Form SR-13

MOTOR VEHICLE ACCIDENT REPORT
STATE OF GEORGIA

The operator of every motor vehicle which is in any manner involved in an accident within this State, in which any person is killed or injured or in which damage to the property of any one person, including himself, to an extent of $250.00 or more is sustained, must make a report of the accident on this form within 10 days from the date of the accident. If the operator is physically incapable of making a report and is not the owner of the motor vehicle which he was operating, the owner is required to make the report within 10 days after learning of the accident. The owner of any parked motor vehicle which is involved in an accident, shall file the report of same within 10 days after learning of the accident. Failure to report accident subjects violator to a maximum fine of $25.00 and the suspension of the driver's license or operating privilege until the report is filed and not to exceed 30 days thereafter. (The motor Vehicle Safety Responsibility Act, Title ____, as amended.)

ALL REPORTS ARE CONFIDENTIAL AND CANNOT BE USED AS EVIDENCE IN AN ACTION AT LAW TO RECOVER DAMAGES.

INSTRUCTIONS—RULES—READ CAREFULLY! Fill Out COMPLETELY to Avoid SUPPLEMENTARY Report

1. Answer all questions to the best of your knowledge. If unable to answer any question, mark "not known."
2. Give exact time of accident (date, day and hour).
3. Under "Location of Accident" show sufficient information to locate exact scene of the accident.
4. Print or type all names and addresses.
5. Sign the report in the space provided on reverse side.
6. Report must be complete as to exact names, birth dates and drivers license numbers.
7. Use a second report form or a sheet of plain paper of the same size to report additional vehicles, injured persons, or witnesses, or any other information for which there is insufficient space.

IMPORTANT: If you had an automobile liability policy at the time of the accident , secure from your agent or company a notice of insurance (Form SR-21) and attach to this report or have your agent or insurance company mail such form direct to the Bureau of Safety Responsibility.

TIME

Date of Accident _____ Day of Week _____ Hour _____ A.M. _____ P.M. Weather: _____ (Clear, Raining, Fog, Etc.)

LOCATION

PLACE WHERE ACCIDENT OCCURRED: County _____ City, Town or Township _____

DO NOT WRITE IN THIS SPACE

If accident was outside city limits indicate distance from nearest town. Use two distances and two directions if necessary. _____ miles _____ south-north / _____ miles _____ east-west } of { ☐ limits of / ☐ center of } _____ CITY OR TOWN

ROAD ACCIDENT OCCURRED ON: _____
Give name of street or highway number. (U.S. or State). If no highway number, identify by name.

Check and complete one: ☐ At its intersection with: _____ (Name of intersecting street or highway number) Or ☐ Not at intersection: _____ feet _____ north-south / _____ feet _____ east-west } of _____ show nearest intersecting street or highway, house number, bridge, driveway or other identifying landmark.

VEHICLES

YOUR VEHICLE NUMBER 1

_____ Year Make Type (sedan, truck, taxi, bus, etc.) Vehicle License Plate _____ Year State Number Approximate cost to repair vehicle $ _____

Driver _____ Print or Type Full Name Street or R.F.D. City and State

Driver's Occupation _____ Carpenter, Sales Clerk, Etc. Driver's License _____ State Number Driver's Birth Date _____ Mo. Da. Yr. Age _____ Sex _____

Owner _____ Print or Type Full Name Street or R.F.D. City and State Owner's Birth Date _____ Month Day Year

Parts of Vehicle Damaged _____ Driveable: Yes ☐ No ☐ Owner's Driver's License _____ State Number

Is this vehicle covered by automobile liability insurance? ☐ Yes ☐ No
If vehicle not covered, did driver have liability policy applicable? ☐ Yes ☐ No
IF YES TO EITHER SHOW INSURANCE COMPANY _____ Show Policy Number Here

Name _____ Show name of insurance company not name of insurance agency

Address _____

Space for any third vehicle on reverse side. Total vehicles involved

OTHER VEHICLE NUMBER 2

_____ Year Make Type (sedan, truck, taxi, bus, etc.) Vehicle License Plate _____ Year State Number Approximate cost to repair vehicle $ _____

Driver _____ Print or Type Full Name Street or R.F.D. City and State

Driver's Occupation _____ Carpenter, Sales Clerk, Etc. Driver's License _____ State Number Driver's Birth Date _____ Mo. Da. Yr. Age _____ Sex _____

Owner _____ Print or Type Full Name Street or R.F.D. City and State Owner's Birth Date _____ Month Day Year

Parts of Vehicle Damaged _____ Driveable: Yes ☐ No ☐ Owner's Driver's License _____ State Number

Is this vehicle or driver covered by automobile liability insurance? ☐ Yes ☐ No
IF YES SHOW NAME OF INSURANCE COMPANY _____

DAMAGE TO PROPERTY OTHER THAN VEHICLE _____ NAME OBJECT AND STATE NATURE OF DAMAGE Approximate cost to repair $ _____

NAME AND ADDRESS OF OWNER OF DAMAGED PROPERTY _____

COMPLETE BOTH SIDES OF THIS FORM

46-258-195

Complete Both Sides of This Form

3rd VEHICLE

VEHICLE NUMBER 3 (If third vehicle involved)

Year Make Type (sedan, truck, taxi, bus, etc.) _____ Vehicle License Plate Year State Number _____ Approximate cost to repair vehicle $ _____

Driver _____ (Print or Type Full Name) (Street or R.F.D.) (City and State)

Driver's Occupation _____ (Carpenter, Sales Clerk, Etc.) Driver's License State Number _____ Driver's Birth Date Mo. Da. Yr. _____ Age _____ Sex _____

Owner _____ (Print or Type Full Name) (Street or R.F.D.) (City and State) Owner's Birth Date Month Day Year _____

Parts of Vehicle Damaged _____ Driveable: ☐ Yes ☐ No ☐ Owner's ☐ Driver's License State Number _____

Is this vehicle or driver covered by automobile liability insurance? ☐ Yes ☐ No IF YES SHOW NAME OF INSURANCE COMPANY _____

INJURED

Total Injured

Name _____ Address _____ ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Specify other _____ In Vehicle No. _____

Age _____ Sex _____ Race _____ Injured taken to _____

Did injured die? _____ Nature and extent of injuries _____ Attending Doctor _____

Name _____ Address _____ ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Specify other _____ In Vehicle No. _____

Age _____ Sex _____ Race _____ Injured taken to _____

Did injured die? _____ Nature and extent of injuries _____ Attending Doctor _____

Light Conditions

- ☐ Daylight
- ☐ Dawn or dusk
- ☐ Darkness

What Pedestrian Was Doing

Pedestrian was going (check one) ☐ N ☐ S ☐ E ☐ W

- ☐ Crossing or entering at intersection
- ☐ Crossing or entering not at intersection
- ☐ Getting on or off vehicle

☐ Across or into _____ (Street name, highway no.) From _____ To _____ (N.E. corner to S.E. corner, or west side to east side, etc.)

- ☐ Walking in roadway—with traffic
- ☐ Walking in roadway—against traffic
- ☐ Standing in roadway
- ☐ Pushing or working on vehicle
- ☐ Other working in roadway
- ☐ Playing in roadway
- ☐ Other in roadway
- ☐ Not in roadway

What Drivers Intended To Do: (Check one for each driver)

Driver 1 2 3	Driver 1 2 3	Driver 1 2 3	Driver 1 2 3
☐ ☐ ☐ Go straight ahead	☐ ☐ ☐ Make left turn	☐ ☐ ☐ Start in traffic	☐ ☐ ☐ Remain stopped in traffic lane
☐ ☐ ☐ Overtake and pass	☐ ☐ ☐ Make U turn	☐ ☐ ☐ Start from parked position	☐ ☐ ☐ Remain parked
☐ ☐ ☐ Make right turn	☐ ☐ ☐ Slow or stop	☐ ☐ ☐ Back	☐ ☐ ☐ Get out of parked or stopped vehicle

Witnesses:

Name _____ Address _____ Age _____ approximate

Name _____ Address _____ Age _____ approximate

Investigated by _____ (Name of law enforcement officer(s)) Badge No. _____ Department _____ (Name of city department, county, state, etc.)

☐ NOT INVESTIGATED BY LAW ENFORCEMENT AGENCY

DESCRIBE WHAT HAPPENED:

Refer to vehicles by number. If more space is needed, use another report form or a sheet of plain paper of the same size.

SIGNATURE _____ ADDRESS _____ DATE _____

Signature of person submitting report is required—complete both sides of this form