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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 |
|  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 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 |
|  |       |  |       |