MOTOR VEHICLE
ACCIDENT REPORT

FILE NO:.....

☐ PREVENTABLE
☐ NOT PREVENTABLE
☐ REPORTABLE
☐ NOT REPORTABLE

READ CAREFULLY - FILL OUT COMPLETELY

TIME

Date of Accident: ....., 20.. Day of Week: ..... Hour: ..... a.m. p.m.

LOCATION

PLACE WHERE ACCIDENT OCCURRED:

☐ CITY
☐ SUBURBAN
☐ RURAL

City, town
County ..... or township .....
.....miles..... ☐ limits of .....
(north - south) City or town
.....miles..... ☐ corner of .....
(east - west)

ROAD ON WHICH ACCIDENT OCCURRED: _____
Name of street or highway (U.S. or State)

☐ AT ITS INTERSECTION _____

OR
☐ NOT AT INTERSECTION (Check and Complete One)
.....feet..... (north - south)
.....feet..... (east - west)
Name of intersecting street or highway number
of _____
Show nearest intersecting street or highway, house number, curve, bridge, railroad crossing or other identifying landmark. Show exact distance using two directions and distances if necessary.

ACCIDENT INVOLVED

MOVING
☐ Another comp vehicle
☐ Passenger car
☐ Pedestrian
☐ ----------
(Specify other)

FIXED
☐ Building or Fixture
☐ Parked vehicle
☐ ----------
(Specify Other)

TYPE

☐ Head On	☐ Rear End, Other Hit Us	☐ Backing Hit Object
☐ Sideswipe - Right Turn Squeeze	☐ Right Angle - From Right	☐ Hit Parked Car
☐ Sideswipe - Left Turn Squeeze	☐ Right Angle - From Left	☐ Overhead Object
☐ Sideswipe - Overtaking (same direction)	☐ Off Road or Jackknife - Nothing Hit	☐ Fixed Object Other Than Bridge
☐ Sideswipe - Opposing (opposite direction)	☐ Off Road or Jackknife - Hit Something	☐ Water Tank
☐ Rear End, We Hit Other In The Rear	☐ Left Turn in Front of Other Car	☐ Other:_____

DRIVERS

COMPANY VEHICLE #1

Driver's Name: _____
Address: _____
City and State: _____
Driver's License: _____
Date Employed: _____ Age: _____ Sex: _____

Hours on duty since last period of 8 consecutive hours off duty. _____
Actual hours of driving since last period of 8 consecutive hours of off duty _____
Condition of Driver: _____

VEHICLE #2

Driver's Name: _____
Address: _____
City and State: _____
Driver's License: _____
Driving Experience Yrs: _____ Age: _____ Sex: _____

(If Vehicle is Driven by Someone Other Than the Owner)

Owner's Name: _____
Address: _____
City and State: _____
VIN: _____
License Plate No: _____

Company Vehicle # 1	Vehicle # 2	Type of Vehicle
☐	☐	Compact Car (wheelbase equal to or less than 111 inches
☐	☐	Intermediate Car (wheelbase greater than 111 inches but less than 120
☐	☐	Full Size Car (wheelbase equal to or greater than 120 inches
☐	☐	Motorcycle
☐	☐	Bus
☐	☐	Light or Single-Unit Truck (pick-up, panel-van, or small truck)
☐	☐	Truck Tractor (single motorized transport device without trailer or semi-trailer)
☐	☐	Truck Combination (truck tractor or single-unit truck with an attached trailer or semi-trailer)
$ _____	$ _____	Approximate Vehicle Damage
$ _____	$ _____	Other Damage
_____	_____	Vehicle Make
_____	_____	Vehicle Model

INJURED

	Name	Address	Age	Sex	Describe Injuries
Driver Vehicle #1					
Driver Vehicle #2					
Passenger Vehicle #1					
Passenger Vehicle #2					
Pedestrian					
Pedestrian					
Others					

