

**FACILITIES & OPERATIONS DEPT.
VEHICLE ACCIDENT REPORT**

A. DRIVER INFORMATION

DRIVER NAME:			
POSITION:			
DATE OF ACCIDENT:	Click here to enter a date.	LOCATION:	

B. GENERAL ACCIDENT INFORMATION

Vehicle Number:		Plate Number:	
Accident Date:		<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
Accident location: <input type="checkbox"/> Street <input type="checkbox"/> Highway <input type="checkbox"/> Driver's Residence Specify Highway Number: _____		Town/City: OR Rural Route:	
Time of accident: _____ <input type="checkbox"/> A.M or <input type="checkbox"/> P.M		Type of Vehicle: <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Trailer <input type="checkbox"/> Open Trailer <input type="checkbox"/> Closed Trailer	
Use at Time of Accident: <input type="checkbox"/> Regular Route <input type="checkbox"/> Maintenance/Fueling <input type="checkbox"/> Cartage <input type="checkbox"/> Off Duty <input type="checkbox"/> Equipment <input type="checkbox"/> Other (specify): _____			

C. DRIVER INFORMATION

Driver's Name:
Driver Experience: <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> More than 10 years
Number of vehicle accidents in the past three years:
Did you receive instruction prior to vehicle use: <input type="checkbox"/> yes <input type="checkbox"/> no

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D. AT TIME OF ACCIDENT

Posted speed limit:
_____ km/hr. OR ☐ not applicable

Approximate speed of vehicle:
_____ km/hr. OR ☐ stopped

Was driver wearing a seat belt?
☐ yes ☐ no ☐ Driver off at time of accident

Did accident occur at an intersection?
☐ yes ☐ no

Were police notified?
☐ yes ☐ no

Was a police report completed? ☐ yes ☐ no
If yes, report number:

Was a report filed with MPI? ☐ yes ☐ no If yes, report number:

Amount of damage to all property involved (i.e., vehicles and/or other objects)
☐ No damage ☐ \$1,000 or less ☐ More than \$1,000

Accident involved vehicle and:
☐ Another vehicle ☐ Pedestrian
☐ Vehicle ☐ Cyclist
☐ Train ☐ Animal
☐ Fixed object (specify) _____
☐ Other (specify) _____

Type of collision between vehicles or objects:
☐ Angle ☐ One vehicle backing
☐ Head on ☐ Rollover
☐ Rear end
☐ Other (specify) _____

Direction of vehicles at time of accident:
☐ Angle, both moving
☐ One vehicle stopped
☐ Same direction, both moving
☐ Single vehicle
☐ Opposite direction, both moving
☐ Vehicle direction not a factor

Driver Actions:
☐ Improper speed
☐ Failed to yield right of way
☐ Failed to obey stop sign
☐ Failed to obey traffic signal
☐ Crossed center line
☐ Improper passing
☐ Improper turning
☐ Improper backing
☐ Followed too closely

Other Circumstances:
☐ Actions of the other driver
☐ Obstructed view
☐ Weather/visibility
☐ Vehicle defect (specify)
☐ Road conditions (specify)
☐ Other circumstances (specify)

Weather Conditions/Visibility:
☐ Clear ☐ Snow/sleet
☐ Cloud/overcast ☐ Rain
☐ Fog ☐ Haze/smoke
☐ Exhaust fog
☐ Other (specify)

Road Surface:
☐ Pavement ☐ Gravel ☐ Dirt

Lighting:
☐ Dawn ☐ Daylight ☐ Dusk ☐ Dark
☐ Dark, artificial illumination

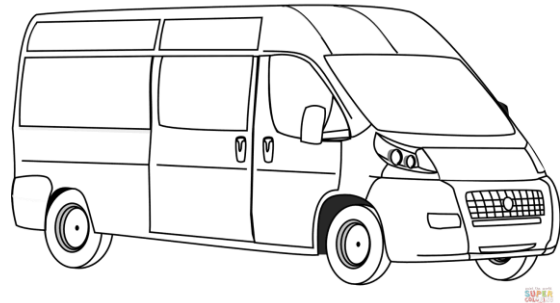
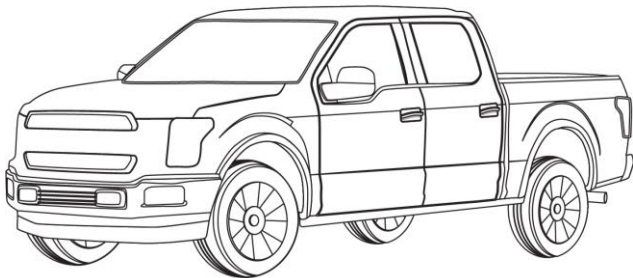
Road Condition:
☐ Dry ☐ Wet ☐ Muddy ☐ Icy ☐ Snow packed ☐ Potholes/ruts ☐ Under repair ☐ Other (specify)

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Please mark any spots with an “X” that were damaged in the accident:

Front	Back
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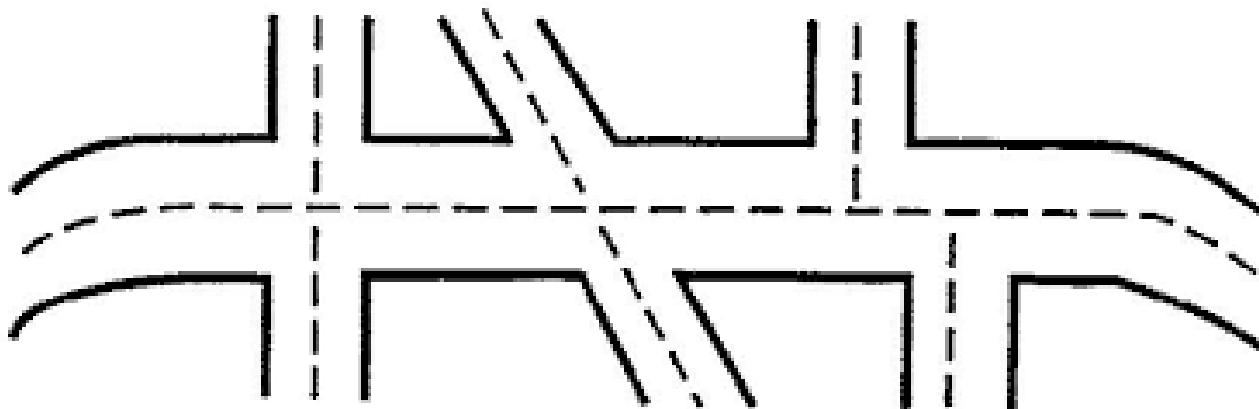
Please circle the applicable vehicle & any spots, that were damaged occurred in the accident.



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Indicate on the road map below where the vehicle was when it was hit. Include road names.

Or use Google maps.



Photos of damage:

F. SIGNATURES	
Driver:	Date:
Supervisor:	Date