



VEHICLE ACCIDENT REPORT

(*COMPLETE BACK OF FORM)

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|---|--|--|--------------|--|--|---|--|---|-------------------------|-----------------------------|--|
| <input type="checkbox"/> BSP PROPERTY <input type="checkbox"/> PUBLIC PROPERTY | | <input type="checkbox"/> PARKING LOT AISLE <input type="checkbox"/> ROADWAY | | <input type="checkbox"/> OTHER SPECIFY | | ACCIDENT DATE | | | | | |
| STREET NAME OR HIGHWAY NO. | | | | CROSS STREET OR INTERSECTION | | | | DAY OF WEEK | | | |
| IF NOT IN INTERSECTION | | FEET OR MILES | | N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | NEAREST INTERSECTING STREET, HIGHWAY OR LANDMARK OF | | TIME OF ACCIDENT AM / PM | | | |
| CITY | | COUNTY | | STATE | | | | | | | |
| VEHICLE 1 (Employee) | | | | | | VEHICLE 2 | | | | | |
| DRIVER'S NAME (LAST, FIRST, MIDDLE) | | | | SEX | | DRIVER'S NAME (LAST, FIRST, MIDDLE) | | | | SEX | |
| DRIVER'S SOCIAL SECURITY NUMBER | | | DATE OF HIRE | | | DRIVER'S SOCIAL SECURITY NUMBER | | | DATE OF HIRE IF SLBG EE | | |
| WORK LOCATION | | | | | | WORK LOCATION | | | | | |
| DRIVER'S ADDRESS and PHONE NUMBER (STREET, CITY, STATE, AREA CODE & #) | | | | | | DRIVER'S ADDRESS and PHONE NUMBER (STREET, CITY, STATE, AREA CODE & #) | | | | | |
| DRIVER'S LICENSE NO. | | | STATE | | | DRIVER'S LICENSE NO. | | | STATE | | |
| | | | BIRTHDATE | | | | | | BIRTHDATE | | |
| INSURANCE COMPANY IF NON-BADGER SWIMPOOLS VEHICLE | | | | | | INSURANCE COMPANY IF NON-BADGER SWIMPOOLS VEHICLE | | | | | |
| OWNER IF NON BADGER SWIMPOOLS VEHICLE | | | | | | OWNER'S/EMPLOYER'S NAME IF NON BADGER SWIMPOOLS VEHICLE | | | | | |
| OWNER'S ADDRESS (STREET, CITY, STATE) | | | | | | OWNER'S ADDRESS (STREET, CITY, STATE) <input type="checkbox"/> SAME AS DRIVER | | | | | |
| MAKE OF VEHICLE | | TYPE (SEDAN, TRUCK, BUS) | | YEAR | | MAKE OF VEHICLE | | TYPE (SEDAN, TRUCK, BUS) | | YEAR | |
| VEHICLE LICENSE (YR, STATE, NO.) | | VEHICLE NO. | | | | VEHICLE LICENSE (YR, STATE, NO.) | | VEHICLE NO. | | | |
| HEADED (STREET NAME, HIGHWAY NO., ETC.) | | | | SPEED LIMIT | | HEADED (STREET NAME, HIGHWAY NO., ETC.) | | | | SPEED LIMIT | |
| N E S W O N | | | | | | N E S W O N | | | | | |
| COLLISION WITH | | <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> PEDESTRIAN | | <input type="checkbox"/> RAILROAD TRAIN <input type="checkbox"/> FIXED OBJECT | | <input type="checkbox"/> BUS <input type="checkbox"/> CYCLE | | <input type="checkbox"/> OTHER (DESCRIBE) | | NO. OF VEHICLES IN ACCIDENT | |
| PERSONS INJURED OR KILLED (NAME AND ADDRESS) | | | | | | AGE | | SEX | | IN VEH NO | |
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| WITNESSES (NAME, WORK LOCATION, DEPARTMENT OR NON-EMPLOYEE'S NAME, ADDRESS & PHONE NO.) | | | | | | | | | | | |
| DESCRIPTION OF PROPERTY & PROPERTY DAMAGE | | | | | | PROPERTY OWNER'S NAME AND ADDRESS (STREET, CITY, STATE) | | | | | |
| | | | | | | | | | | | |
| POLICY AUTHORITY (CITY) TO WHOM ACCIDENT WAS REPORTED | | | | TIME AND DATE THAT REPORT OF VEHICLE ACCIDENT WAS RECEIVED BY | | | | | | | |
| INVESTIGATING OFFICER'S NAME | | | | POLICE REPORT NUMBER | | | | | | | |

IMPORTANT NOTES: ACCIDENTS MUST ALWAYS BE REPORTED TO SUPERVISOR BY NEXT WORKING DAY. HOWEVER NOTIFY SUPERVISOR IMMEDIATELY IF ACCIDENT RESULTS IN BODILY INJURY OR PROPERTY DAMAGE TO OTHER THAN DRIVING EMPLOYEE. IF OUTSIDE NORMAL BUSINESS HOURS WITH BODILY INJURY OR PROPERTY DAMAGE AS ABOVE NOTIFY IMMEDIATELY (1) LOCAL POLICE, (2) SUPERVISOR.

DESCRIPTION OF ACCIDENT

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CHECK IF ADDITIONAL REPORT FORM OR SUPPLEMENTARY INFORMATION SHEET IS ATTACHED. ADDITIONAL REPORT FORM IS REQUIRED IF MORE THAN TWO VEHICLES WERE INVOLVED IN ACCIDENT.

INSTRUCTIONS:

- (1) COMPLETE DIAGRAM BELOW SHOWING DIRECTION AND POSITIONS OF VEHICLES OR PROPERTY INVOLVED
 - (2) DESIGNATE POINT OF CONTACT WITH 'X'. (3) INDICATE STREET NAMES.
 - (4) NUMBER EACH VEHICLE AND SHOW DIRECTION OF TRAVEL BY ARROW → 1 ← 2
 - (5) USE SOLID LINE TO SHOW PATH OF EACH VEHICLE BEFORE ACCIDENT → 1 DOTTED LINE AFTER ACCIDENT→ 1
 - (6) SHOW CYCLE BY → ○-○ (7) SHOW PEDESTRIAN BY → ○
 - (8) SHOW RAILROAD BY |||||
 - (9) INDICATE TRAFFIC SIGNS OR SIGNALS, (10) INDICATE SKID MARKS
- INDICATE NORTH BY ARROW

| TRAFFIC CONTROL | VEHICLE TRAFFIC | LIGHT CONDITIONS | WEATHER | ROAD CONDITIONS | ROAD SURFACE | |
|---|--|--|---|--|---|---|
| VEH 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | VEH 2 <input type="checkbox"/> STOP SIGN <input type="checkbox"/> SIGNAL <input type="checkbox"/> YIELD <input type="checkbox"/> OFFICER <input type="checkbox"/> TURN RESTRICTION <input type="checkbox"/> NONE | <input type="checkbox"/> HEAVY <input type="checkbox"/> MEDIUM <input type="checkbox"/> LIGHT <input type="checkbox"/> NONE | <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DUSK <input type="checkbox"/> DARK <input type="checkbox"/> STREETLIGHTS <input type="checkbox"/> ON <input type="checkbox"/> OFF <input type="checkbox"/> NONE | <input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> SLEET <input type="checkbox"/> FOG-MIST <input type="checkbox"/> OTHER | <input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> SNOW <input type="checkbox"/> ICE <input type="checkbox"/> MUD <input type="checkbox"/> OTHER | <input type="checkbox"/> CONCRETE <input type="checkbox"/> ASPHALT <input type="checkbox"/> GRAVEL <input type="checkbox"/> DIRT <input type="checkbox"/> OTHER |

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| PERSON MAKING REPORT <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> SIGNATURE </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> DATE </div> </div> | SUPERVISOR <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> SIGNATURE </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> DATE </div> </div> |
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