Appendix G: Accident Report Form

Accident Call Record
Incoming Call

ACCIDENT PARTICULARS

Driver_____ Unit # 's_____ Date_____ Time_____
Location (of accident)_____ Driver location (if different) _____
HazMat? Yes □ No □ Classification? _____
Police? Yes □ No □ Officer Name:_____ Badge # _____
Accident Description _____
_____
_____

EMERGENCY RESPONSE PARTICULARS

Fatalities? Yes □ No □ Injuries? Yes □ No □ Require emergency medical response? Yes □ No □

Transportation by Ambulance required? Yes □ No □ Name of Hospital?_____
Type of injury(s) _____
No. of occupants in your vehicle?_____ No. of occupants in other vehicle? _____

VEHICLES AND CARGO
# of vehicles involved __ Damage to your vehicle? Yes □ No □ Damage to other vehicle? Yes □ No □
Damage to your cargo? Yes □ No □ Extent of damage _____

ROADWAY PARTICULARS (Check Appropriate Boxes)

Accident Occurred On	No. Of Lanes	Road Conditions	Lighting
□ Straightaway	□ 2 lanes	□ Dry □ Snowy □ Construction	□ Dark – lighted □ Daylight
□ Hilltop	□ 3 lanes	□ Wet □ Muddy □ Paved	□ Dark – unlighted □ Dusk
□ Level □ Ramp	□ 4 lanes	□ Icy □ Debris □ Gravel	□ Dawn
□ Curve □ Intersection			

Type of Roadway	Traffic Controls	Weather
□ Divided □Undivided	□ Stop Sign □ No traffic control	□ Clear □ Snow □ Cloudy
□ Lighted □Unlighted	□ Traffic light □ Other_____	□ Fog □ Smoke □ Rain
□ Urban □Rural		□ Hail □ Blowing Snow
		□ Severe Wind

REMINDERS

□ Set up warning devices □ Discuss accident ONLY with proper authorities □ Obtain witness information
□ Secure vehicle & cargo □ Complete Driver's Report

Report Received by: _____ Title:_____
Date: _____ Time: _____