



SKILLS TESTING INCIDENT REPORT BUREAU OF MOTOR VEHICLES COMMISSION

- INSTRUCTIONS:**
1. Complete all fillable fields or in blue or black ink.
 2. Scan and email a completed Skills Testing Incident Report, Official Skills Test Scoring Sheet, and Police Report (if applicable) to the #BMV Skills Test Incident Report email distribution group, Regional Manager and Senior Drive Examiner for the Region.

Accident Information			
Accident Date:		<i>Location of the Accident:</i>	
Accident Time:		Street Address:	
<input type="checkbox"/> AM	<input type="checkbox"/> PM	City:	
		ZIP Code:	
Emergency Responder Information			
<i>Did the police provide assistance?</i>		<i>Responding Department:</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Police Office's Name:</i> _____ <i>Badge Number:</i> _____	
Medical Assistance			
<i>Was medical assistance offered?</i>		<i>Was medical assistant accepted/refused?</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Accepted	<input type="checkbox"/> Refused
Accident Description			
Please provide details of the accident (attached additional sheets if necessary)			
Driver's Information			
Driver Name:		<i>What is the driver's legal address?</i>	
		Street Address:	
Driver's License Number:	State/Country Issued:	City:	
		ZIP Code:	
Driver's Telephone Number:		Vehicle Registrant's Information (if different than the Driver)	
		Name:	Telephone:
		Address:	
Did this incident involve another Motorists (if multiple please use back of this form to provide additional details)			
Driver Name:		<i>Motorist's legal address:</i>	
		Street Address:	
Driver's License Number:	State/Country Issued:	City:	
		ZIP Code:	
Driver's Telephone Number:			
Drive Examiner/CSR2 Information			
Drive Examiner/CSR2 Name:		Supervisor Name:	
Branch Name/Number:		Supervisor Telephone Number:	
Witness Information			
Witness Name:		Witness Name:	
Witness Telephone Number:		Witness Telephone Number:	