

(NAME OF DISTRICT)

ACCIDENT INVESTIGATION FORM

DATE OF INCIDENT _____ TIME OF INCIDENT (AM/PM) _____ LOCATION OF INCIDENT _____

_____ DESCRIPTION OF INCIDENT _____

_____ NAMES OF PERSONS INVOLVED IN THE INCIDENT:

1. _____ ADDRESS _____

2. _____ ADDRESS _____

3. _____ ADDRESS _____

4. _____ ADDRESS _____

(USE ADDITIONAL SHEET OF PAPER IF ADDITIONAL PERSONS INVOLVED)

VEHICLES INVOLVED IN INCIDENT (IF ANY) NUMBER OF VEHICLES _____ DESCRIPTION OF VEHICLES

1.(MAKE/MODEL) _____ LICENSE PLATE NUMBER _____ STATE _____

OWNER _____ DRIVER _____ DRIVER LICENSE NUMBER _____ STATE _____

2. (MAKE/MODEL) _____ LICENSE PLATE NUMBER _____ STATE _____

OWNER _____ DRIVER _____ DRIVER LICENSE NUMBER _____ STATE _____

(USE ADDITIONAL SHEET OF PAPER IF ADDITIONAL VEHICLES INVOLVED)

WITNESS(ES) (IF ANY):

NAME _____ ADDRESS _____ STATEMENT OBTAINED? Y ___ N ___

NAME _____ ADDRESS _____ STATEMENT OBTAINED? Y ___ N ___

NAME _____ ADDRESS _____ STATEMENT OBTAINED? Y ___ N ___

NAME _____ ADDRESS _____ STATEMENT OBTAINED? Y ___ N ___

(ATTACH ORIGINAL SIGNED WITNESS STATEMENTS TO THIS REPORT)

NAMES OF PERSON(S) REQUIRING MEDICAL TREATMENT AS A RESULT OF THIS INCIDENT:

NAMES OF PERSONS TRANSPORTED TO HOSPITAL OR MEDICAL FACILITY BY AMBULANCE OR OTHER CONVEYANCE:

_____ HOSPITAL _____

_____ HOSPITAL _____

_____ HOSPITAL _____

DESCRIPTION OF FOLLOW-UP ACTIVITIES: