PDRMA
PARK DISTRICT RISK MANAGEMENT AGENCY

Vehicle Accident Report

(Accident involving agency vehicle. May involve bodily injury/property damage.)

Attorney/Client Privileged Document

Form 02

1 Agency name | Today's date

2 Date of incident (mm/dd/yyyy) | Time of incident (hh/mm, a.m./p.m.)

3 Name of person completing the report | Title of person completing report

4 Business phone | Business email

5 How did the incident occur? (Provide a brief factual summary.)

6 Name of the location (street/road/highway) or nearest intersection where the incident occurred.

7 Is there an address for incident location? If yes, please provide the following:

Street address

City | State | Zip code

8 Location

Offsite (non-agency owned) ☐ | On agency property ☐

9 Primary location

Highway/roadway ☐ | Parking lot ☐ | Other ☐

10 Was the agency vehicle occupied? ☐ Yes ☐ No ☐ Unknown

11 Agency driver last name | First name

Address

City | State | Zip code

Home phone # | Work phone # | Cell phone #

Email

Is this driver an employee? ☐ Yes ☐ No ☐ Unknown

If Yes, enter job title of employee

Identify the type of driver

Full-time employee ☐ | Intern ☐ | Non-agency employee] ☐

Part-time employee ☐ | Volunteer ☐ | Spouse/family member ☐

Seasonal employee ☐

12 Agency vehicle VIN | Make | Model | License number

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Form 02 (pg. 2)

13 **Is vehicle drivable?** ☐ Yes ☐ No ☐ Unknown

If no, provide current location of vehicle

14 **Area of damage**

15 **Estimated repair cost**

16 **Was a trailer involved?** ☐ Yes ☐ No ☐ Unknown

If yes, provide the following information.

Trailer year **Make** **Model** **License number**

Trailer area of damage

Current location of trailer

Estimated repair cost of trailer

17 **Has a police agency conducted an investigation?** ☐ Yes ☐ No **If yes, provide the following information.**

What police agency investigated the incident?

Police report number

18 **Was the agency driver ticketed, arrested or cited for violation(s)?** ☐ Yes ☐ No ☐ Unknown

If yes, provide details of the ticket, arrest or violation(s).

19 **CLAIMANT INFORMATION**

Identify other people involved in the accident. ***(Make additional copies of this section if needed.)***

How was the person involved in the accident? ***(Check all that apply.)***

Driver of other vehicle ☐ **Injured person** ☐ **Owner of involved property** ☐

Owner of other vehicle ☐ **Passenger of agency vehicle** ☐ **Passenger of other vehicle** ☐

Pedestrian ☐

Last name or business name **First name (not necessary for business)**

Address

City **State** **Zip code**

Home phone # **Work phone #** **Cell phone #**

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Form 02 (pg. 3)

19 Vehicle make | Model | Year

Area of damage

Is vehicle driveable? ☐ Yes ☐ No If no, current location of vehicle

Extent of damage ☐ Moderate ☐ Nothing visible ☐ Severe ☐ Slight

Describe the property damage *(other than vehicle)*

Extent of damage to property other than vehicle ☐ Moderate ☐ Nothing visible ☐ Severe ☐ Slight

Age of injured person _____ Sex of injured person ☐ Male ☐ Female

Was the injured person transported by paramedics? ☐ Yes ☐ No

If yes, where was the injured person taken?

Do you expect the injured person to file a claim? ☐ Yes ☐ No

Describe the injury

ADDITIONAL CLAIMANT INFORMATION

Identify other people involved in the accident. *(Make additional copies of this section if needed.)*

How was the person involved in the accident? *(Check all that apply.)*

Driver of other vehicle ☐ Injured person ☐ Owner of involved property ☐
Owner of other vehicle ☐ Passenger of agency vehicle ☐ Passenger of other vehicle ☐
Pedestrian ☐

Last name or business name First name (not necessary for business)

Address

City | State | Zip code

Home phone # | Work phone # | Cell phone #

Vehicle make | Model | Year

Area of damage

Is vehicle driveable? ☐ Yes ☐ No If no, current location of vehicle

Extent of damage ☐ Moderate ☐ Nothing visible ☐ Severe ☐ Slight

Describe the property damage *(other than vehicle)*

Extent of damage to property other than vehicle ☐ Moderate ☐ Nothing visible ☐ Severe ☐ Slight

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Form 02 (pg. 4)

19 Age of injured person _____ Sex of injured person ☐ Male ☐ Female

Was the injured person transported by paramedics? ☐ Yes ☐ No

If yes, where was the injured person taken?

Do you expect the injured person to file a claim? ☐ Yes ☐ No

Describe the injury

20 Identify witnesses of the accident. (Provide the following information for each witness. Make additional copies of this page if needed.)

Last name First name

Address

City State Zip code

Home phone # Work phone # Cell phone #

Witness to accident? ☐ Yes ☐ No ☐ Unknown If yes, provide the following information.

Relation to injured person or property owner:

Agency employee or volunteer ☐ Another program participant or park user ☐ Friend ☐

Other ☐ Passerby ☐ Relative ☐

Did witness make any statements? ☐ Yes ☐ No ☐ Unknown

If yes, provide the following information.

What did witness say?

Where was witness when the accident occurred?

21 Was the driver of the agency vehicle conducting agency business at the time of the accident?

☐ Yes ☐ No ☐ Unknown

22 What street was the agency driver on? What street was the other driver driving on?

23 What direction was the agency driver traveling? ☐ North ☐ South ☐ East ☐ West

What direction was the other driver traveling? ☐ North ☐ South ☐ East ☐ West

24 Weather conditions

Dry ☐ Fog ☐ Ice ☐ Snow ☐ Wet ☐

25 Accident diagram