

Motor Vehicle Accident Report Form

Instructions: Complete this form and submit it **within 24 hours** NFP Property & Casualty Services Inc./APD Barlow Insurance via email or fax or our office.

Note: Be specific and include drawings, photos, additional narrative, as needed.

Supervisor name:	Department:	Title:	Ext:	Mailstop:
Date of report:	Driver:	License plate of vehicle involved in accident:		

INJURIES

<input type="checkbox"/> Yes - Describe:	<input type="checkbox"/> No
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MOTOR VEHICLE INVOLVED WITH

<input type="checkbox"/> Other vehicle: license plate number:	<input type="checkbox"/> Fixed object:	<input type="checkbox"/> Other:
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DAMAGED PROPERTY

Property/material:	Nature of damage:
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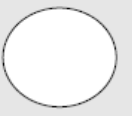
THE INCIDENT

What happened? *(Attach pictures and use additional pages as needed)* Investigate scene of accident or conditions. Describe what, where, when, who, how accident occurred. Sequence events in chronological order, leading up to and including the collision. Post-collision events may also be included based upon value. Describe injuries/property damage. Use additional blank pages with date of accident as header.

Police report taken: <input type="checkbox"/> Yes <input type="checkbox"/> No	Police dept:	Report number:
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
Why did it happen? *What actually caused accident?*


Diagram





Indicate North
By Arrow


Draw a diagram of the including vehicles involved, direction of travel, any fixed objects, and pedestrians involved.

 Direction

 Vehicle(s)

 Fixed Object (e.g. bollard)

 Pedestrian

 North

OWNED VEHICLE INFORMATION			
VEHICLE IDENTIFICATION NUMBER	YEAR	MAKE	MODEL
COMPANY DRIVER INVOLVED:			
NAME:	DATE OF BIRTH:	DRIVERS LICENSE #:	

EVENT AND CAUSE CHECKLIST	MOTOR VEHICLE:	WEATHER CONDITIONS:	SUBSTANDARD CONDITIONS
EVENT AND CAUSE CHECKLIST	<input type="checkbox"/> Struck other vehicle <input type="checkbox"/> Struck by other vehicle <input type="checkbox"/> Struck fixed object <input type="checkbox"/> Struck by object <input type="checkbox"/> Other: <input type="checkbox"/> Unknown	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Rain <input type="checkbox"/> Ice <input type="checkbox"/> Fog <input type="checkbox"/> Light <input type="checkbox"/> Dark <input type="checkbox"/> Artificial Illumination	<input type="checkbox"/> Inadequate guards or barriers <input type="checkbox"/> Defective tools, equipment, or materials <input type="checkbox"/> Congestion or restricted action <input type="checkbox"/> Inadequate warning system <input type="checkbox"/> Poor housekeeping/disorder <input type="checkbox"/> Noise exposure <input type="checkbox"/> Temperature extremes <input type="checkbox"/> Inadequate or excessive illumination

	MOTOR VEHICLE MOVEMENT: <input type="checkbox"/> Backing <input type="checkbox"/> Forward <input type="checkbox"/> Turning <input type="checkbox"/> Stopped <input type="checkbox"/> Parked	VEHICLE HEADLIGHTS: <input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> Inadequate ventilation <input type="checkbox"/> Presence of harmful materials <input type="checkbox"/> Inadequate instructions/procedures <input type="checkbox"/> Inadequate information/data <input type="checkbox"/> Inadequate preparation/planning <input type="checkbox"/> Inadequate support/assistance <input type="checkbox"/> Road conditions <input type="checkbox"/> Weather conditions <input type="checkbox"/> Mind off task <input type="checkbox"/> Other:
PRIMARY COLLISION FACTORS	INAPPROPRIATE BEHAVIORS <input type="checkbox"/> Cellular telephone/Nextel/PDA use while driving <input type="checkbox"/> Driver under influence of alcohol or drugs <input type="checkbox"/> Pedestrian under influence of alcohol or drugs <input type="checkbox"/> Impeding traffic <input type="checkbox"/> Unsafe speed <input type="checkbox"/> Following too closely <input type="checkbox"/> Wrong side of road <input type="checkbox"/> Improper passing <input type="checkbox"/> Unsafe lane change <input type="checkbox"/> Improper turning <input type="checkbox"/> Automobile right-of-way <input type="checkbox"/> Pedestrian right-of-way <input type="checkbox"/> Pedestrian violation <input type="checkbox"/> Traffic signals and signs <input type="checkbox"/> Unsafe starting or backing <input type="checkbox"/> Hazardous parking <input type="checkbox"/> Lights <input type="checkbox"/> Brakes <input type="checkbox"/> Other equipment <input type="checkbox"/> Fell asleep <input type="checkbox"/> Other improper driving	ROOT CAUSE	PERSONAL FACTORS <input type="checkbox"/> Inadequate physical capability <input type="checkbox"/> Inadequate mental/psych. capability <input type="checkbox"/> Physical/physiological stress <input type="checkbox"/> Mental/psychological stress <input type="checkbox"/> Lack of knowledge <input type="checkbox"/> Lack of training <input type="checkbox"/> Lack of skill <input type="checkbox"/> Improper motivation <input type="checkbox"/> Abuse or misuse JOB FACTORS <input type="checkbox"/> Inadequate leader/supervision <input type="checkbox"/> Inadequate engineering <input type="checkbox"/> Inadequate purchasing <input type="checkbox"/> Inadequate maintenance <input type="checkbox"/> Inadequate tools/equipment <input type="checkbox"/> Inadequate work standard <input type="checkbox"/> Excessive wear/tear <input type="checkbox"/> Inadequate communications <input type="checkbox"/> Inadequate controls <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Other:
Supervisor Name and Signature:		Date	
Driver Name and Signature:		Date	