DRIVER'S ACCIDENT REPORTING FORM

To be completed at accident scene.

Driver's Name:_____ Age _____
License#:_____
Phone#:_____
College Name:_____
Equipment#:_____Tractor:_____TLR:_____

DATE, TIME & PLACE

Date:_____Time:_____ □ AM □ PM
City/Town:_____County_____ST_____
Street/HWY:_____
Address/Intersection:_____
Distance and Direction from - Nearest Community Junction:_____
_____
□ Open Country □ Business-Shopping □ Residential □ Manufacturing/Industrial
□ Other (Describe)_____

WITNESS(ES)

Persons seeing the accident will be of service to our driver by giving their names and addresses.
Name:_____
Address:_____Phone:_____
Name:_____
Address:_____Phone:_____
Licensing number and description of first vehicles at scene._____
_____

INVESTIGATING OFFICER

Name:_____
Badge#:_____Department:_____

THOSE INVOLVED *(PLEASE ATTACH ANY ADDITIONAL INFORMATION)*

Company Vehicle (VEHICLE #1)

Make & Model:_____
VIN #:_____ Fleet#:_____
License Plate/Tag# & State:_____

Other Vehicle (VEHICLE #2)

Make & Model:_____
License Plate/Tag# & State:_____
Driver:_____
Address:_____
Driver's License#:_____
Name, Address & Phone of Owner (if NOT Driver): List under "Additional Information"

Other Vehicle (VEHICLE #3)

Make & Model:_____
License Plate/Tag# & State:_____
Driver:_____
Address:_____
Driver's License#:_____
Name, Address & Phone of Owner (if NOT Driver): List under "Additional Information"

INJURED PERSON

Number of persons injured_____Killed_____
Name:_____
Address:_____
Where were they taken?_____
Name:_____
Address:_____
Where were they taken?_____
Describe Property Damage:_____

TYPE OF ACCIDENT □ Collision with Other Vehicle □ Collision with Fixed Object

	Vehicle #1	*Vehicle #2*	*Vehicle #3*	*Other*
□ Ran off the Road	□	□	□	□
□ Overturned in Road	□	□	□	□
□ Mechanical Defect	□	□	□	□
□ Fire	□	□	□	□
□ Loading or Unloading	□	□	□	□
□ Boarding/Alighting	□	□	□	□
□ Occupant Fell Out	□	□	□	□
□ Occupant Injured	□	□	□	□
□ Occupant Injured Inside Vehicle	□	□	□	□

□ Other_____

PEDESTRIAN ACTION

□ Crossing at Intersection □ Between Intersections □ With Signal □ Against Signal
□ No Signal □ Diagonally □ Sidewalk □ No Sidewalk
□ Walking in Roadway □ With Traffic □ Against Traffic
□ Other _____

VEHICLE MOVEMENT

	Vehicle #1	*Vehicle #2*	*Vehicle #3*	*Other*
Straight Ahead	□	□	□	□
Turning Right	□	□	□	□
Turning Left	□	□	□	□
Slowing or Stopping	□	□	□	□
Starting in Traffic	□	□	□	□
Stopping in Traffic	□	□	□	□
Starting from Curb or Shoulder	□	□	□	□
Parked	□	□	□	□
Backing	□	□	□	□
U-Turn	□	□	□	□
Skidding	□	□	□	□
Overtaking	□	□	□	□
Weaving	□	□	□	□
Wrong Side	□	□	□	□
Crowded Off Road	□	□	□	□
Evasive Action	□	□	□	□

Other:_____
_____
_____
_____
_____

VEHICLE CONDITION (MECHANICAL)

	Vehicle #1	Vehicle #2	Vehicle #3	Other
No Defects Noticed	□	□	□	□
Lights	□	□	□	□
Brakes	□	□	□	□
Tires/Wheels	□	□	□	□
Engine	□	□	□	□
Windshield/Windows	□	□	□	□
Towing Needed?	□	□	□	□

Describe:_____

_____

ROADWAY

□ Not an Intersection □ Street Intersection □ Drive/Alley □ Crosswalk
□ Bridge/Overpass □ Underpass □ Private Property □ Other/Off-Street
□ Other _____
□ Not Divided □ Divided □ Limited Access □ # of Lanes_____

ROAD SURFACE/CONDITIONS

□ Lanes Marked □ Lanes Unmarked □ Concrete □ Gravel
□ Blacktop □ Other Unpaved □ Metal Grating (Bridge)
□ Other _____
□ No Defects Noticed □ Dry □ Wet □ Ice
□ Snow □ Mud □ Loose Material □ Cracks, Holes, etc
□ Fresh Oil □ Under Construction/Repair
□ Other_____
□ Straight □ Level □ Hills [□ Steep or □ Moderate]
□ Curve [□ Right or □ Left] [□ Sharp or □ Moderate]

TRAFFIC CONTROLS

□ Traffic Light □ Stop Sign □ Yield Sign □ Police Officer
□ No Traffic Controls □ Speed Limit_____ □ RR Crossing [□ signal or □ gate]
□ Other _____
Were controls operating? □ YES □ NO

WEATHER CONDITIONS/TIME OF DAY

□ Clear □ Snow □ Sleet □ Fog □ Dark - Road Lighted
□ Rain □ Daylight □ Dawn □ Sunset □ Dark - Road Unlighted
□ Other _____

PROPERTY DAMAGE *(Mark all that Apply)*

	Vehicle #1	Vehicle #2	Vehicle #3	Other
Point of Impact	□	□	□	□
Front	□	□	□	□
Rear	□	□	□	□
Side	□	□	□	□
Right	□	□	□	□
Left	□	□	□	□
Roof	□	□	□	□

□ Other:_____
□ Cargo Weight/Type/Damage:_____
□ Other Property Damage:_____

MISCELLANEOUS INFORMATION:

Time you reported for duty:_____ □ AM □ PM
Total preceding hours off-duty:_____
Hours since last sleep at time of going on duty:_____
Hours on duty at time of accident:_____
Total rest-stop time since going on duty:_____
Total other time, loading, etc.:_____
Price of reporting on duty:_____
Destination this trip:_____
Miles traveled this tip until time of accident:_____
ICC Permits:_____
Trailer owned by others: □ NO □ YES (by whom)_____
Results of drug/alcohol tests:_____

Describe What Happened

At what distance did you first see danger?_____Feet
How fast were you going?_____MPH
What was your speed at impact?_____MPH
How far did your vehicle go after impact?_____Feet
Describe in your own words the circumstances of the accident? (If additional space is needed please attach to this form)

_____
_____
_____
_____
_____
_____
_____
_____
_____

Describe damage to:

Vehicle you were driving:_____
Other vehicle(s):_____
Cargo:_____
Property:_____

Instructions for Making an Accident Scene Diagram

Attach a diagram of the accident scene including the following:

- Sketch of the road including all intersections, curves, road signs, traffic lights, etc.
- The placement of all vehicles involved in the accident numbered and/or labeled.
- The position of any pedestrians, etc.
- The position of any other notable objects or contributing factors.

Submitted by (signature):_____

Date:_____