

## 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	<input type="checkbox"/> Daylight <input type="checkbox"/> Semi-dark <input type="checkbox"/> Dark, no street lights <input type="checkbox"/> Dark, street lights
Weather	<input type="checkbox"/> Fair <input type="checkbox"/> Mist <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Sleet <input type="checkbox"/> Fog
Street Surface	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Icy <input type="checkbox"/> Muddy <input type="checkbox"/> Oily
Traffic Control	<input type="checkbox"/> Traffic signal <input type="checkbox"/> Officer directing <input type="checkbox"/> School zone <input type="checkbox"/> Slow or danger sign on operating street <input type="checkbox"/> Slow or danger sign on intersecting street <input type="checkbox"/> Stop sign on operating street <input type="checkbox"/> Stop sign on intersecting street
Motion of Van	<input type="checkbox"/> Slowing/stopping <input type="checkbox"/> Stopped <input type="checkbox"/> Right turn or curve <input type="checkbox"/> Left turn or curve <input type="checkbox"/> Proceeding straight <input type="checkbox"/> Pulling out of zone <input type="checkbox"/> Changing lanes <input type="checkbox"/> Backing