Accident Report

To be completed by the Catch-A-Ride Driver and submitted within 24 hours

Driver Name ______________________________ Date of Accident ______ / ______ / ______

Vehicle Number ___________________________ Time of Accident ______ : ______ ◻ AM ◻ PM

First Steps	Do Not Say	While At the Scene
• Remain Calm • Do not move vehicle unless required to avoid danger • Turn on hazard lights • Check for Injuries • Administer 1st Aid • Call 911/EMT in the event of injury or vehicle/property damage. No required if the damage was caused by hitting an animal and there are no injuries. • Advise dispatch using appropriate codes and signals (10-50 PD or PI). Be sure to include your location and number of passengers on board. Dispatch will immediately advise a Field Supervisor. • Place Reflective Warning Triangles	• It's my fault (even if it is). • My insurance will pay. • It's OK. I have full coverage.	• Get as much information as possible for this report. • Take Pictures • Distribute and collect Witness Forms • Await law enforcement & supervisor approval before leaving the scene.

Location of Accident

Street Name ___________________________ OR At intersection with (Street Name) ___________________________

________ Ft. ◻ N ◻ W ◻ E ◻ S f ___________________________ (Intersecting Street or Mile Marker or Landmark)

Responding Police Agency/Supervisor Details

Police at scene ◻ Yes ◻ No (not required for hitting an animal)	Name of Responding Police Agency	Supervisor at Scene

CAR Passengers and/or Witnesses to the Accident

#	Name	Address	Phone	Type
1				◻ CAR Passenger ◻ Witness
	Accident Witness Report Completed? ◻ Yes ◻ No If No, why?		Injuries? ◻ Yes ◻ No If yes, provide details:	
2				◻ CAR Passenger ◻ Witness
	Accident Witness Report Completed? ◻ Yes ◻ No If No, why?		Injuries? ◻ Yes ◻ No If yes, provide details:	
3				◻ CAR Passenger ◻ Witness
	Accident Witness Report Completed? ◻ Yes ◻ No If No, why?		Injuries? ◻ Yes ◻ No If yes, provide details:	
4				◻ CAR Passenger ◻ Witness
	Accident Witness Report Completed? ◻ Yes ◻ No If No, why?		Injuries? ◻ Yes ◻ No If yes, provide details:	
5				◻ CAR Passenger ◻ Witness
	Accident Witness Report Completed? ◻ Yes ◻ No If No, why?		Injuries? ◻ Yes ◻ No If yes, provide details:	
6				◻ CAR Passenger ◻ Witness
	Accident Witness Report Completed? ◻ Yes ◻ No If No, why?		Injuries? ◻ Yes ◻ No If yes, provide details:	

Other Vehicle(s) Involved in the Accident

1

Driver's Name	Driver's Address	Driver's Phone	Number of Passengers
Driver's License #	Vehicle License #	Driver's Insurance Carrier	
Vehicle Owner's Name	Owner's Address	Owner's Phone	Owner's Insurance Carrier

What was the vehicle doing prior to the accident?

- □ Travelling straight ahead
- □ Slowing
- □ Stopped/Parked
- □ Turning Right
- □ Turning Left
- □ Changing Lanes
- □ Overtaking/Passing
- □ Entering traffic lane
- □ Backing
- □ Other _______________

Injuries? □ Yes □ No If yes, provide details:

Place an "x" on the diagram to indicate any damage caused to vehicle #1.

Rear Front

Comments:

2

Driver's Name	Driver's Address	Driver's Phone	Number of Passengers
Driver's License #	Vehicle License #	Driver's Insurance Carrier	
Vehicle Owner's Name	Owner's Address	Owner's Phone	Owner's Insurance Carrier

What was the vehicle doing prior to the accident?

- □ Travelling straight ahead
- □ Slowing
- □ Stopped/Parked
- □ Turning Right
- □ Turning Left
- □ Changing Lanes
- □ Overtaking/Passing
- □ Entering traffic lane
- □ Backing
- □ Other _______________

Injuries? □ Yes □ No If yes, provide details:

Place an "x" on the diagram to indicate any damage caused to vehicle #2.

Rear Front

Comments:

Non-Motorist(s) Involved in the Accident

1

Name	Address	Phone	Injuries? □ Yes □ No If yes, explain:

Type

- □ Pedestrian
- □ Cyclist
- □ Skater
- □ Other _____________

Where was the non-motorist prior to the accident?

- □ Marked crosswalk at intersection
- □ At intersection but no crosswalk
- □ Non-intersection crosswalk
- □ In roadway
- □ On sidewalk
- □ Other ___________

What was the non-motorist doing prior to the accident?

- □ Entering or crossing location
- □ Walking, running, or cycling
- □ Standing
- □ Approaching or leaving vehicle
- □ Other ___________

2

Name	Address	Phone	Injuries? □ Yes □ No If yes, explain:

Type

- □ Pedestrian
- □ Cyclist
- □ Skater
- □ Other _____________

Where was the non-motorist prior to the accident?

- □ Marked crosswalk at intersection
- □ At intersection but no crosswalk
- □ Non-intersection crosswalk
- □ In roadway
- □ On sidewalk
- □ Other ___________

What was the non-motorist doing prior to the accident?

