex M, F, X	<input type="checkbox"/>
Last Name	First Name	MI	AGE	Sex M, F, X	<input type="checkbox"/>

Manner of Collision

<input type="radio"/> Not a Collision w/2 Vehicles <input type="radio"/> Angle Right (Front to Side)	<input type="radio"/> Rear End <input type="radio"/> Angle Same Direction	<input type="radio"/> Rear to Front <input type="radio"/> Angle Direction not Specified	<input type="radio"/> Head On <input type="radio"/> Sideswipe Same Direction	<input type="radio"/> Rear to Side <input type="radio"/> Sideswipe Opposite Direction	<input type="radio"/> Rear to Rear <input type="radio"/> Other	<input type="radio"/> Unknown
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Trailer Style <input type="radio"/> No Trailer <input type="radio"/> Camping Trailer <input type="radio"/> Mobile Home <input type="radio"/> Utility Trailer <input type="radio"/> Boat/Jet Ski Trailer <input type="radio"/> Towed Vehicle <input type="radio"/> Horse/Stock Trailer <input type="radio"/> Motorcycle Trailer <input type="radio"/> Multiple Trailers <input type="radio"/> Other (ie. Bicycle) <input type="radio"/> Unknown	Vehicle Maneuver/Action <table border="1"> <tr> <td>V1 V2</td> <td>V1 V2</td> </tr> <tr> <td><input type="radio"/> Straight Ahead</td> <td><input type="radio"/> Slowing</td> </tr> <tr> <td><input type="radio"/> Backing</td> <td><input type="radio"/> Negotiating a Curve</td> </tr> <tr> <td><input type="radio"/> Changing Lanes</td> <td><input type="radio"/> Parked</td> </tr> <tr> <td><input type="radio"/> Overtaking/Passing</td> <td><input type="radio"/> Stopped in Traffic</td> </tr> <tr> <td><input type="radio"/> Turning Right</td> <td><input type="radio"/> Driverless Motor Vehicle</td> </tr> <tr> <td><input type="radio"/> Turning Left</td> <td><input type="radio"/> Trafficway Maintenance</td> </tr> <tr> <td><input type="radio"/> Make U-Turn</td> <td><input type="radio"/> Other</td> </tr> <tr> <td><input type="radio"/> Leaving a Traffic Lane/Parking</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Entering a Traffic Lane</td> <td></td> </tr> </table>	V1 V2	V1 V2	<input type="radio"/> Straight Ahead	<input type="radio"/> Slowing	<input type="radio"/> Backing	<input type="radio"/> Negotiating a Curve	<input type="radio"/> Changing Lanes	<input type="radio"/> Parked	<input type="radio"/> Overtaking/Passing	<input type="radio"/> Stopped in Traffic	<input type="radio"/> Turning Right	<input type="radio"/> Driverless Motor Vehicle	<input type="radio"/> Turning Left	<input type="radio"/> Trafficway Maintenance	<input type="radio"/> Make U-Turn	<input type="radio"/> Other	<input type="radio"/> Leaving a Traffic Lane/Parking	<input type="radio"/> Unknown	<input type="radio"/> Entering a Traffic Lane		Weather <input type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Snowing <input type="radio"/> Fog <input type="radio"/> Blowing Dust/Sand/Dirt <input type="radio"/> Severe Wind Only <input type="radio"/> Blizzard <input type="radio"/> Sleet/Hail/Freezing Rain <input type="radio"/> Blowing Snow <input type="radio"/> Cloudy/Overcast <input type="radio"/> Smoke <input type="radio"/> Other <input type="radio"/> Unknown
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Road <input type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Icy <input type="radio"/> Snow <input type="radio"/> Mud/Dirt/Gravel <input type="radio"/> Slush <input type="radio"/> Oil/Fuel <input type="radio"/> Sand on Dry Pavement <input type="radio"/> Sand on Icy Road <input type="radio"/> Water standing/Running <input type="radio"/> Other <input type="radio"/> Unknown
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DIAGRAM
Please indicate direction of travel

Narrative (Briefly describe the events of the crash)

Do NOT Complete This Section - FOR OFFICIAL USE ONLY Do NOT Detach!	Insurance Carrier Return To: Driver Services Department of Transportation 5300 Bishop Blvd. Cheyenne, WY 82009-3340 (307) 777-4800	SR 21
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:		
<input type="radio"/> 1. NO policy was in effect on the date of the crash.		
<input type="radio"/> 2. Our policy for the named policyholder applies to the person as the owner of the vehicle involved in the crash and any driver operating the vehicle with permission of the owner.		
<input type="radio"/> 3. Our policy for the named policyholder applies to the owner of the vehicle involved in the crash, but the operator of the vehicle was specifically excluded from the policy.		
Date	Authorized Insurance Representative	Representative's Phone Number