**Vehicle Accident Report**

Date\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_ Driver Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VIN #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Plate # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weather conditions (check all that apply): \_*\_\_\_\_Clear \_\_\_\_\_Raining \_\_\_\_\_Snowing*

*\_\_\_\_\_Sleeting \_\_\_\_\_Dust/Smoke \_\_\_\_\_Fog*

*\_\_\_\_\_High Wind \_\_\_\_\_Other*

Road Surface: \_*\_\_\_\_Asphalt \_\_\_\_\_Concrete \_\_\_\_\_Gravel \_\_\_\_\_Dirt*

Road Conditions: \_*\_\_\_\_Dry \_\_\_\_\_Wet \_\_\_\_\_Icy \_\_\_\_\_Snow Covered \_\_\_\_\_Other*

Traffic Control: \_*\_\_\_\_Yes \_\_\_\_\_No* Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seat Belts Fastened Driver: \_*\_\_\_\_Yes \_\_\_\_\_No* Passengers: \_*\_\_\_\_Yes \_\_\_\_\_No*

Photos taken at scene \_*\_\_\_\_Yes \_\_\_\_\_No (*photos should include all vehicles and/or any stationary items involved)

OTHER DRIVER INFO

Driver Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Other Vehicle\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Plate #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe what happened. Indicate movement of involved vehicles. Provide a sketch in the box on the next page.

Injuries to driver and/or passengers:

Was there any exposure to blood or other body fluids? \_*\_\_\_\_Yes \_\_\_\_\_No*

Was proper protection used in dealing with this situation? \_*\_\_\_\_Yes \_\_\_\_\_No*

If any other property was damaged, please note and describe. Also state ownership of that property.

ASSISTING POLICE OFFICER INFO

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Badge #\_\_\_\_\_\_\_\_\_\_\_\_ Headquarters\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Police report made \_*\_\_\_\_Yes \_\_\_\_\_No*

*Citation Issued* \_*\_\_\_\_Yes \_\_\_\_\_No*

*If so, what for?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Driver’s signature* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Supervisor’s signature*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date viewed video*\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Add names of passengers and witnesses on the next page. Indicate bus damage on diagrams.*

*Name*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Age\_\_\_ Name*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Age\_\_\_*

*Address*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Address* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Phone #* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Phone #* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\_\_\_ Bus Passenger \_\_\_Vehicle Passenger \_\_Witness \_\_\_ Bus Passenger \_\_\_Vehicle Passenger \_\_Witness*

*Describe any injuries*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Describe any injuries*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*Was immediate medical attention needed? \_\_Yes \_\_No Was immediate medical attention needed? \_\_Yes \_\_No*

*Name*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Age\_\_\_ Name*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Age\_\_\_*

*Address*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Address* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Phone #* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Phone #* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\_\_\_ Bus Passenger \_\_\_Vehicle Passenger \_\_Witness \_\_\_ Bus Passenger \_\_\_Vehicle Passenger \_\_Witness*

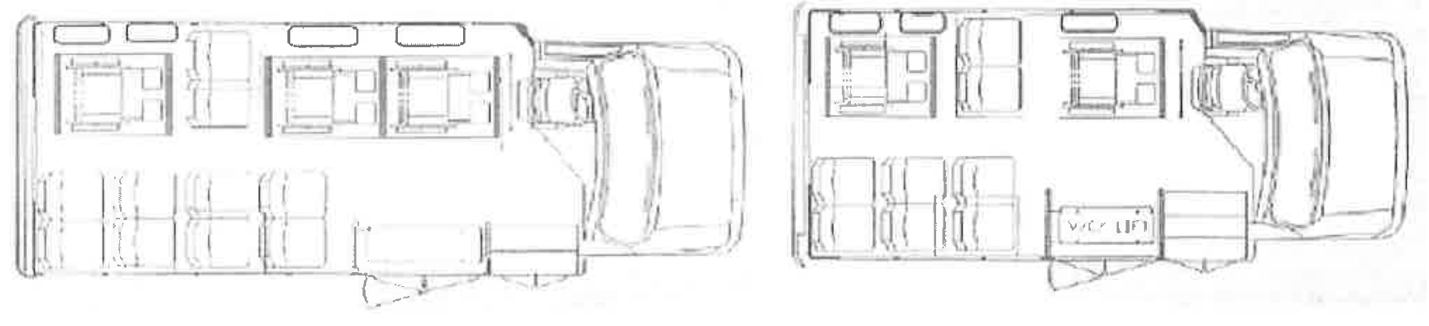
*Describe any injuries*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Describe any injuries*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*Was immediate medical attention needed? \_\_Yes \_\_No Was immediate medical attention needed? \_\_Yes \_\_No*

*Sketch*

*Please note where damage was done to the bus.*

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