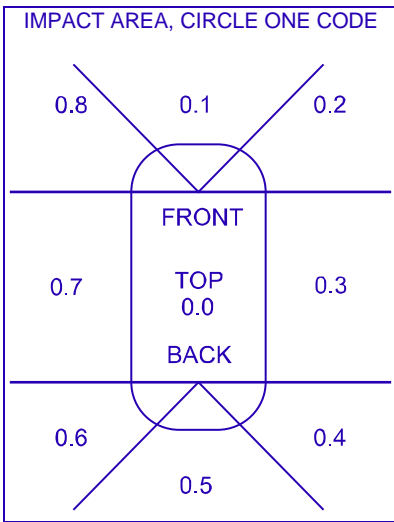




VEHICULAR INCIDENT REPORT

COMPLETE ALL BOXES; IF UNKNOWN, PUT "UNK"; IF NOT APPLICABLE, PUT "NA"



DATE	TIME AND DATE OF ACCIDENT	TIME AND DATE OF NOTIFICATION	VEH NUMBER	MODEL
PLACE	NEAREST CITY OR TOWN		STATE OR PROV.	
	ON (STREET OR HIGHWAY)		<input type="checkbox"/> AT (STREET, HIGHWAY OR OTHER LANDMARK) <input type="checkbox"/> NEAR	
TRIP OR ROUTE	TRIP NO. OR ROUTE NO.	ENROUTE FROM	ENROUTE TO	
POLICE INVESTIGATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, NAME OF OFFICER WITH BADGE #		REPORT NO.	
	IF SO, NAME OF DEPARTMENT OR PATROL & LOCATION			
TICKETS ISSUED? <input type="checkbox"/> V1 DRIVER <input type="checkbox"/> OTHER DRIVER <input type="checkbox"/> NONE		IF SO, CHARGE		

0.9 MULTIPLE AREAS/OVERTURN/BOTTOM

ACCIDENT TYPE	INVOLVING
<input type="checkbox"/> 1.1 OVERTURN	<input type="checkbox"/> 2.3 PEDESTRIAN
<input type="checkbox"/> 1.2 V1 OFF ROAD	<input type="checkbox"/> 2.4 BICYCLIST
<input type="checkbox"/> 1.3 SIDESWIPE	<input type="checkbox"/> 2.5 ANIMAL
<input type="checkbox"/> 1.4 FIXED OBJECT	<input type="checkbox"/> 2.6 PARKED VEHICLE
<input type="checkbox"/> 1.5 INTERSECTION	<input type="checkbox"/> 2.7 YARD OR CITY PROPERTY
<input type="checkbox"/> 1.6 REAR END	<input type="checkbox"/> 2.8 WHEELCHAIR SECUREMENT
<input type="checkbox"/> 1.7 FRONT END	<input type="checkbox"/> 2.9 _____
<input type="checkbox"/> 1.8 _____ OTHER	<input type="checkbox"/> 2.9 _____ OTHER

WHEN POSSIBLE, PHOTOGRAPH THE INSURANCE CARD AND DRIVER'S LICENSE

DAMAGE TO V1 VEHICLE	DESCRIBE DAMAGE	WAS VEHICLE TOWED?
VEH. 2	DRIVER'S NAME	PHONE () ()
	DRIVER'S ADDRESS (STREET & NO., CITY, STATE OR PROV.)	AGE (EST.) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	OWNER'S NAME	PHONE () ()
	OWNER'S ADDRESS (STREET & NO., CITY, STATE OR PROV.)	OPER. LIC. NO. STATE OR PROV.
	DESCRIBE DAMAGE	VEH. YEAR, MAKE & MODEL
	INSURANCE POLICY	VEH. LIC. NO. STATE OR PROV.
DESCRIBE DAMAGE		WAS VEHICLE TOWED?
INSURANCE POLICY		POLICY NUMBER

MOVEMENT

VEHICLE

COV #2 #3

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.1 STRAIGHT AHEAD - PASSING
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.2 STRAIGHT AHEAD - BEING PASSED
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.3 STRAIGHT AHEAD - NOT PASSING OR BEING PASSED
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.4 MERGING / LANE CHANGE
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.5 TURNING LEFT
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.6 TURNING RIGHT
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.7 BACKING
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.8 STOPPED IN TRAFFIC
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.9 STOPPED AT RR CROSSING
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.10 WEAVING
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.11 SKIDDING
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.12 WRONG SIDE
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.13 TD VEHICLE PARKED
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.14 _____ OTHER