WITNESSES

	Name	Address	Remarks
Company Representative			
Insurance Representative			
Police		Badge No:	Station:

COMPLETE ALL DETAILS

DATE OF ACCIDENT MO / DAY / YEAR	TIME ☐ AM ☐ PM	LOCATION (STREET)	OR NEAR INTERSECTION OF
CITY AND STATE	TYPE OF ACCIDENT ☐ FRONT TO REAR ☐ HEAD-ON ☐ PARKED CAR ☐ PEDESTRIAN ☐ BROADSIDE ☐ SIDESWIPE ☐ BIKE-CAR ☐ HIT OBJECT		

INFORMATION REGARDING ACCIDENT	# 1 YOUR VEHICLE	# 2 OTHER PARTY (NAME)	# 3 OTHER PARTY (NAME)
1. If pedestrian, where was he/she (crosswalk, etc.)?			
2. Road conditions (dry, glare, icy, rain, snow, etc.)? (Gravel, blacktop, etc.)			
3. At what distance was danger first noticed?			
4. Speeds at time danger was first noticed?			
5. Speeds at time of accident?			
6. What warning signals were given?			
7. Obstruction to vision (weather and other)?			
8. Lights on? Wipers on? Windows fogged?			
9. Had any party been drinking? Who?			

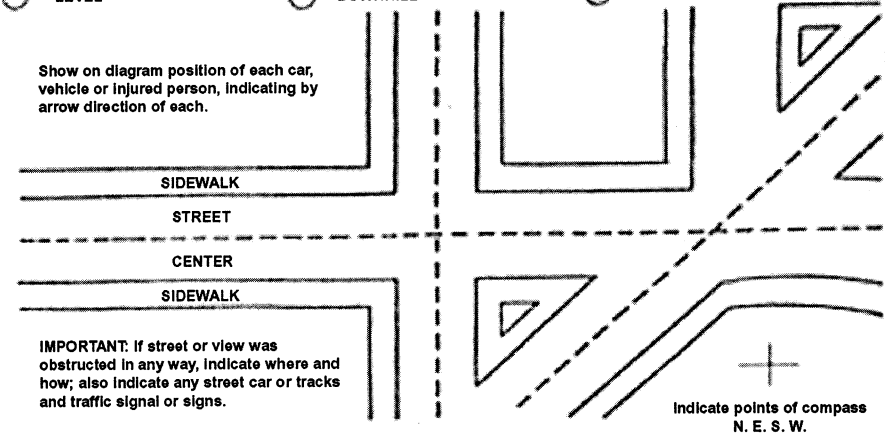
DESCRIBE IN DETAIL WHAT HAPPENED (USE ADDITIONAL PAPER IF NECESSARY)

○ STRAIGHT ROAD ○ CURVE - R or L ○ LEVEL

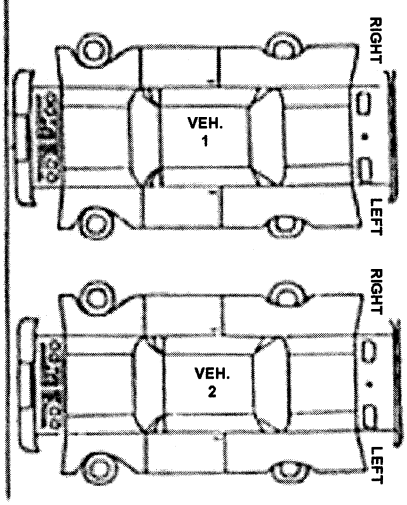
○ HILLCREST ○ UPHILL ○ DOWNHILL

○ ONE LANE ○ ONE AND ONE-HALF LANE ○ TWO LANE OR FOUR LANE

Show on diagram position of each car, vehicle or injured person, indicating by arrow direction of each.



MARK DAMAGED AREA



SIGNATURE (DRIVER)	DATE	SIGNATURE (SUPERVISOR)	DATE

FORM S.F. 137 (MP EF 3/02)