- □ Entering or crossing location
- □ Walking, running, or cycling
- □ Standing
- □ Approaching or leaving vehicle
- □ Other ___________

Property Damage Information (Other than Vehicles)

	Owner Name	Address	Phone	Property & Damage Description
1				
2				
3				

Accident Conditions

Light conditions	Weather Conditions	Road Surface	Traffic Control Device
□ Daylight	□ Clear	□ Dry	□ No controls
□ Dawn	□ Cloudy	□ Wet	□ Stop signs
□ Dusk	□ Rain	□ Snow	□ Traffic control signal
□ Dark - lighted roadway	□ Snow	□ Ice	□ Flashing traffic control signal
□ Dark - roadway not lighted	□ Sleet, hail, freezing rain	□ Sand, mud, dirt, gravel	□ Yield signs
□ Other ___________	□ Fog, smog, smoke	□ Water (standing, moving)	□ School zone signs
	□ Severe crosswinds	□ Slush	□ Warning signs
	□ Blowing sand, snow	□ Other ___________	□ Railroad crossing device
	□ Other ___________		□ Other ___________

CAR Vehicle Details

What was your vehicle doing prior to the crash?

□ Travelling straight ahead	□ Changing Lanes
□ Slowing	□ Overtaking/Passing
□ Stopped/Parked	□ Entering traffic lane
□ Turning Right	□ Backing
□ Turning Left	□ Other

Seatbelt on? □ Yes □ No

Lights on? □ Yes □ No

Wipers on? □ Yes □ No

Direction of Travel? □ N □ S □ E □ W

Vehicle Speed ________ mph

Place an "x" on the diagram to indicate any damage caused to vehicle #1.

Rear

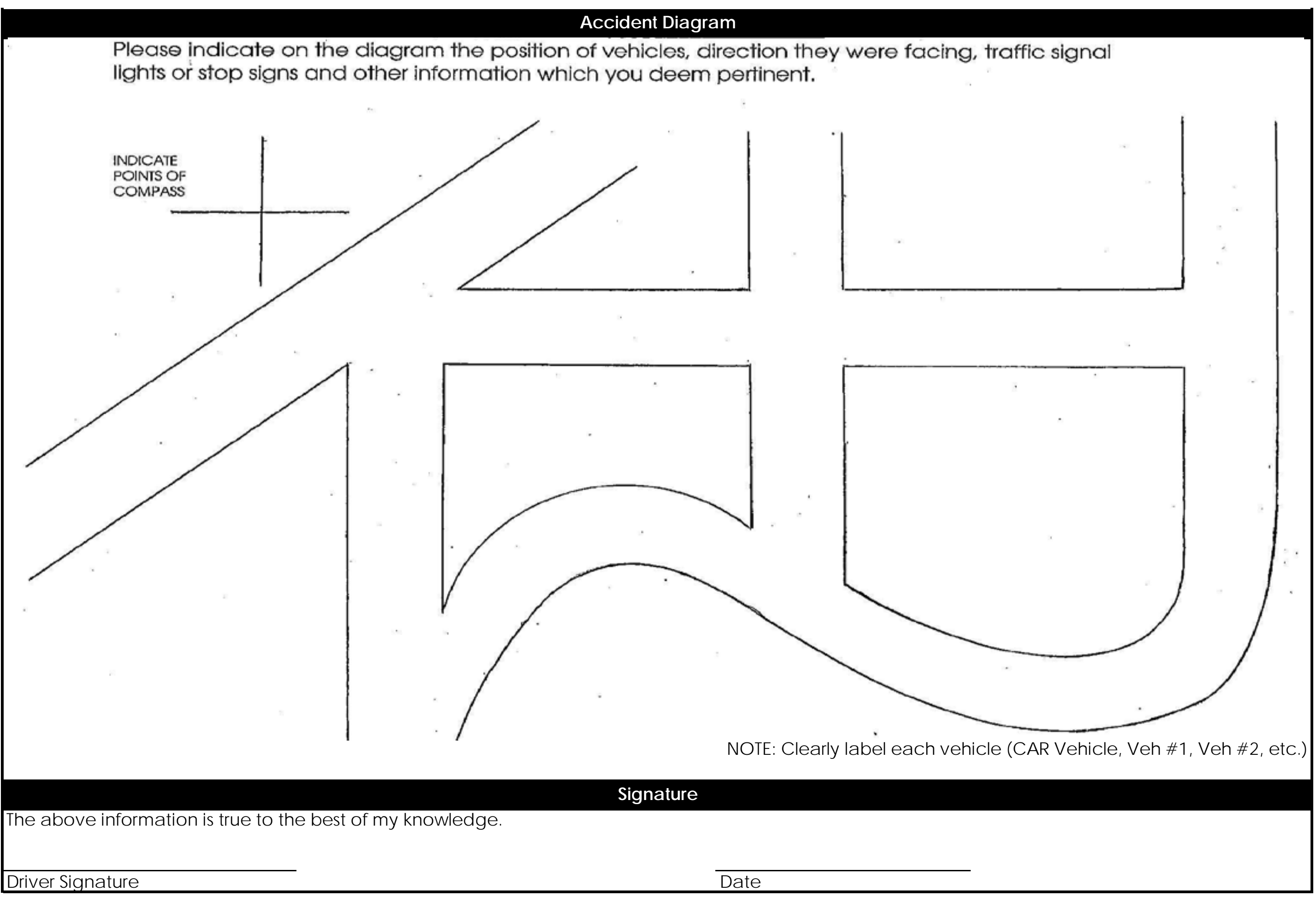
Front

Comments:

Describe the accident in your own words, including as much detail as possible:

In your opinion, how could the accident have been prevented?

Accident Diagram



NOTE: Clearly label each vehicle (CAR Vehicle, Veh #1, Veh #2, etc.)

Signature

The above information is true to the best of my knowledge.

Driver Signature ______________________ Date ______________________