Accident Information

Date the Accident Happened:_____

Time the Accident Happened:_____

Driver of the Vehicle_____

Which Company Vehicle:_____

Location of Accident_____

_____

_____

Did you sound the horn?   Yes   No

Were your lights on?   Yes   No

Weather Condition?_____

Road Condition?_____

Describe how the accident Occurred:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Damage to Property

Vehicle Owner's Name_____

Address:_____

_____

Name of driver:_____

Address:_____

_____

Driver's license Number:_____

Nature of Damage if any:_____

_____

_____

_____

_____

_____

Vehicle Owner's Name_____

Address:_____

_____

Name of driver:_____

Address:_____

_____

Driver's license Number:_____

Nature of Damage if any:_____

_____

_____

_____

_____

_____

Injured Persons

Name:_____

Address:_____

_____

Nature of injuries:_____

Taken to the hospital?   Yes   No

By Whom? _____

Attending Physician:_____

Address:_____

_____

_____

_____

Name:_____

Address:_____

_____

Nature of injuries:_____
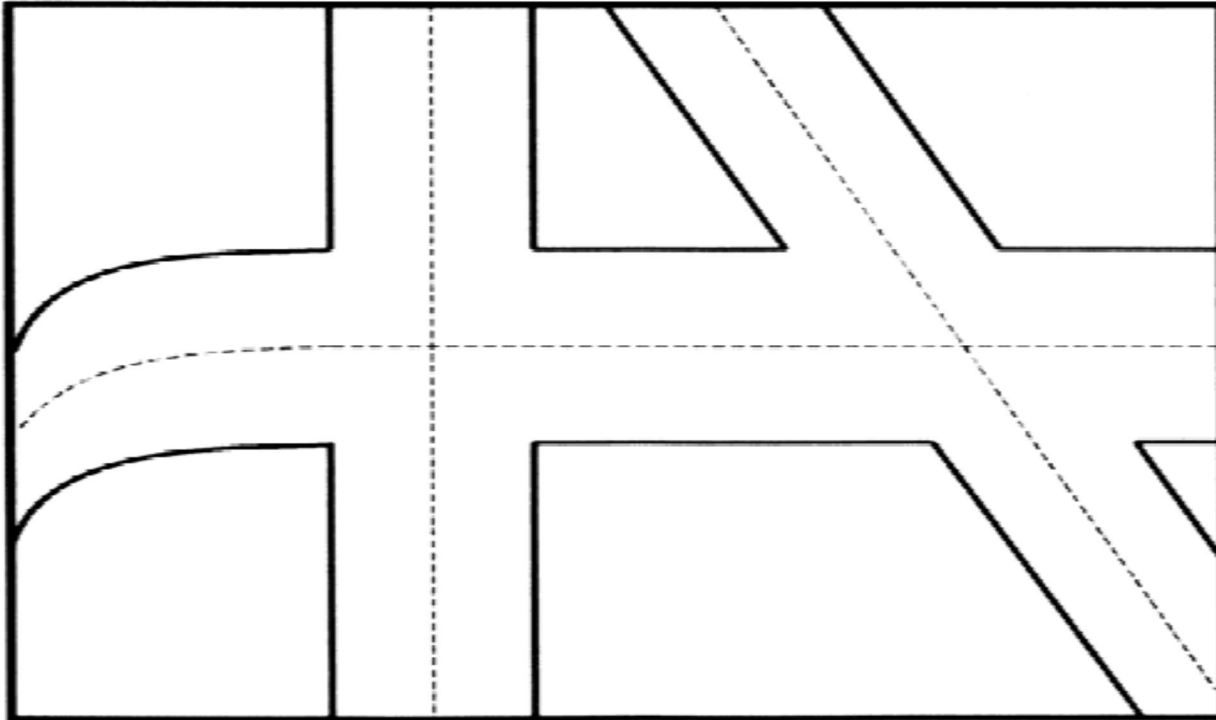
Taken to the hospital?   Yes   No

By Whom? _____

Attending Physician:_____

Address:_____

_____

_____

_____

Accident Diagram

Show Names of Streets, locations of vehicles, travel directions of vehicles, and prominent objects.
Clearly indicate the direction of North.

Instructions:

1. *Use solid line to show path of vehicle before accident.* ————
2. *Use dotted line to show path of vehicle after accident.* — — — — —
3. *Number each vehicle and show direction of travel with an arrow.* ➤
4. *Show pedestrians with an X.*

Police Office Information
Accident Report Number

_____

Officer Name(s) & Badge Number(s)

_____

_____

_____

Vehicle Accident Report

This report must be handed into the office within 24 hours of the accident!

NORTHEAST DATA

Northeast Data
23 Hollow Crest Road
Tunkhannock, PA 18657
Phone: - 570-996-6666
Fax: – 570-996-6670