OKLAHOMA MOTOR VEHICLE COLLISION REPORT

Please read instructions on Peverse, Side

Collision Date:	Time: ☐ AM ☐ PM	No. of Vehicles Involved:	County:	CASE NUMBER

Collision Location (*Street Name or Highway Number):*	At or Near Intersection:

VEHICLE NO. I *Your Vehicle*	Driver:	Date of Birth:	Driver License Number:	State:

Street Address:	City:	State:	Zip Code:

Estimated Damage: $____ *Attach Estimate*	Owner:	Date of Birth:	Driver License Number	State:

Street Address:	City:	State:	Zip Code:

Vehicle Make:	Year:	Type of Vehicle:	License Plate Number:	State:	Year:

VEHICLE NO. 2 *Other Vehicle*	Driver:	Date of Birth:	Driver License Number:	State:

Street Address:	City:	State:	Zip Code:

Estimated Damage: $____ *Attach Estimate*	Owner:	Date of Birth:	Driver License Number:	State:

Street Address:	City:	State:	Zip Code:

Vehicle Make:	Year:	Type of Vehicle:	License Plate Number:	State:	Year:

IMPORTANT: *(ATTACH ADDITIONAL FORMS IF NECESSARY)* **ATTACH DOCTOR'S STATEMENT SHOWING NATURE AND EXTENT OF INJURIES**

CHECK OR FILL INAPPROPRIATE SPACES

KILLED 0R INiuRED Name	Address	Age	Sex	Driver	Passenger	Pedestrian	Injured	Killed	Veh. No.

INSURANCE INFORMATION - If necessary, consult your agent before filling in this section. **YOU WILL BE CONSIDERED UNINSURED IF INFORMATION IS INCOMPLETE.**

At the time of the collision was your vehicle covered by property and bodily injury liability insurance? ☐ YES ☐ NO

Insurance Company Name (NotAgency):	Policy Period: From To	Insurance Policy Number:

Street Address:	City:	State:	Zip Code:

IN YOUR OPINION WHAT CAUSED THIS ACCIDENT? (*Describe What happened. Refer to Vehicles by Number.)*

I am: ☐ Driver ☐ Corp Officer ☐ Owner ☐ Agency Official	Collision Investigated by: ☐ Highway Patrol ☐ Not Investigated ☐ Other Officer	REPORT FORM ISSUED AT SCENE BY:

I STATE THAT THE INFORMATION ON THIS REPORT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE	Signature:	Date:

RETURN TO: Oklahoma Department of Public Safety, Financial Responsibility Division, P.O. Box 11 100, Oklahoma City, OK 73136-0100