

## Accident Report

- Remove vehicle from traffic. Examine the vehicle. Check in with all passengers.
- Keep all children in the vehicle if it is safe; otherwise, remove them to safety.
- Direct someone to call for medical aid, if needed.
- Call camp at 1-800-OUR-CAMP.
- Get contact information from all witnesses possible; list on back of this form.
- Discuss accident only with police. Note Badge Number \_\_\_\_\_, Precinct \_\_\_\_\_  
Officer's Name \_\_\_\_\_

.....  
Date and Time of Accident \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_:\_\_\_\_ a.m. / p.m.

Exact Location \_\_\_\_\_

	Our Vehicle	Other Vehicle(s)
Direction Traveling		
Speed (miles per hour)		
Pavement Condition (wet/grit)		
Controls (stop sign, yield, light)		
Number of Lanes, Travel Lane		
Weather		

Briefly, what happened? \_\_\_\_\_  
\_\_\_\_\_

Other Vehicle's Driver's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

License Number and State \_\_\_\_\_ Expiration \_\_\_\_\_

Car Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Plate Number \_\_\_\_\_ Insurance Company \_\_\_\_\_

Other Vehicle's Owner \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

List information for additional vehicles on the back of this form.

If any camper or staff is taken to hospital, list name(s), hospital name, and fax number: \_\_\_\_\_  
\_\_\_\_\_