

# Accident Scene Report

## SIGNATURES

Employee \_\_\_\_\_

Supervisor \_\_\_\_\_

Date \_\_\_\_\_

## OPERATOR

Name \_\_\_\_\_

Dept. \_\_\_\_\_

Age \_\_\_\_\_

Social Sec. No. \_\_\_\_\_

## DESCRIPTION OF MEMBER VEHICLE

Year, Make & Model \_\_\_\_\_

License Tag No. \_\_\_\_\_

Serial No. \_\_\_\_\_

Nature of Damage \_\_\_\_\_

## ACCIDENT INFORMATION

Date \_\_\_\_\_ Time \_\_\_\_\_ a.m./p.m.

Where did it occur? \_\_\_\_\_

Weather at time of accident \_\_\_\_\_

Condition of Road \_\_\_\_\_

Rate of Speed \_\_\_\_\_ / \_\_\_\_\_  
(Member Veh) (Other Veh)

What warning was given? \_\_\_\_\_

Was this accident reported to police? \_\_\_\_\_

Police Officer \_\_\_\_\_

Police Report No. \_\_\_\_\_

Duties at time of accident \_\_\_\_\_

## DESCRIPTION OF ACCIDENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Registered Owner \_\_\_\_\_

Address \_\_\_\_\_

Name of Driver \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

FAX \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Vehicle License Tag \_\_\_\_\_

Name of Insurance Co. \_\_\_\_\_

Agent's Name and No. \_\_\_\_\_

Nature of Damage \_\_\_\_\_

## INJURED PERSONS

1. Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

## NAMES OF PASSENGERS

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

## IMPORTANT WITNESSES

1. Name \_\_\_\_\_

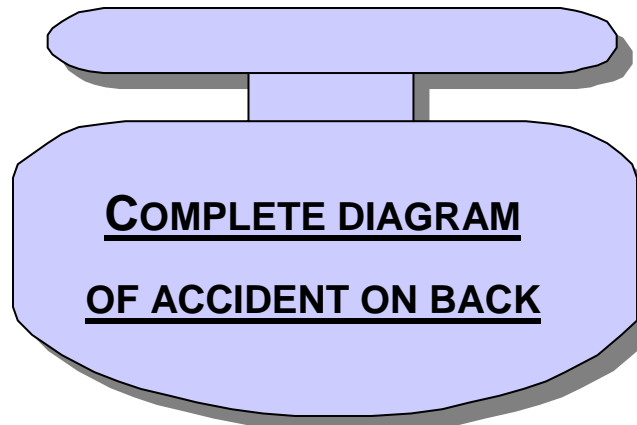
Address \_\_\_\_\_

Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_



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### DIAGRAM OF ACCIDENT

Complete the following diagram showing directions and positions of the vehicles involved, designating clearly the points of contact. Show the name of the streets.