VEH. 3	DRIVER'S NAME	PHONE () ()	AGE (EST.)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
	DRIVER'S ADDRESS (STREET & NO., CITY, STATE OR PROV.)	OPER. LIC. NO.	STATE OR PROV.		
	OWNER'S NAME	PHONE () ()	VEH. YEAR, MAKE & MODEL		
	OWNER'S ADDRESS (STREET & NO., CITY, STATE OR PROV.)	VEH. LIC. NO.	STATE OR PROV.		
	DESCRIBE DAMAGE		WAS VEHICLE TOWED?		
	INSURANCE POLICY		POLICY NUMBER		

PEDESTRIAN / BICYLIST

<input type="checkbox"/> 4.1 WALKING/RIDING WITH TRAFFIC
<input type="checkbox"/> 4.2 WALKING/RIDING AGAINST TRAFFIC
<input type="checkbox"/> 4.3 COMING FROM BEHIND PARKED VEH.
<input type="checkbox"/> 4.4 CROSSING AT INTERSECTION
<input type="checkbox"/> 4.5 CROSSING NOT AT INTERSECTION
<input type="checkbox"/> 4.6 ALIGHTING FROM A VEHICLE
<input type="checkbox"/> 4.7 _____ OTHER

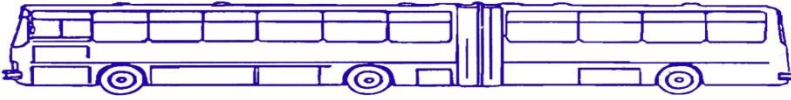
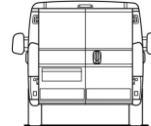
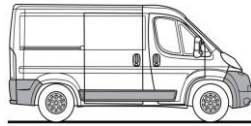
PERSONS IN ACCIDENT	NO. OF PERSONS (INCL. DRIVER)	NO. OF PERSONS COMPLAINING OF INJURY	PERSONS TRANSPORTED TO HOSPITAL	NUMBER PERSONS ADMITTED TO HOSPITAL	VEH. 1	VEH. 2	VEH. 3	S P E E D	POSTED SPEED LIMIT		
									VEH. 1	VEH. 2	VEH. 3
									MPH	MPH	MPH
									MPH	MPH	MPH
ESTIMATED SPEED WHEN DANGER NOTICED											
ESTIMATED SPEED AT IMPACT											
MPH MPH MPH											

PASSENGER INJURY / FALL

<input type="checkbox"/> 5.1 BOARDING VEHICLE
<input type="checkbox"/> 5.2 ALIGHTING FROM VEHICLE
<input type="checkbox"/> 5.3 CAUGHT IN DOORS
<input type="checkbox"/> 5.4 SEATED
<input type="checkbox"/> 5.5 IN MOTION IN VEHICLE
<input type="checkbox"/> 5.6 _____ OTHER

SMARTDRIVE Installed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Was Video Available?	Clip Number.
Was the camera operational? <input type="checkbox"/> YES <input type="checkbox"/> NO		
INCIDENT REPORTED TO TRANSDEV RISK MGMT / WEBRISK <input type="checkbox"/> YES <input type="checkbox"/> NO	REFERENCE NUMBER	
ANYONE TRANSPORTED TO HOSPITAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOSPITAL NAME	CITY & STATE

MARK "X" WHERE DAMAGE OR CONTACT OCCURRED

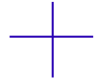


INSTRUCTIONS

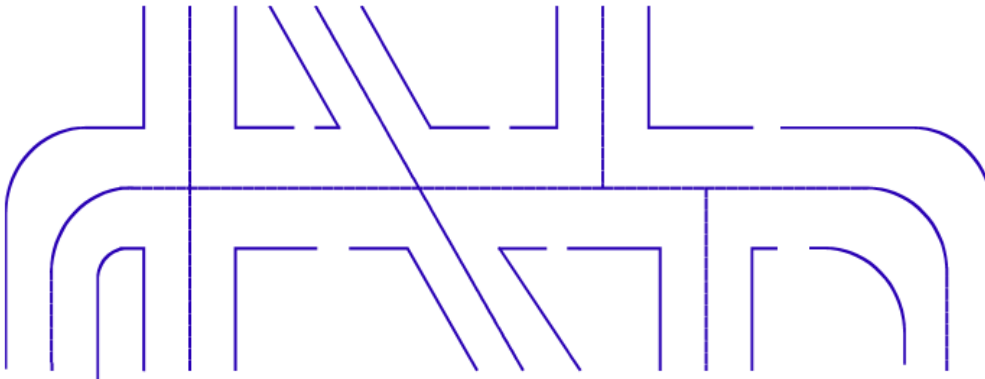
- Choose sections of diagram that will show outline of roadway at place of accident.
- Use solid line to show path of vehicle BEFORE accident: 1
dotted line AFTER accident: 1
- Number each vehicle and show direction of travel by arrow: 1 2
- Show PEDESTRIAN by: ○

