Information and Instructions

OWNER/OPERATOR’S TRAFFIC CRASH REPORT
Wyoming Department of Transportation
Accident Records
5300 Bishop Boulevard
Cheyenne, WY 82009-3340
(307) 777-4450

When must I file a traffic crash report?

☐ You must file a traffic crash report with the Wyoming Department of Transportation in Cheyenne within 10 calendar days of a crash if you are the driver of one of the vehicles involved in an injury, death or a combined total property damage of $1000 crash (State Statute 31-5-1106). If there were no injuries in the crash and you are not sure if the combined damage of cars and property equals $1000, then you should file the crash report.

☐ If the driver of your vehicle is incapable of filing the report, then you, as the vehicle owner, must file the report within 10 days of the crash (State Statute 31-5-1107).

☐ You must file the report EVEN if the crash was investigated by a law enforcement officer. This form also contains the form for satisfying Financial Responsibility requirements.

☐ The driver or vehicle owner shall not knowingly give false information (State Statute 31-5-1108).

What if I don’t file the crash report?

☐ If you fail to file the report, you are subject to a fine of up to $200 and/or jail for 20 days (State Statute 31-5-1108 and 31-9-202).

☐ In addition, your driver’s license is subject to suspension or revocation, as is your vehicle licenses and registration (State Statute 31-9-202).

FILLING OUT THE REPORT ACCURATELY! (Please print)

☐ Use a dark ink pen to fill out form. Local law enforcement agencies can assist you in filling out the form. Be sure to contact your insurance company about the crash; they may also assist you in completing the crash report. Fill in each box on the form; if a question does not apply, enter a dash. If you cannot determine the answer to a question, write “unknown”.

☐ Location of the crash is very important; please be as accurate as possible. Please list highway or street, distance from a point of reference, direction of travel and milepost if possible. Example: 8 miles north of Gillette on Highway 59 or 35 feet from the corner of Main and 1st going south.

☐ Vehicle Identification Number (VIN) is located on the driver’s side dashboard or inside the driver’s door. Please record it correctly. It should be a 17 digit number unless the vehicle is older than 1980.

☐ Make & Model: Please be careful to provide Make and Model of the vehicle and not the Optional Package.

Example: Make Model Option Package
Dodge Durango Adventurer

☐ Body Style: indicate 2-door sedan, 4-door hatchback, convertible, station wagon, 4 wheel drive (4WD) pickup, crew-cab pickup, van, mini-van, etc. For motorcycles, please give the engine size (450cc, etc.) in the body style box. For trucks, indicate cab over or cab behind (conventional).

☐ Commercial Vehicles: please indicate yes or no in the boxes. If your vehicle is a commercial vehicle, you must fill out the Commercial Vehicle Supplement PR-901 A, which the officer will hand out or it can be obtained at your local law enforcement agency or thought Accident Records at the Wyoming Department of Transportation.

☐ Insurance Certificate (SR-21): Fill out the bottom portion of the crash report and sign it. The SR-21 certificate will be mailed by the State to your insurance company to verify insurance coverage. Do not detach the SR-21. All drivers involved in a crash in Wyoming must fill out this form.
Back side of form:

☐ **Boxes** on the back side are also very important. Complete each segment, list the persons involved, code the safety equipment used, the physical status and medical treatment for each person in your vehicle and each driver. Complete the remaining boxes in regards to your vehicle.

☐ **Crash description**: Briefly describe what happened prior to and during the crash. Make sure to note any alcohol, drugs or prescription medications involved.

☐ **Diagram**: Draw a simple diagram of the crash using the directional arrows to indicate direction of travel.

☐ **SIGN AND DATE THE REPORT** just below the diagram and narrative. **DO NOT** complete the back side of the SR-21, that is for your insurance representative. **Make sure you have have filled out the front part of the SR-21.**

**Mailing your report - After you review it for completeness.**

☐ Mail the form and ONE REPAIR ESTIMATE for your vehicle, to ACCIDENT RECORDS at the address on the top of the form. Please do not FAX your report.

☐ You **must** supply the REPAIR ESTIMATE. The repair estimate shall be from an established repair garage or an insurance adjustor employed by the insurer, licensed to do business. It is used for determining reporting threshold, justifying safety projects and used in vehicle safety information and studies.

☐ You may have your insurance agent complete the reverse side of the SR-21 certificate. However, the State will mail the insurance certificate (SR-21) portion of the form to your insurance company for final validation. **Do not** detach the SR-21 from the rest of the report.

To obtain a copy of an Investigator's Crash Report: Send your request to ACCIDENT RECORDS. Include the driver's name(s), date of the crash, county and a $3.00 check or money order made payable to Wyoming Department of Transportation. Certified copies are $5.00.

