



A large, empty white rectangular area with a thin black border, occupying the majority of the page. This area is intended for a form or document content.



INSTRUCTIONS FOR COMPLETING THIS FORM.

PART 1: Fill in all blanks with the information requested.

PART 2: Fill in your vehicle driver and owner information. If the vehicle was parked, write "parked" in the vehicle driver box and fill in the owner information. If you were not a vehicle driver or owner, mark the correct box under "Your Involvement" and fill in the information in the spaces provided.

Fill in your liability insurance information and mark the correct box. (This is only required if you are the vehicle driver and/or owner.)

PART 3: Sign your name and mark the correct box.

PART 4: Fill in the driver, owner, and vehicle information for all other involved parties.

PART 5: Draw a diagram of the accident using the symbols and instructions on the form.

Explain how the accident happened, in your own words.

Attach a denial letter from the uninsured person's insurance company, if you have one. The letter should state the reason why coverage was denied for the accident. It must be on the company's stationery and signed by the person who reviewed the claim.

PROPERTY DAMAGE AND/OR BODILY INJURY DOCUMENTS

1. In order to determine a percentage of fault and require security for your loss, **both** of the following statements must apply.

- A. There was more than \$500 in damage to one or more person's property, or there was bodily injury or death.
- B. It has been less than nine months since the accident happened.

Reason: A notice must be sent to the uninsured person within one year of the accident date. We need 90 days to process the accident report and determine a percentage of fault for the accident.

2. If statements **1.A** and **1.B** **do** apply, attach any of the following documents that pertain to this accident.

- An estimate of repair cost for the vehicle or other property (It must be readable, itemized, and contain the accident date or estimate date. It must also contain the name and address of the repair shop or insurance company and be signed by the person who prepared it.);
- A doctor's report and/or medical bills. (The type of injury must be explained in detail and the service date must be included. It must also contain the name and address of the healthcare provider and be signed by the doctor.); and/or
- A copy of a death certificate or police report showing there was a death.

3. If statements **1.A.** and/or **1.B.** **do not** apply, the uninsured person's driver license and/or plates can be taken away for not having insurance at the time of the accident. The accident report must be mailed to us within one year of the accident date.

MAIL THE COMPLETED ACCIDENT REPORT FORM AND ANY ATTACHMENTS TO THE DRIVER AND VEHICLE SERVICES BUREAU, P.O. BOX 200, JEFFERSON CITY, MISSOURI 65105-0200, OR FAX TO (573) 526-7365.



MISSOURI DEPARTMENT OF REVENUE
DRIVER AND VEHICLE SERVICES BUREAU
MOTOR VEHICLE ACCIDENT REPORT

FORM
1140
(REV. 9-04)

DOR USE ONLY

NAIC NUMBER	ORI NUMBER	CASE NUMBER
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PART 1 - ACCIDENT INFORMATION **ONLY REPORT ACCIDENTS OCCURRING IN MISSOURI**

ACCIDENT DATE	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	COUNTY	STATE
ACCIDENT LOCATION - STREET NAME OR HIGHWAY NUMBER	NUMBER OF VEHICLES INVOLVED	WAS A POLICE REPORT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT POLICE AGENCY

PART 2 - YOUR INFORMATION

VEHICLE DRIVER			VEHICLE OWNER			
DRIVER'S NAME	SEX		OWNER'S NAME	DATE OF BIRTH	SEX	
STREET ADDRESS			STREET ADDRESS		DRIVER LICENSE NUMBER	
CITY, STATE		ZIP CODE	CITY, STATE			ZIP CODE
DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE	VEHICLE MAKE/YEAR	MODEL	LICENSE PLATE NUMBER	STATE

INVOLVEMENT (IF OTHER THAN VEHICLE DRIVER/OWNER)

<input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PROPERTY OWNER (OTHER THAN VEHICLE) TYPE OF PROPERTY _____ <input type="checkbox"/> OTHER _____	NAME	DATE OF BIRTH	SEX
	STREET ADDRESS	DRIVER LICENSE NUMBER	
	CITY, STATE	ZIP CODE	

YOUR LIABILITY INSURANCE INFORMATION

WAS YOUR VEHICLE COVERED BY LIABILITY INSURANCE AT THE TIME OF THE ACCIDENT?

