



Auto Crash Report

Confidential

INSTRUCTIONS: For the criteria below, a brief but definite narrative should be written. Be concise and to the point. Support the statement with examples whenever possible.

Employee Name:	Employee #:	Report Date:
Employee Position:		Crash Date:
Employee Supervisor:		Crash Time:
1. Crash Reported? <input type="checkbox"/> Yes <input type="checkbox"/> No Law Enforcement Agency:		
2. Location of Crash:		
3. Description of Accident (<i>diagram on reverse</i>):		
4. Results of crash? <input type="checkbox"/> Vehicle Damage <input type="checkbox"/> Property Damage <input type="checkbox"/> Injuries <input type="checkbox"/> Fatalities		
5. What were the Preventable Actions, Events and Conditions Contributing to the Crash?		
6. Are Witness(s) Statements Attached to this Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Driver Signature:		Signature Date:
Supervisor Signature:		Signature Date:
To Be Completed by Safety Director:		
Date Received:		Report Number:

Distribution:

- Original to HR Department/Employee File
- Copy to Employee
- Copy to Supervisor File

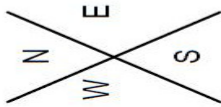
Indicate On This Diagram What Happened

Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers.

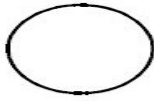
Initial Travel Direction

(prior to coded Vehicle Action)

- 1 - North
- 2 - East
- 3 - South
- 4 - West
- 9 - Unknown



INDICATE
NORTH
BY ARROW



Original Direction of Travel: (Example: Vehicle going north then turning left, code 'N' for Original Direction of Travel)

Vehicle 1 _____ Vehicle 2 _____
_____ Street or Highway

Street or Highway

Street or Highway

Street or Highway

Street or Highway