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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **City of Madison**  **Vehicle Accident/Incident Report** | | | | | | | | | | | | | | | | | | | | |
| Instructions: In case of an accident involving a City or personally-owned vehicle used on City business, the driver of the vehicle must:  1. Report the accident promptly to a local law enforcement agency and obtain a copy of the officer’s report.  2. Contact your supervisor and have him/her report to the scene immediately.  3. Submit this completed & signed form to your supervisor.  4. Submit completed form, signed by your supervisor, to the Risk Manager within 24 hours. | | | | | | | | | | | | | | | | | | | | |
| **Agency/Dept.**  **Location** | AGENCY/DEPARTMENT NAME | | | | | | | | DIVISION | | | | | | | | | AGENCY NUMBER | | |
|  |  | | | | | | | |  | | | | | | | | |  | | |
|  | SUPERVISOR’S NAME | | | | | | | | | | | | | | | PHONE NUMBER | | | | |
|  |  | | | | | | | | | | | | | | |  | | | | |
|  | STREET ADDRESS | | | | | | | | | | CITY | | | | | ZIP | | | | |
|  |  | | | | | | | | | |  | | | | |  | | | | |
| **Location of the**  **Accident** | STREET/HIGHWAY | | | | | | | | | | | | | | | ACCIDENT DATE | | | | |
|  |  | | | | | | | | | | | | | | |  | | | | |
|  | CITY | | | | | | COUNTY | | | | | | | STATE | | ACCIDENT TIME | | | | AM  PM |
|  |  | | | | | |  | | | | | | |  | |  | | | |  |
| **City**  **Vehicle**  **Information**  **City**  **Personal** | REASON FOR VEHICLE USE | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
|  | YEAR | | MAKE | | | | MODEL | | | | | FLEET NUMBER | | | | LICENSE PLATE NUMBER | | | | |
|  |  | |  | | | |  | | | | |  | | | |  | | | | |
|  | DESCRIBE PARTS DAMAGED | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
| **Information**  **on**  **Driver**  **of**  **City**  **Vehicle** | DRIVER NAME | | | | | | | Driver Injured  Wearing Seat Belt | | | | | HOME PHONE | | | | WORK PHONE | | | |
|  |  | | | | | | |  | | | | |  | | | |  | | | |
|  | DATE OF BIRTH | | | | | | | DRIVER’S LICENSE NUMBER | | | | | | | | | | | | |
|  |  | | | | | | |  | | | | | | | | | | | | |
|  | Were There Passengers in This Vehicle?  Yes  No | | | | | | | | | | | | | Injuries | | | Wearing Seat Belt | | | |
|  | If Yes, List Names: | | |  | | | | | | | | | | Yes | No | | Yes | | No | |
|  |  | | |  | | | | | | | | | | Yes | No | | Yes | | No | |
|  |  | | |  | | | | | | | | | |  |  | |  | |  | |
| **Other**  **Party(ies)**  **Involved**  (add additional sheets if more than one other party involved) | (Please indicate what type of property was damaged.) | | | | | DESCRIBE PARTS/ITEM DAMAGED | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | | |
|  |  | automobile | | | |  | | | | | | | | | | | | | | |
|  |  | parked vehicle | | | |  | | | | | | | | | | | | | | |
|  |  | building | | | |  | | | | | | | | | | | | | | |
|  |  | pedestrian | | | |  | | | | | | | | | | | | | | |
|  |  | other | | | |  | | | | | | | | | | | | | | |
|  | PROPERTY OWNER OR DRIVER | | | | | | | | | HOME PHONE | | | | | | WORK PHONE | | | | |
|  |  | | | | | | | | |  | | | | | |  | | | | |
|  | HOME ADDRESS | | | | | | | | | CITY | | | | | | STATE | ZIP | | | |
|  |  | | | | | | | | |  | | | | | |  |  | | | |
|  | YEAR | | MAKE | | | | | MODEL | | | | | | | | LICENSE PLATE NUMBER | | | | |
|  |  | |  | | | | |  | | | | | | | |  | | | | |
|  | INSURANCE COMPANY | | | | | | | | | | | | | | | PHONE | | | | |
|  |  | | | | | | | | | | | | | | |  | | | | |
|  | POLICY NUMBER | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
|  | DRIVER’S LICENSE NUMBER | | | | | | | | | | | | | | | Driver Injured  Wearing Seatbelt | | | | |
|  |  | | | | | | | | | | | | | | |  | | | | |
|  | Were there passengers in this vehicle?  Yes  No | | | | | | | | | | | | | Injuries | | | Wearing Seat Belt | | | |
|  | If Yes, List Names: | | | |  | | | | | | | | | Yes | No | | Yes | | No | |
|  |  | | | |  | | | | | | | | | Yes | No | | Yes | | No | |
|  |  | | | |  | | | | | | | | |  |  | |  | |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| WAS THE ACCIDENT INVESTIGATED BY A LAW ENFORCEMENT AGENCY? | | | | | | WERE PHOTOGRAPHS TAKEN AT THE SCENE? | | | | | | BY WHOM? | | | | | | |
| Yes | | | No | | | Yes | | No | | | |  | | | | | | |
| NAME OF THE INVESTIGATING OFFICER | | | | | | LAW ENFORCEMENT AGENCY NAME | | | | | | | | | | CASE NUMBER | | |
|  | | | | | |  | | | | | | | | | |  | | |
| WERE CITATIONS ISSUED? | | | | | | TO WHOM? | | | | | | | | | | | | |
| Yes | | | No | | |  | | | | | | | | | | | | |
| ROAD CONDITIONS | | | | | | TRAFFIC CONTROL | | | | | | | | | DID THE OTHER VEHICLE HAVE LIGHTS ON?  (IF OTHER VEHICLE INVOLVED) | | | |
| Wet | Dry | | Snow | Icy | | Stop Sign | | | | Yield Sign | | | | | Yes | | | No |
| Other |  | | | |  | Traffic Signal  No Control | | | | Other |  | | | | Bright  Dim | | |  |
|  | | | | | |  | | | |  | | | | |  | | |  |
| **Witness**  **Information** | | NAME OF WITNESS | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| HOME ADDRESS | | | | | | | | | | | | | | PHONE NUMBER | | |
|  | | | | | | | | | | | | | |  | | |
| CITY | | | | | | | | | | | STATE | | | ZIP | | |
|  | | | | | | | | | | |  | | |  | | |
| **Witness**  **Information** | | NAME OF WITNESS | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| HOME ADDRESS | | | | | | | | | | | | | | PHONE NUMBER | | |
|  | | | | | | | | | | | | | |  | | |
| CITY | | | | | | | | | | | STATE | | | ZIP | | |
|  | | | | | | | | | | |  | | |  | | |
| DRIVER DESCRIPTION OF THE ACCIDENT/INCIDENT | | | | | | | Attached sheets include additional description, witness and passenger information. | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | **Mark Damaged Areas** | | | | |
| SIGNATURE (DRIVER ) | | | | | | DATE | | | SIGNATURE (SUPERVISOR) | | | | | | | | DATE | |
|  | | | | | |  | | |  | | | | | | | |  | |