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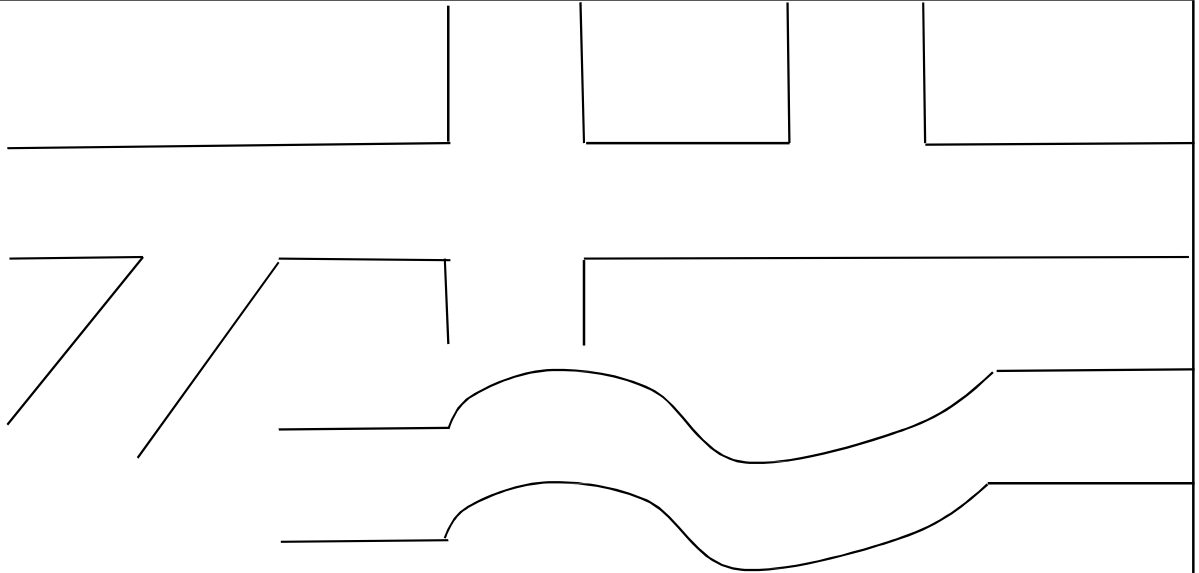
Vehicle Accident Report

(Other than buses)

CONFIDENTIAL DOCUMENT
For use by School District and CRMA only.

School District Burrel Union Elementary		School Site – Name and Address			
Time & Place	Date & Time of Loss:	Location of Accident:			
District Vehicle	Year	Make	Model	Vehicle No.	Vehicle ID No.
	Name of District Driver:			Operator's License No.	Telephone:
	Position:		Dept:	Home Address:	
	Purpose for which vehicle was in use at the time of the accident:				
	Police Notified?		Describe how accident occurred:		
	Other Information:				
	Estimated cost of repair:		Description of damages:		
Other Vehicle	Year	Make	Model	Vehicle License No.	Operator's License No.
	Owner:			Address:	Telephone Number:
	Driver:			Address:	Telephone Number:
	Insurance Company:			Policy No.	Telephone Number:
Passengers in Vehicle	Other Information:				
	Name & Address:			Telephone No.	Vehicle:
	Name & Address:			Telephone No.	Vehicle:
	Name & Address:			Telephone No.	Vehicle:
Were any drivers or passengers injured?		Yes	No	Indicate injured parties below:	
Name		Address		Vehicle 1 Driver	Vehicle 2 Pass.
Prepared by:		Date & Time:		Signature:	

INDICATE NORTH WITH AN ARROW



Indicate in the diagram the layout of vehicles, etc. for this accident as close as possible to the actual scene as you can remember. Give your complete description of this accident below.

TRAFFIC LANES		ROADWAY		SIGNALS		PAVING		WEATHER		LIGHT	
NO. OF LANES	<input type="checkbox"/> LANES MARKED <input type="checkbox"/> LANES UNMARKED	<input type="checkbox"/> STRAIGHT <input type="checkbox"/> CURVE	<input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> MUDDY <input type="checkbox"/> SNOWY <input type="checkbox"/> ICY <input type="checkbox"/> OILY	<input type="checkbox"/> STOP SIGN <input type="checkbox"/> TRAFFIC LIGHT <input type="checkbox"/> POLICEMAN <input type="checkbox"/> WARNING SIGNAL <input type="checkbox"/> R.R. GATES	<input type="checkbox"/> CEMENT <input type="checkbox"/> TARVIA <input type="checkbox"/> BRICK <input type="checkbox"/> ASPHALT <input type="checkbox"/> GRAVEL <input type="checkbox"/> NONE	<input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> SLEET <input type="checkbox"/> FOG	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DARK <input type="checkbox"/> DUSK <input type="checkbox"/> DAWN	<input type="checkbox"/> DIVIDED. FT. _____ <input type="checkbox"/> _____ (OTHER)		IF DARK, WAS HIGHWAY LIGHTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NO ROAD DEFECTS HOLES, RUTS, ETC. LOOSE MATERIAL		UP GRADE LEVEL HILLCREST		(OTHER)		LOCATION <input type="checkbox"/> CITY & SUBURBAN <input type="checkbox"/> RURAL		(OTHER)			
(OTHER)		FLAGS, FLARES, FUSEES, ETC. DISPLAYED:		<input type="checkbox"/> WORKING <input type="checkbox"/> NOT WORKING		<input type="checkbox"/> INTERSECTION <input type="checkbox"/> NON-INTERSECTION					

	LOCATION ON ROADWAY WHEN DANGER NOTICED	DIRECTION TRAVELING	DISTANCE TO IMPACT	LOCATION ON ROADWAY AT IMPACT	DISTANCE TRAV. AFTER IMPACT	LENGTH OF SKID MARKS
Dist Veh			FT.		FT.	FT.
OTHER VEH.					FT.	FT.

DESCRIBE ACCIDENT FULLY (CONTINUE ON ADDITIONAL SHEET IF REQUIRED.)

Empty space for describing the accident details.

SIGNATURE OF DRIVER'S SUPERVISOR

DATE

DRIVER'S SIGNATURE

DATE OF REPORT