Accident Report Form

Make written report on this form for all collisions occurring regardless of how trivial or unimportant the collision may seem.

Office Use ONLY!

Claim No.: _____

Classification: _____

Sec. No.: _____

Severity: _____

Van Driver	Name: _____ Address: _____ Work Phone: _____ Home Phone: _____ Diver's License No.: _____ State: _____
Time and Date	Date: _____ Time: _____
Place of Accident	On: _____ At/Near:_____
Light	[ ] Daylight [ ] Semi-dark [ ] Dark, no street lights [ ] Dark, street lights
Weather	[ ] Fair [ ] Mist [ ] Rain [ ] Snow [ ] Sleet [ ] Fog
Street Surface	[ ] Dry [ ] Wet [ ] Snow [ ] Icy [ ] Muddy [ ] Oily
Traffic Control	[ ] Traffic signal [ ] Officer directing [ ] School zone [ ] Slow or danger sign on operating street [ ] Slow or danger sign on intersecting street [ ] Stop sign on operating street [ ] Stop sign on intersecting street
Motion of Van	[ ] Slowing/stopping [ ] Stopped [ ] Right turn or curve [ ] Left turn or curve [ ] Proceeding straight [ ] Pulling out of zone [ ] Changing lanes [ ] Backing