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Vehicle Accident Report

(Other than buses)

CONFIDENTIAL DOCUMENT
For use by School District and CRMA only.

School District Alview-Dairyland		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 Driver
				Pass.	Pass.
Prepared by:		Date & Time:		Signature:	



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

	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						
OTHER VEH.			FT.		FT.	FT.
					FT.	FT.

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

[illegible]

DATE OF REPORT