VECTOR CONTROL JOINT POWERS AGENCY

VEHICLE ACCIDENT REPORT FORM

Accident Date: _____ **Time:** _____ AM / PM

Location: **Street:** _____

City: _____

YOU AND YOUR VEHICLE (Vehicle No. 1)

Name / Title: _____

Department: _____ Telephone: ( ) _____

Vehicle Make: _____ Plate #: _____

Vehicle Model: _____ Year: _____

Mileage: _____ Purchase Price: _____

VIN: _____ Right/Left Steering?: _____

Passenger's Name(s): _____

Description of Damages: _____

Were you injured? ☐ Yes ☐ No

(If yes, you must also complete Occupational Injury Report.)

OTHER VEHICLE AND DRIVER (Vehicle No. 2)

Driver's Name: _____ Telephone: ( )_____

Address: _____

Driver's License #: _____ State: _____

Vehicle Make: _____ Plate #: _____

Vehicle Model: _____ Year: _____

Registered Owner: _____

Passenger's Names: _____

Description of Damages: _____

_____

Insurance Company: _____

Policy No.: _____ Telephone: ( ) _____

OTHER VEHICLE AND DRIVER (Vehicle No. 3)

Driver's Name: _____ Telephone: ( )_____

Address: _____

Driver's License #: _____ State: _____

Vehicle Make: _____ Plate #: _____

Vehicle Model: _____ Year: _____

Registered Owner: _____

Passenger's Names: _____

Description of Damages: _____

_____

Insurance Company: _____

Policy No.: _____ Telephone: ( ) _____

INJURED PERSONS

(List below all employees, drivers, and passengers from all vehicles who were injured.)

1. Name _____ Telephone: _____
   Address: _____
   Where Taken: _____
2. Name _____ Telephone: _____
   Address: _____
   Where Taken: _____
3. Name _____ Telephone: _____
   Address: _____
   Where Taken: _____

WITNESSES

1. Name _____ Telephone: _____
   Address: _____
2. Name _____ Telephone: _____
   Address: _____

LAW ENFORCEMENT

Investigated by Officer: _____

Agency: _____ Badge #: _____

Case #: _____

DIAGRAM OF ACCIDENT (Please Draw Diagram Below)

1. Number District Vehicle as No. 1, other vehicle as No. 2, additional vehicle as No. 3, and show direction of travel with arrows.
2. Use solid line to show path before accident.
3. Show pedestrian by -----
4. Show railroad by ═══
5. Give names or numbers of streets or highways.
6. Show traffic signs and signals.
7. Indicate north by arrow within box

North: ☐

CONDITIONS AT ACCIDENT SCENE

Light (Daylight, Night, Dawn, Dusk): _____

Weather: (Clear, Rain, Snow, Fog): _____

Road Surface (Dry, Debris, Snow/Ice, Wet) _____

Surrounding Area (Business, Rural, Residential): _____

HOW DID THE ACCIDENT HAPPEN?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Were pictures taken? _____ Other party(ies) given a district business card? _____

_____ _____

Employee's Signature Date

SUPERVISOR REVIEW

Right-Side Steering or Left-Side Steering Vehicle: _____

Is District Driver Seasonal or Permanent: _____

Additional comments, if any:

_____ _____

Supervisor's Signature Date

(After review, the supervisor should forward this report to the VCJPA).