ACCIDENT SCENE

Instructions for Accident Diagram

Fill in dotted lines to correspond with road at accident site. Show position of all vehicles, pedestrians, etc., as follows:

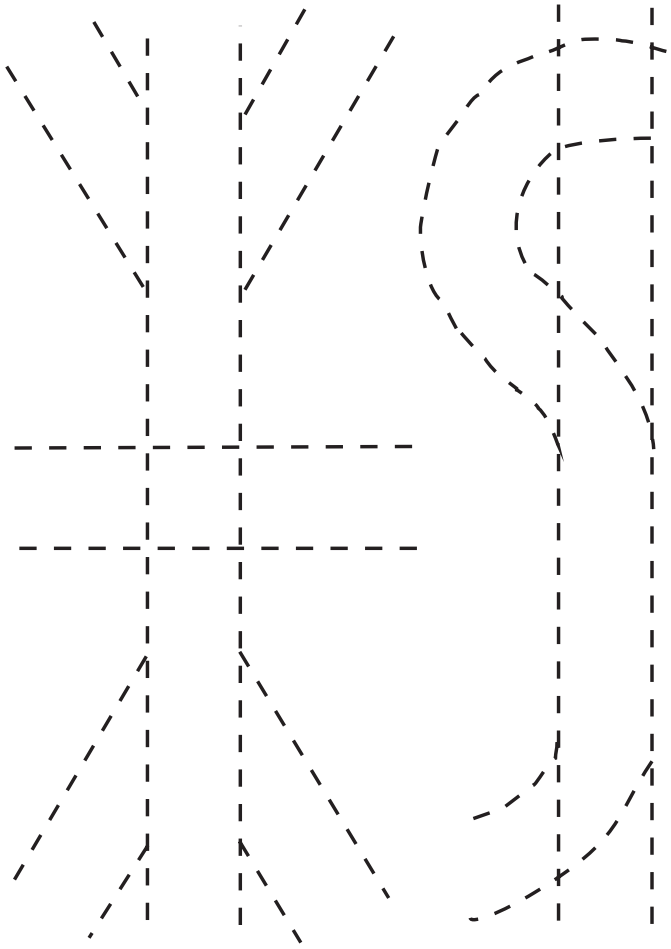
Your vehicle **1**

Other vehicle(s) **2** Numbered successively.

Pedestrian

Traffic signal

Traffic sign (indicate type)



Signature _____

Date _____

DRIVER'S ACCIDENT REPORTING KIT

To Be Completed at Accident Scene

Driver's Name _____ Age _____

License No. _____

Phone No. _____

Vehicle Owner / Home Terminal _____

Equipment No. _____ Tractor: _____ TLR: _____

A. DATE, TIME, PLACE

Date _____ : Time _____ AM; _____ PM _____

In _____

(City or Town) (County) (State)

On _____

(Street or Highway)

At _____

(Street Address or Intersection)

Distance and
Direction from: _____

(Nearest community junction, etc.)

❒ Open Country ❒ Business-Shopping

❒ Residential ❒ Manufacturing-Industrial

❒ Other (Describe) _____

B. WITNESSES

Persons seeing the accident will be of service to our driver by giving their names and addresses.

NAME _____

Address _____ Phone _____

NAME _____

Address _____ Phone _____

License number and descriptions of first vehicles at scene.

_____

_____

INVESTIGATING OFFICER

Name _____

Badge No. _____ Dept. _____

Citation: You _____ Other _____

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C. THOSE INVOLVED

COMPANY VEHICLE (VEHICLE #1)

Make & Model _____

Vin. No. _____ Fleet No. _____

Tag No. & State _____

OTHER VEHICLE (VEHICLE #2)

Make & Model _____

Tag No. & State _____

Driver _____

Address _____

Driver's License No. _____

Name, address and phone of owner (if not the driver) _____

_____

_____

Insurance Co. _____ Policy No. _____

OTHER VEHICLE (VEHICLE #3)

Make & Model _____

Tag No. & State _____

Driver _____

Address _____

Driver's License No. _____

Name, address and phone of owner _____

_____

_____

Insurance Co. _____ Policy No. _____

If other vehicles attach all information.

INJURED PERSONS

Number of persons injured _____ Killed _____

Name _____ Age _____

Address _____

Injuries _____

Where taken _____

Name _____ Age _____

Address _____

Injuries _____

Where taken _____

Estimate of property damage $ _____

D. TYPE OF ACCIDENT

❒ Collision with Other Vehicle ❒ Collision with Fixed Object

	Veh. 1	Veh. 2	Veh. 3
❒ Ran off Road	❒	❒	❒
❒ Overturn in Road	❒	❒	❒
❒ Mechanical Defect	❒	❒	❒
❒ Fire	❒	❒	❒
❒ Loading or Unloading	❒	❒	❒
❒ Boarding / Alighting	❒	❒	❒
❒ Occupant fell out	❒	❒	❒
❒ Occupant injured inside vehicle	❒	❒	❒

❒ Other _____

PEDESTRIAN ACTION

Crossing at Intersection ❒ Between Intersections ❒

With Signal ❒ Against Signal ❒

No Signal ❒ Diagonally ❒

Walking in Roadway ❒ Sidewalk ❒ No Sidewalk ❒

With Traffic ❒ Against Traffic ❒

Other (Describe): _____

_____

E. VEHICLE MOVEMENT

	Veh. 1	Veh. 2	Veh. 3
Straight Ahead	❒	❒	❒
Turning Right	❒	❒	❒
Turning Left	❒	❒	❒
Slowing or Stopping	❒	❒	❒
Stopped in Traffic	❒	❒	❒
Starting in Traffic	❒	❒	❒
Starting from Curb or Shoulder	❒	❒	❒
Parked	❒	❒	❒
Backing	❒	❒	❒
U-Turn	❒	❒	❒
Skidding	❒	❒	❒
Overtaking	❒	❒	❒
Weaving	❒	❒	❒
Wrong Side	❒	❒	❒
Crowded off Road	❒	❒	❒
Evasive Action	❒	❒	❒

Other _____

_____

_____

F. VEHICLE CONDITION

MECHANICAL CONDITION

	Veh. 1	Veh. 2	Veh. 3
No Defect	❒	❒	❒
Lights	❒	❒	❒
Brakes	❒	❒	❒
Tires / Wheels	❒	❒	❒
Engine	❒	❒	❒
Couplings	❒	❒	❒
Windshield / Windows	❒	❒	❒
Disabled	❒	❒	❒

Other _____

G. ROADWAY CONDITIONS AND CONTROLS

❒ Not at Intersection ❒ Bridge / Overpass
❒ Street Intersection ❒ Underpass
❒ Drive or Alley ❒ Private property
❒ Crosswalk ❒ Other off-street
Other (describe) _____
❒ Not Divided ❒ Divided ❒ Limited Access
❒ No. of Lanes 2 3 4 6 _____
(Specify)

ROAD SURFACE

❒ Lanes Marked ❒ Unmarked
❒ Concrete ❒ Gravel
❒ Blacktop ❒ Other Unpaved
❒ Metal Grating (Bridge)
❒ Other (specify) _____
❒ No Defects ❒ Mud
❒ Dry ❒ Loose Material
❒ Wet ❒ Cracks, holes, etc.
❒ Ice ❒ Fresh Oil
❒ Snow ❒ Under construction or repair _____
❒ Other (describe)
❒ Straight ❒ Level ❒ Hills ❒ Steep ❒ Moderate
❒ Curve ❒ R ❒ L ❒ Sharp ❒ Moderate

TRAFFIC CONTOLS

❒ Traffic Light ❒ RR Crossing Signal / Gate
❒ Stop Sign ❒ No Traffic Control
❒ Yield Sign ❒ Posted Speed Limit _____
❒ Police Officer ❒ Other _____
Were controls operating? ❒ Yes ❒ No

WEATHER CONDITIONS

❒ Clear ❒ Daylight
❒ Snow ❒ Dawn
❒ Sleet ❒ Sunset
❒ Fog ❒ Dark - road lighted
❒ Rain ❒ Dark - road unlighted
❒ Other (specify) _____

H. PROPERTY DAMAGE

Point of Impact

	Veh. 1	Veh. 2	Veh. 3
Front	❒	❒	❒
Rear	❒	❒	❒
Right Front	❒	❒	❒
Left Front	❒	❒	❒
Right Rear	❒	❒	❒
Left Rear	❒	❒	❒
Right Side	❒	❒	❒
Left Side	❒	❒	❒
Roof	❒	❒	❒

Other _____
Cargo Weight / Type: _____
_____
Cargo Damage: _____
_____
Other Property Damage: _____
_____

I. MISCELLANEOUS INFORMATION

Time you reported for duty: _____
_____
Total preceding hours off duty: _____
_____
Hours since last sleep at time of going on duty: _____
_____
Hours on duty at time of accident: _____
_____
Total rest-stop time since going on duty: _____
_____
Total other time, loading, etc.: _____
_____

Place of reporting on duty: _____

Destination this trip: _____

Miles traveled this trip
until time of accident: _____

ICC Permits: _____

Trailer owned by others: Yes ❒ No ❒
If yes, by whom _____

Result of drug/alcohol tests _____

J. WHAT HAPPENED?

At what distance did you first see danger? _____ Ft.

How fast were you going? _____ MPH

What was your speed at impact? _____ MPH

How far did your vehicle go after impact? _____ Ft.

Describe in your own words the circumstances of the accident:

Describe damage to:

Your vehicle: _____

Other vehicles: _____

Cargo: _____

Property: _____

COMMENTS AND ADDITIONAL INFORMATION