- Show RAILROAD by: + + + + +
- Show TRAFFIC LIGHT by: *
- Show STOP SIGN by: ◇
- Indicate distance and direction from point of impact to nearest bridge, culvert or other landmarks.
- Indicate names of streets or route numbers of roadways.

Complete the following diagram showing direction & position of vehicles or property involved, designating clearly point of contact.



Indicate points of compass N.E.S.W.



TRAFFIC LANES		ROADWAY		SIGNALS	PAVING	WEATHER	LIGHT
NO. OF LANES	9.1 <input type="checkbox"/> LANES MARKED	10.1 <input type="checkbox"/> STRAIGHT	10.7 <input type="checkbox"/> DRY	11.1 <input type="checkbox"/> STOP SIGN	12.1 <input type="checkbox"/> CEMENT	13.1 <input type="checkbox"/> CLEAR	15.1 <input type="checkbox"/> DAYLIGHT
	9.2 <input type="checkbox"/> LANES UNMARKED	10.2 <input type="checkbox"/> CURVE	10.8 <input type="checkbox"/> WET	11.2 <input type="checkbox"/> TRAFFIC LIGHT	12.2 <input type="checkbox"/> BRICK	13.2 <input type="checkbox"/> RAIN	15.2 <input type="checkbox"/> DARK
WIDTH OF EACH FT.	9.3 <input type="checkbox"/> NO ROAD DEFECTS	10.3 <input type="checkbox"/> DOWN GRADE	10.9 <input type="checkbox"/> MUDDY	11.3 <input type="checkbox"/> POLICEMAN	12.3 <input type="checkbox"/> ASPHALT	13.3 <input type="checkbox"/> SNOW	15.3 <input type="checkbox"/> DUSK
	9.4 <input type="checkbox"/> HOLES, RUTS, ETC.	10.4 <input type="checkbox"/> UP GRADE	10.10 <input type="checkbox"/> SNOWY	11.4 <input type="checkbox"/> WARNING SIGNAL	12.4 <input type="checkbox"/> GRAVEL	13.4 <input type="checkbox"/> SLEET	15.4 <input type="checkbox"/> DAWN
<input type="checkbox"/> DIVIDED	9.5 <input type="checkbox"/> LOOSE MATERIAL	10.5 <input type="checkbox"/> LEVEL	10.11 <input type="checkbox"/> ICY	11.5 <input type="checkbox"/> R.R. GATES	12.5 <input type="checkbox"/> _____ (OTHER)	13.5 <input type="checkbox"/> FOG	IF DARK, WAS HIGHWAY LIGHTED?
<input type="checkbox"/> _____ (OTHER)	9.6 <input type="checkbox"/> _____ (OTHER)	10.6 <input type="checkbox"/> HILL CREST		11.6 <input type="checkbox"/> YIELD SIGN		13.6 <input type="checkbox"/> _____ (OTHER)	15.5 <input type="checkbox"/> YES <input type="checkbox"/> NO
		FLAGS, FLARES, FUSES, ETC. DISPLAYED 10.12 _____		11.7 <input type="checkbox"/> _____ (OTHER)			15.6 <input type="checkbox"/> _____ (OTHER)
				11.8 <input type="checkbox"/> NOT WORKING			
					LOCATION		
					14.1 <input type="checkbox"/> CITY & SUBURBAN	14.3 <input type="checkbox"/> INTERSECTION	
					14.2 <input type="checkbox"/> RURAL	14.4 <input type="checkbox"/> NON-INTERSECT.	
						14.5 <input type="checkbox"/> CITY PROPERTY	

DRIVER: DESCRIBE ACCIDENT FULLY (CONTINUE ON PAGE THREE IF NECESSARY.)

Blank space for the driver to describe the accident in detail.

