

# Incident/Accident Report



<b>TIME</b>	Date of Accident (Month - Day - Year)	County	Day of Week	Hour (AM - PM)	Check if Hit-Run <input type="checkbox"/>
	<b>SEVERITY</b> : Was Towing Required? UNIT 1: <input type="checkbox"/> YES <input type="checkbox"/> NO UNIT 2: <input type="checkbox"/> YES <input type="checkbox"/> NO		Number of Vehicles Involved	Number Injured	Number Killed
<b>LOCATION</b>	TO PROPERLY LOCATE ACCIDENTS, USE AS LANDMARKS; SR SEGMENT NUMBERS, MILEPOSTS; INTERSECTION OF TWO HIGH-WAYS; CITY, BOROUGH, TOWNSHIP, OR COUNTY LINES.	City	On: (Street Name or Highway Number)		
		At Intersection With:	If Not At Intersection : _____ Feet N S E W Of Station Marker - Intersection - Etc...		
<b>MY VEHICLE - NO 1</b>	Operator's Name (First, Middle, Last) Mr. Mrs. Miss		Date of Birth	Operator's License Number and State	
	Address (Street, City, State, Zip Code)		Vehicle License Number and State		
	Owner's Name (First, Middle, Last) Mr. Mrs. Miss		Year	Make	Model
	Address (Street, City, State, Zip Code)		Trailer Load, damages and hazardous material		

**USE THE FOLLOWING SECTION TO RECORD VEHICLE NUMBER 2, PEDESTRIAN, OR OTHER PROPERTY**

<b>OTHE</b>	Operator's Name (First, Middle, Last) Mr. Mrs. Miss		Date of Birth	Operator's License Number and State	
	Address (Street, City, State, Zip Code)		Vehicle License Number and State		
	Owner's Name (First, Middle, Last) Mr. Mrs. Miss		Year	Make	Model
	Address (Street, City, State, Zip Code)		STATE OF TITLE AND VIN		
Description of Damaged Property		Check If State Owned Property <input type="checkbox"/>			

**IF MORE VEHICLES/PEDESTRIANS/OCCUPANTS ARE INVOLVED USE ADDITIONAL REPORTS.**

<b>PERSONS INVOLVED</b>	NAME	AGE	SEX	VEH.NO.	INJURY CLASS	ACTIVE RESTRAINT	INJURY TYPE	SEATING POSITION	ACTIVE RESTRAINT	PASSIVE RESTRAINT
					U - NO INJURY	U - NONE				
					1 - DEATH	1 - SHOULDER HARNESS ONLY				
					2 - MAJOR INJURY	2 - SEAT BELT ONLY				
					3 - MODERATE INJURY	3 - COMBINATION (HARNESS & BELT)				
					4 - MINOR INJURY	4 - CHILD RESTRAINT				
					9 - UNKNOWN	7 - MOTORCYCLE HELMET				
					POSITION	8 - OTHER				
					1 - DRIVER	9 - UNKNOWN				
					2-6 - PASSENGER	PASSIVE RESTRAINT				
				7 - PEDESTRIAN	0 - NONE OR PEDESTRIAN					
				8 - OTHER	1 - AIRBAG (DEPLOYED)					
					2 - AIRBAG (NOT DEPLOYED)					
					3 - AUTOMATIC SEAT BELT					
					8 - OTHER					
					9 - UNKNOWN					

Insurance Information	Company	Insurance Information	Company
Unit 1	Policy No.	Unit 2	Policy No.