---

**NOTICE OF REQUIREMENTS**
**FOR SALVAGE VEHICLE TITLE**
(Effective July 1, 2003)
**Motor Vehicle Services - Titles and Registration**
Wyoming Department of Transportation
5300 Bishop Blvd.
Cheyenne, WY 82009-3340
(307) 777-4709

When a motor vehicle is declared a total loss by the insurance company or, in the event an insurance company is not involved in the settlement of the claim, sustains damage in an amount exceeding 75% of its actual retail cash value, as set forth in any current edition of a nationally recognized automotive appraisal guide or other source approved by the Wyoming insurance department, the owner or insurance company, if it obtains ownership of the vehicle through transfer of title as the result of a settlement of an insurance claim, shall forward the properly endorsed certificate of title to the office of the county clerk that issued the certificate of title together with an application for a certificate of title branded salvage and payment of a fee of $9.00 required under W.S. 31-2-102 (a)(vii) to obtain a properly branded certificate of title. When any vehicle accident report is required under chapter 5, article 11 of this title, the investigating officer shall provide written notice to the owner or operator of the vehicle of the requirements under this section.

This notice does not apply to any motor vehicle with more than eight (8) years of service, commercial vehicle or commercial vehicle combination.
## Wyoming Department of Transportation Accident Records

### Owner/Operator's Traffic Crash Report

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

5300 Bishop Boulevard
Cheyenne, WY 82093-3340

**PR-01 (REV. 08/05)**

**Investigated at Scene by Law Enforcement**

**Date of Crash:** [yyyy/mm/dd]

**Time:** [A.M. or P.M.]

**Hit & Run:** [Yes/No]

**# Vehicles:** [ ]

**# Drivers:** [ ]

**# Pedestrians:** [ ]

**# Injured:** [ ]

**# Killed:** [ ]

### County

[ ] Wyoming

### City

[ ] Cheyenne

### Accident Occurred On

[ ] Highway/Street

[ ] at Intersection with

[ ] Milepost Marker

### Lighting Conditions

[ ] Daylight

[ ] Darkness/Lighted

[ ] Unknown

[ ] Dawn

[ ] Dusk

### 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

### Vehicle #1 Damage Estimate

**Driver's Last Name**

[ ]

**First Name**

[ ]

**MI**

[ ]

**Sex**

[ ]

**DOB (yyyy/mm/dd)**

[ ]

**Street Number**

[ ]

**Street Name**

[ ]

**City**

[ ]

**State**

[ ]

**Zip Code**

[ ]

**Driver's License Number**

[ ]

**Home Phone**

[ ]

**Work Phone**

[ ]

**Cell Phone**

[ ]

**Vehicle owner same as driver**

[ ]

**Was Commercial Vehicle Involved?**

[ ]

**If yes, fill out supplement PR-901B**

### Vehicle Identification Number (VIN - 17 Digits)

**License Plate No.**

[ ]

**State**

[ ]

### Vehicle #2 Damage Estimate

**Driver's Last Name**

[ ]

**First Name**

[ ]

**MI**

[ ]

**Sex**

[ ]

**DOB (yyyy/mm/dd)**

[ ]

**Street Number**

[ ]

**Street Name**

[ ]

**City**

[ ]

**State**

[ ]

**Zip Code**

[ ]

**Driver's License Number**

[ ]

**Home Phone**

[ ]

**Work Phone**

[ ]

**Cell Phone**

[ ]

**Vehicle owner same as driver**

[ ]

**Was Commercial Vehicle Involved?**

[ ]

**If yes, fill out supplement PR-901B**

### Vehicle Identification Number (VIN - 17 Digits)

**License Plate No.**

[ ]

**State**

[ ]

### 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)**

[ ]

*Revised 07/03/07*
**VEHICLE # 1**

**Driver # 1**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Mi</th>
<th>Age</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PASSENGER INFORMATION FOR VEHICLE #1**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Mi</th>
<th>Age</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**VEHICLE # 2**

**Driver # 2**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Mi</th>
<th>Age</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Mi</th>
<th>Age</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Manner of Collision**

- Not a Collision with Vehicles
- Rear End
- Rear to Front
- Head On
- Rear to Side
- Rear to Rear
- Other
- Unknown
- Angle Right (Front to Side)
- Angle Same Direction
- Angle Direction Not Specified
- Sideswipe Same Direction
- Sideswipe Opposite Direction

**Trailer Style**

- No Trailer
- Camping Trailer
- Utility Trailer
- Boat/Jet Ski Trailer
- Towed Vehicle
- Horse/Stock Trailer
- Motorcycle Trailer
- Multiple Trailers
- Other (i.e., Bicycle)
- Unknown

**Vehicle Maneuver/Action**

<table>
<thead>
<tr>
<th>V1/V2</th>
<th>V1/V2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Weather**

- Blizzard
- Raining
- Snowing
- Blowing Dust/Band/Dirt
- Fog
- Foggy
- Hail
- Freezing Rain
- Snow
- Fog
- Smoke
- Cold
- Other
- Unknown

**Road**

- Dry
- Difficult
- Wet
- Sand on Dry Pavement
- Ice
- Sand on Ice Road
- Snow
- Water Standing/Running
- Mud/Dirt/Gravel
- Other
- Unknown

**Diagram**

Please indicate direction of travel

**Narrative (Briefly describe the events of the crash)**

Drivers Signature Date

---

Do NOT Complete This Section - FOR OFFICIAL USE ONLY

Do NOT Detach!

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 crash.
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.
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