

VEHICLE ACCIDENT REPORT

EMPLOYEE REPORTING ACCIDENT: \_\_\_\_\_

POLICE DEPARTMENT REPORTED TO: \_\_\_\_\_

DATE AND TIME OF ACCIDENT: \_\_\_\_\_

LOCATION OF ACCIDENT: \_\_\_\_\_

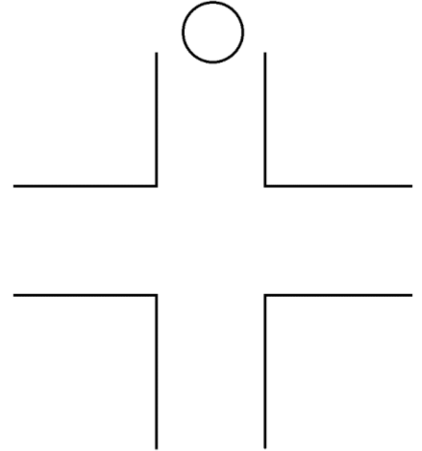
DISTRICT EMPLOYEES INVOLVED: \_\_\_\_\_

DISTRICT VEHICLE INVOLVED: \_\_\_\_\_

WHAT TASK WERE YOU PERFORMING WHEN THE ACCIDENT OCCURRED?

DESCRIPTION OF ACCIDENT: (INCLUDE SKETCH FOR CLARIFICATION IF NECESSARY.  
INCLUDE WEATHER CONDITIONS.)

*Draw arrow indicating north.*



WERE YOU INJURED? \_\_\_\_\_ IF SO, PLEASE DESCRIBE THE NATURE OF YOUR INJURIES  
AND COMPLETE AN EMPLOYEE INJURY FORM.

DID ANY OTHER PERSONS INVOLVED IN THE ACCIDENT APPEAR TO BE INJURED? \_\_\_\_\_  
IF SO, PLEASE DESCRIBE.

WITNESSES:

ADDITIONAL COMMENTS:

SIGNATURE OF EMPLOYEE \_\_\_\_\_

DATE \_\_\_\_\_