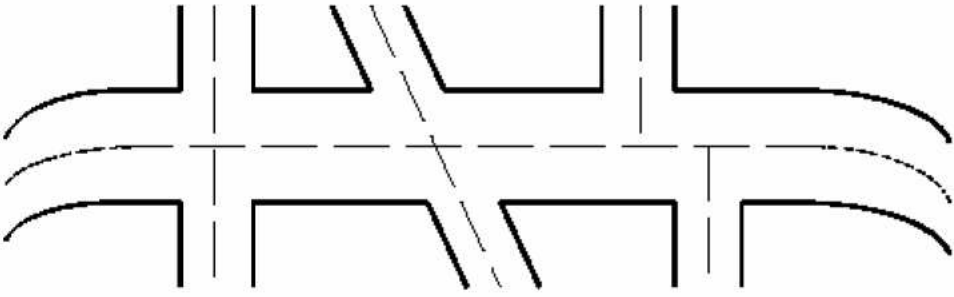


Company Name:		MOTOR VEHICLE ACCIDENT REPORT	
		DATE OF ACCIDENT:	
DRIVER'S NAME	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	
DRIVER'S HOME ADDRESS		DRIVER'S HOME TELEPHONE #	
DEPARTMENT/TERMINAL		WORK TELEPHONE NUMBER	
VIN NUMBER	EST. REPAIR COST	YR. OF VEHICLE	MAKE
MODEL	# OF PASSENGERS	SEAT BELTS USED <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE VEHICLE DAMAGE:			
SECTION II – OTHER VEHICLE DAMAGE			
DRIVER'S NAME		LICENSE #	
DRIVER'S WORK ADDRESS		WORK TELPHONE NUMBER	
DRIVER'S HOME ADDRESS		HOME TELEPHONE NUMBER	
DESCRIBE VEHICLE DAMAGE		ESTIMATED REPAIR COST	
YEAR OF VEHICLE	MAKE OF VEHICLE	MODEL	TAG NUMBER AND STATE
VIN #			
DRIVER'S INSURANCE COMPANY AND ADDRESS		POLICY #	
		TELEPHONE NUMBER	
VEHICLE IS <input type="checkbox"/> CO OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED		OWNERS NAME	
SECTION III – KILLED OR INJURED			
NAME		AGE	SEX
ADDRESS			
MARK IN TWO APPROPRIATE BOX(ES) <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		LOCATION IN VEHICLE	FIRST AID GIVEN BY
TRANSPORTED BY		TRANSPORTED TO	

This information may not address all hazardous conditions at your location
 and does not warrant workplace safety or compliance with federal, state or local laws.

PEDESTRIAN	NAME OF STREET OR HIGHWAY	DIRECTION OF PEDESTIRAN
	DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, diagonally, in roadway, playing, walking)	

SECTION IV – ACCIDENT TIME AND LOCATION	
DATE OF ACCIDENT	PLACE OF accident (street address, city, state, zip; nearest landmark, distance nearest intersection. Kind of locality (industrial, residential, rural, etc. Road description.
TIME OF ACCIDENT <input type="checkbox"/> AM <input type="checkbox"/> PM	
INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED.	
Use one of these outlines to sketch the scene. Write in street or highway names or numbers. Vehicle 1 is your company's vehicle. Show NORTH with arrow.	
DESCRIBE WHAT HAPPENED. (Refer to vehicles as 1, 2, and 3 with 1 being your company's vehicle. Please include information on posted speed limit, approximate speed of the vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signals, etc.) condition of light and drive actions (making U-turn, passing, stopped in traffic, etc.)	

This information may not address all hazardous conditions at your location and does not warrant workplace safety or compliance with federal, state or local laws.

SECTION V – WITNESS/PASSENGER			
	NAME	WORK ELEPHONE	HOME TELEPHONE
	BUSINESS ADDRESS	HOME ADDRESS	
	BUSINESS ADDRESS	HOME ADDRESS	
SECTION VI – PROPERTY DAMAGE			
NAME OF OWNER		WORK TELEPHONE	HOME TELEPHONE
BUSINESS ADDRESS		HOME ADDRESS	
NAME OF INSURANCE COMPANY		TELEPHONE NUMBER	POLICY NUMBER
ITEM DAMAGED	LOCATION OF DAMAGED ITEM	ESTIMATED COST	
SECTION VII – POLICE INFORMATION			
NAME OF POLICE OFFICER	BADGE #	TELEPHONE NUMBER	
DEPARTMENT	PERSON CHARGED WITH ACCIDENT	VIOLATIONS	
SECTION IX – ACCIDENT INVESTIGATION DATA			
<p>DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, EXPLAIN BELOW.</p>			
PERSONS INTERVIEWED			
NAME	DATE	NAME	DATE
NAME	DATE	NAME	DATE

This information may not address all hazardous conditions at your location and does not warrant workplace safety or compliance with federal, state or local laws.

NAME	DATE	NAME	DATE
NAME	DATE	NAME	DATE
SECTION XII - ATTACHMENTS			
LIST ALL ATTACHMENTS BELOW:			
SECTION XIII – COMMENTS/APPROVAL			
REVIEWING OFFICIALS COMMENTS:			
ACCIDENT INVESTIGATOR		ACCIDENT REVIEWING OFFICIAL	
SIGNATURE AND DATE		SIGNATURE AND DATE	
NAME – PRINTED		NAME – PRINTED	
TITLE		TITLE	
OFFICE		OFFICE	
OFFICE TELEPHONE NUMBER		OFFICE TELEPHONE NUMBER	

ATTACH PHOTOS AS NECESSARY

This information may not address all hazardous conditions at your location and does not warrant workplace safety or compliance with federal, state or local laws.

[illegible]

Page 5 of 8

NAME					
ADDRESS					
PH #					

NAME					
ADDRESS					
PH #					
NAME					
ADDRESS					
PH #					
NAME					
ADDRESS					
PH #					
NAME					
ADDRESS					
PH #					
NAME					
ADDRESS					
PH #					
NAME					
ADDRESS					
PH #					
NAME					
ADDRESS					
PH #					
NAME					
ADDRESS					
PH #					
NAME					
ADDRESS					
PH #					
NAME					
ADDRESS					
PH #					
NAME					
ADDRESS					
PH #					
NAME					
ADDRESS					
PH #					

This information may not address all hazardous conditions at your location
and does not warrant workplace safety or compliance with federal, state or local laws.

NAME			
ADDRESS			
PH #			
NAME			
ADDRESS			
PH #			
NAME			
ADDRESS			
PH #			
NAME			
ADDRESS			
PH #			

This information may not address all hazardous conditions at your location
and does not warrant workplace safety or compliance with federal, state or local laws.