

# ACCIDENT WORK SHEET

ment  
on

10-R (5/89)  
MAKE OF CAR \_\_\_\_\_

CAR LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_ YEAR \_\_\_\_\_

DRIVEN BY: \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_

CAR INSURED BY: \_\_\_\_\_

TYPE OF COVERAGE \_\_\_\_\_

CAR OWNED BY: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

PLACE OF ACCIDENT \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_

NAME OF STREET OR HIGHWAY NUMBER \_\_\_\_\_

INTERSECTING STREET OR HIGHWAY \_\_\_\_\_

TIME OF ACCIDENT \_\_\_\_\_ DAY OF WEEK \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

ACCIDENT INVOLVED (Other Vehicle, Pedestrian, Bicycle, Fixed Object, Etc.) \_\_\_\_\_



PARTS OF VEHICLE DAMAGED \_\_\_\_\_

ESTIMATED AMOUNT \$ \_\_\_\_\_

## IF YOU ARE INVOLVED IN A MOTOR VEHICLE ACCIDENT:

1. Keep the accident from getting worse. Warn other traffic by placing flares, flagging, etc.
2. Help or get help for injured, don't move victim unless it is necessary for his protection. Treat for shock.
3. Call the nearest police agency and request an investigation.
4. Notify current insurance company as directed.
5. Notify or have someone notify your immediate supervisor — if unable — contact nearest district office.
6. Do not discuss the accident with anyone except a representative of the Department of Transportation, authorized police officer or current insurance representative. Do not sign any documents without first consulting the Asst. Attorney General (Hwy.) or the Office of Human Resources Safety & Health.

### NOTE:

If location and time of day permits, utilize your mobile radio-telephone system in accordance with instructions contained in the "Radio Handbook."

In all accidents where there has been extensive property damage, personal injury or a fatality, notify Safety & Health as soon as possible.

The remainder of this form is to be used as a motor vehicle accident work sheet at the accident scene to record information on the other vehicle — **NOT** the Department of Transportation vehicle.

LIST THE NAMES AND ADDRESSES OF ALL PERSONS INVOLVED IN THE ACCIDENT, INCLUDING PASSENGERS IN DEPARTMENT CAR AND IN OTHER CAR.

NAME		
ADDRESS		
CITY	STATE	
NATURE OF INJURY (If Any):		
NAME		
ADDRESS		
CITY	STATE	
NATURE OF INJURY (If Any):		
NAME		
ADDRESS		
CITY	STATE	
NATURE OF INJURY (If Any):		

DAMAGE TO PROPERTY OTHER THAN VEHICLES  
(Name Object, Show Ownership, and State Nature)

\_\_\_\_\_

\_\_\_\_\_

ESTIMATED SPEED MPH	EST. SPEED AT MOMENT OF IMPACT MPH	ESTIMATED AMOUNT \$
		DIST. TRAVELED AFTER IMPACT FT

1. Draw heavy lines to show streets
2. Name streets
3. Draw arrow pointing north
4. Show veh. and ped. thus:  

Vehicles	○
Pedestrians	○
5. Show angle of collision

INDICATE  
NORTH  
BY ARROW

**ROAD WIDTH AND LANES**

WHAT WAS THE ROADWAY WIDTH?  
(The width of road surface for vehicular traffic): \_\_\_\_\_ FT

TOTAL NUMBER OF TRAFFIC LANES \_\_\_\_\_ WERE THE LANES MARKED?  YES  NO

WERE OPPOSING TRAFFIC LANES DIVIDED?  YES  NO IF YES, BY WHAT? \_\_\_\_\_