YES NO **YOU MUST MARK A BOX!**

IMPORTANT! IF YOU MARK YES, YOU MUST PROVIDE YOUR INSURANCE COMPANY NAME AND POLICY NUMBER BELOW. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN SUSPENSION ACTION.

INSURANCE COMPANY NAME (NOT AGENCY OR BROKERAGE)	INSURANCE POLICY/CLAIM NUMBER
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PART 3 - SIGNATURE **YOU MUST SIGN THE REPORT OR IT WILL BE RETURNED YOU**

I STATE THAT THE INFORMATION ON BOTH SIDES OF THIS REPORT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____

I AM:

DRIVER OWNER PROPERTY OWNER ATTORNEY PASSENGER PEDESTRIAN

INSURANCE COMPANY REPRESENTATIVE CORPORATE OFFICER

COMPLETE REVERSE SIDE

PART 4 - OTHER INVOLVED PARTIES (USE ADDITIONAL FORMS IF NECESSARY)

OTHER VEHICLE - DRIVER INFORMATION

DRIVER'S NAME		SEX
STREET ADDRESS		
CITY, STATE		ZIP CODE
DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE

OTHER VEHICLE - DRIVER INFORMATION

OWNER'S NAME		DATE OF BIRTH	SEX
STREET ADDRESS		DRIVER LICENSE NUMBER	
CITY, STATE		ZIP CODE	
VEHICLE MAKE/YEAR	MODEL	LICENSE PLATE NUMBER	STATE

OTHER VEHICLE - DRIVER INFORMATION

DRIVER'S NAME		SEX
STREET ADDRESS		
CITY, STATE		ZIP CODE
DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE

OTHER VEHICLE - DRIVER INFORMATION

OWNER'S NAME		DATE OF BIRTH	SEX
STREET ADDRESS		DRIVER LICENSE NUMBER	
CITY, STATE		ZIP CODE	
VEHICLE MAKE/YEAR	MODEL	LICENSE PLATE NUMBER	STATE

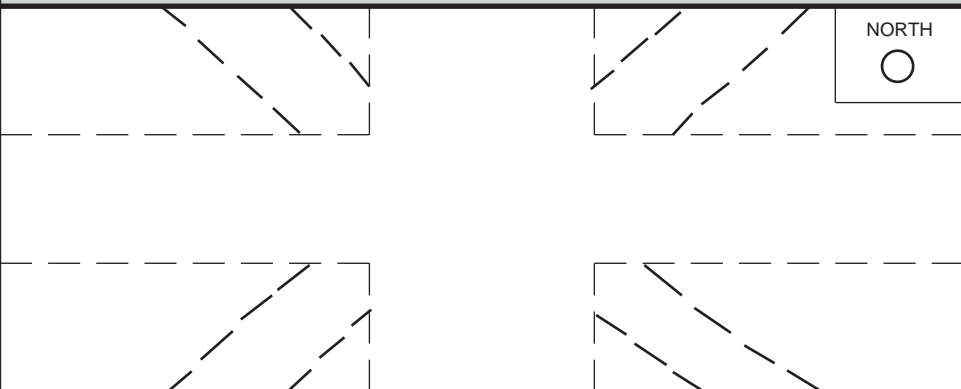
OTHER VEHICLE - DRIVER INFORMATION

DRIVER'S NAME		SEX
STREET ADDRESS		
CITY, STATE		ZIP CODE
DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE

OTHER VEHICLE - DRIVER INFORMATION

OWNER'S NAME		DATE OF BIRTH	SEX
STREET ADDRESS		DRIVER LICENSE NUMBER	
CITY, STATE		ZIP CODE	
VEHICLE MAKE/YEAR	MODEL	LICENSE PLATE NUMBER	STATE

PART 5 - DIAGRAM DESCRIPTION OF ACCIDENT



INSTRUCTIONS

DRAW PICTURE OF ROADWAY AT PLACE OF ACCIDENT. NUMBER EACH VEHICLE AND SHOW DIRECTION OF TRAVEL BY ARROW.

EXAMPLE

SYMBOLS

- 1. VEHICLE
- 2. MOTORCYCLE
- 3. PEDESTRIAN
- 4. RAILROAD
- 5. UTILITY POLE

DESCRIBE WHAT HAPPENED (REFER TO VEHICLES BY NUMBER, AND BY NAME OF DRIVER(S))