

Investigating Officer(s):

Name \_\_\_\_\_ Badge # \_\_\_\_\_

Department \_\_\_\_\_

Name \_\_\_\_\_ Badge # \_\_\_\_\_

Department \_\_\_\_\_

Charges Placed - You: Yes ; No

What Charge(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Charges Placed - Other: Yes ; No

What Charge(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### F. ROADWAY CONDITIONS AND CONTROLS

Divided  Not Divided

Limited Access  
Specify Number of Lanes \_\_\_\_\_

Lanes - Marked  Unmarked

Concrete  Gravel

Blacktop  Other Unpaved

Metal Grating (Bridge)

Other (Specify) \_\_\_\_\_

### G. PROPERTY DAMAGE

Damage to other vehicle: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Damage to your vehicle: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cargo Damage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Property Damage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### H. WHAT HAPPENED

1) At what distance did you first see danger? \_\_\_\_\_ Ft.

2) How fast were you going? \_\_\_\_\_ MPH

3) What was your speed at impact? \_\_\_\_\_ MPH

4) How far did your vehicle go after impact? \_\_\_\_\_ Ft.

Describe in your own words the circumstances of the accident:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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# MEMORANDUM ACCIDENT REPORT

## TO BE COMPLETED AT ACCIDENT SCENE

Driver's Name \_\_\_\_\_

Home Terminal \_\_\_\_\_

Equipment \_\_\_\_\_

Power Unit

Trailer(s)

### GENERAL INSTRUCTIONS

- Stop vehicle and investigate.
- Use 4 way flashers and set up warning devices. Turn off all engines. No smoking. Guard against fire. Check for fuel or cargo leaks and advise emergency responders if any are found.
- Assist the injured—DO NOT move injured—call for medical assistance.
- Notify police and supervisor. Give location and nature of accident accurately.
- BE COURTEOUS. Make no statement about accident except to police, company, or insurance company representative.
- Supply name, address, company name and address, vehicle registration number, operator's license, and insurance information to police and other party.
- Comply with U.S. D.O.T.'s and your company's post accident alcohol and drug testing requirements.
- Complete this form before you leave the accident scene.

### A. DATE, TIME, PLACE

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM \_\_\_\_\_ PM

Location: \_\_\_\_\_

Street Address or Intersection

Street or Highway

City/Town

County

State

Distance and Direction from Accident

Nearest community, junction, milepost

Open Country

Business Shopping

Residential

Manufacturing—Industrial

Other (describe) \_\_\_\_\_



## B. ACCIDENT SCENE

### Instructions for Accident Diagram

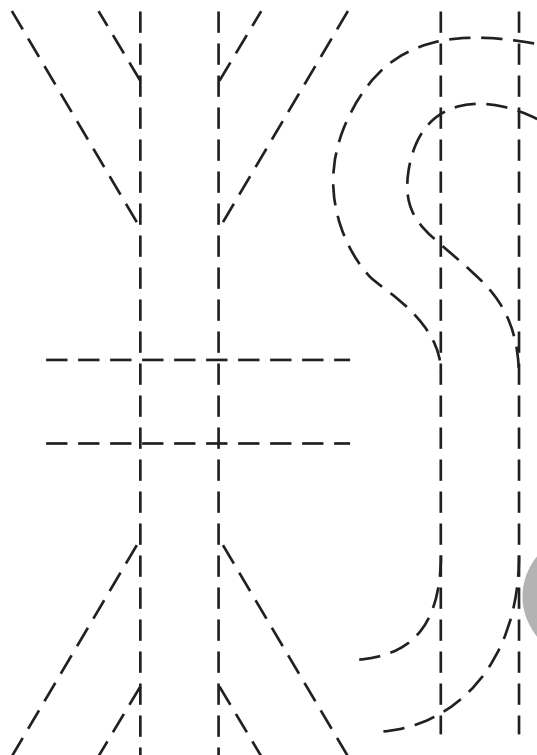
Fill in dotted lines to correspond with road at accident site.  
Show position of all vehicles, pedestrians, etc. as follows:

Your vehicle

Other vehicle(s)  numbered successively

Pedestrian  Traffic signal 

Traffic sign  (indicate type)



Direction of Travel: { Your Veh. (#1) \_\_\_\_\_  
Other \_\_\_\_\_

- Not at Intersection
- Street Intersection
- Drive or Alley
- Crosswalk
- Bridge-Overpass
- Underpass
- Private Property
- Other Off-Street

Other (Describe) \_\_\_\_\_

## C. OTHER VEHICLES

### VEHICLE #2:

Driver \_\_\_\_\_

Address \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

### OTHER OCCUPANTS:

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

### OWNER (IF NOT THE DRIVER):

Name \_\_\_\_\_

Address \_\_\_\_\_

### VEHICLE:

Make & Model \_\_\_\_\_

License Plate No. and State \_\_\_\_\_

Insurance Co. \_\_\_\_\_

### INJURIES:

Name \_\_\_\_\_

Injury \_\_\_\_\_

Where Taken \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_

### VEHICLE #3:

Driver \_\_\_\_\_

Address \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

### OTHER OCCUPANTS:

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

## OWNER (IF NOT THE DRIVER):

Name \_\_\_\_\_

Address \_\_\_\_\_

### VEHICLE:

Make & Model \_\_\_\_\_

License Plate No. and State \_\_\_\_\_

Insurance Co. \_\_\_\_\_

### INJURIES:

Name \_\_\_\_\_

Injury \_\_\_\_\_

Where Taken \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_

## D. PEDESTRIAN ACTION

Describe what happened and the injury.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## E. WITNESSES

Witnesses of the accident.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

License number and descriptions of first vehicles at scene.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_