

**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).

**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): \_\_\_\_\_