

# Vehicle Accident Report



CONTRACTOR: \_\_\_\_\_ DATE OF REPORT: \_\_\_\_\_

CLAIM TYPE:  BODILY INJURY  PROPERTY DAMAGE  SUBROGATION  RECORD ONLY

## CONTRACTOR INFORMATION

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

REPORTED BY: \_\_\_\_\_ TITLE / ROLE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## CONTRACTOR INSURANCE INFORMATION

INSURER: \_\_\_\_\_

POLICY #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

## ACCIDENT INFORMATION

ACCIDENT TYPE: \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_ TIME OF ACCIDENT: \_\_\_\_\_  AM  PM

DAY OF WEEK:  MON  TUES  WED  THURS  FRI  SAT  SUN

LOCATION: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTED SPEED: \_\_\_\_\_ MPH

STREET OUR VEHICLE WAS ON: \_\_\_\_\_ DIRECTION:  N  E  S  W

STREET OTHER VEHICLE WAS ON: \_\_\_\_\_ DIRECTION:  N  E  S  W

STUDENTS TRANSPORTED:  YES  NO NUMBER OF STUDENTS TRANSPORTED: \_\_\_\_\_

WITNESS #1: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

WITNESS #2: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

WITNESS #3: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

WITNESS #4: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

## ACCIDENT INFORMATION

### DRIVER DESCRIPTION OF ACCIDENT

WERE THERE ANY FATALITIES:  YES  NO IF YES HOW MANY? \_\_\_\_\_

ANYONE TRANSPORTED TO THE HOSPITAL:  YES  NO IF YES HOW MANY? \_\_\_\_\_

### DESCRIPTION OF INJURIES:

WERE ANY VEHICLES TOWED FROM THE SCENE:  YES  NO IF YES HOW MANY? \_\_\_\_\_

## POLICE INVESTIGATION INFORMATION

POLICE REPORT FILED:  YES  NO  N/A REPORT #: \_\_\_\_\_

POLICE DEPARTMENT: \_\_\_\_\_ REPORTING OFFICER: \_\_\_\_\_

WAS ANYONE CITED:  YES  NO IF YES WHO: \_\_\_\_\_

## WEEATHER/ROAD/LIGHTING/TRAFFIC CONDITIONS INFORMATION

WEATHER CONDITIONS:  SNOW  RAIN  FOG  CLEAR/DRY

LIGHTING CONDITIONS:  DAWN  DAYLIGHT  DUSK  DARK

ROAD CONDITIONS:  DRY  WET  SNOW  ICE

TRAFFIC CONDITIONS:  LIGHT  HEAVY TRAFFIC CONTROL:  STOP SIGN  TRAFFIC SIGNAL  N/A

## WHEELCHAIR INFORMATION

NUMBER OF WHEELCHAIRS TRANSPORTED: \_\_\_\_\_ WHEELCHAIR(S) TIED DOWN:  YES  NO  NA

## CONTRACTOR DRIVER AND VEHICLE INFORMATION

NAME: \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_

START SHIFT: \_\_\_\_\_

END SHIFT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DRIVER LICENSE #: \_\_\_\_\_

DRIVER LICENSE STATE: \_\_\_\_\_

VEHICLE MAKE: \_\_\_\_\_

VEHICLE MODEL: \_\_\_\_\_

VEHICLE YEAR: \_\_\_\_\_

VEHICLE #: \_\_\_\_\_

VEHICLE IDENTIFICATION #: \_\_\_\_\_

DESCRIPTION OF DAMAGE:

## OTHER DRIVER AND VEHICLE INFORMATION

NAME: \_\_\_\_\_

INSURER: \_\_\_\_\_

POLICY#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DRIVER LICENSE #: \_\_\_\_\_

DRIVER LICENSE STATE: \_\_\_\_\_

VEHICLE MAKE: \_\_\_\_\_

VEHICLE MODEL: \_\_\_\_\_

VEHICLE YEAR: \_\_\_\_\_

VEHICLE COLOR: \_\_\_\_\_

INJURED:  YES  NO

TRANSPORTED TO HOSPITAL:  YES  NO

DESCRIPTION OF DAMAGE:

## ADDITIONAL DRIVER AND VEHICLE INFORMATION

NAME: \_\_\_\_\_

INSURER: \_\_\_\_\_

POLICY#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

DRIVER LICENSE #: \_\_\_\_\_

DRIVER LICENSE STATE: \_\_\_\_\_

VEHICLE MAKE: \_\_\_\_\_

VEHICLE MODEL: \_\_\_\_\_

VEHICLE YEAR: \_\_\_\_\_

VEHICLE COLOR: \_\_\_\_\_

INJURED:  YES  NO

TRANSPORTED TO HOSPITAL:  YES  NO

DESCRIPTION OF DAMAGE:

## ADDITIONAL DRIVER AND VEHICLE INFORMATION

NAME: \_\_\_\_\_

INSURER: \_\_\_\_\_

POLICY#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

DRIVER LICENSE #: \_\_\_\_\_

DRIVER LICENSE STATE: \_\_\_\_\_

VEHICLE MAKE: \_\_\_\_\_

VEHICLE MODEL: \_\_\_\_\_

VEHICLE YEAR: \_\_\_\_\_

VEHICLE COLOR: \_\_\_\_\_

INJURED:  YES  NO

TRANSPORTED TO HOSPITAL:  YES  NO

DESCRIPTION OF DAMAGE:

# BUS SEATING CHART

DRIVER COMPARTMENT			CENTER AISLE	STEP WELL			SERVICE DOOR
1A	1B	1C		2C	2B	2A	
3A	3B	3C	4C	4B	4A		
5A	5B	5C	6C	6B	6A		
7A	7B	7C	8C	8B	8A		
9A	9B	9C	10C	10B	10A		
11A	11B	11C	12C	12B	12A		
13A	13B	13C	14C	14B	14A		
15A	15B	15C	16C	16B	16A		
17A	17B	17C	18C	18B	18A		
19A	19B	19C	20C	20B	20A		
21A	21B	21C	22C	22B	22A		
23A	23B	23C	24C	24B	24A		
25A	25B	25C	26C	26B	26A		

## 5 Passenger Van

Driver		Front Pass	
1		2	
3	4	5	

## 10 Passenger Van

Driver			Front Pass
1	2	3	
4	5	6	
7	8	9	10

## CSTMN TRANSPORTATION FOLLOW-UP

ACCIDENT NUMBER: \_\_\_\_\_

PREVENTABLE

NON-PREVENTABLE

SEATING CHART:	YES	NO	N/A	DATE RECEIVED:	_____
ACCIDENT PHOTOS:	YES	NO	N/A	DATE RECEIVED:	_____
BUS VIDEO:	YES	NO	N/A	DATE RECEIVED:	_____
CMV INSPECTION:	YES	NO	N/A	DATE RECEIVED:	_____
POLICE REPORT:	YES	NO	N/A	DATE RECEIVED:	_____
DOT DRUG TEST:	YES	NO	N/A	DATE RECEIVED:	_____

COMMENTS: