

## Caravan by DART Accident Report Form

(Complete ALL Blanks and Boxes)

<b>Date of Accident</b>	<b>Time</b>	<input type="checkbox"/> A.M.	<b>Report No.</b>
		<input type="checkbox"/> P.M.	

**DART VEHICLE INFORMATION – VEHICLE #1**

Driver Name: \_\_\_\_\_ Vehicle Number: \_\_\_\_\_ Direction: \_\_\_\_\_

Location (Street/Intersection): \_\_\_\_\_ City: \_\_\_\_\_

Number of Passengers in Company Vehicle: \_\_\_\_\_ Number of Passengers in Other Vehicle: \_\_\_\_\_

Number of Injured Passengers in Company Vehicle: \_\_\_\_\_

Number of Injured Passengers In Other Vehicle: \_\_\_\_\_

Number of Courtesy Cards Obtained: \_\_\_\_\_

**Describe Damage to Company Vehicle:** \_\_\_\_\_

**Defective Equipment:** Did you notice any equipment defects? Yes  No

Describe Defects: \_\_\_\_\_

Whom did you notify? \_\_\_\_\_ When? \_\_\_\_\_

**POLICE INFORMATION**

**POLICE INVESTIGATION** Were Police at the scene of accident? Yes  No

Department Name: \_\_\_\_\_

Officer's Name and Badge Number: \_\_\_\_\_

Was a citation issued? Yes  No

To whom was citation issued: \_\_\_\_\_

Reason: \_\_\_\_\_

**OTHER VEHICLE /:** Color: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Body Style: \_\_\_\_\_ Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

**OTHER PROPERTY DAMAGED:**

Description: \_\_\_\_\_

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

\_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Operator License Number: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Driver's Physical Description: \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\***INJURY INFORMATION**\*\*\*\*\*

\*\*\*\*\***Must complete INJURY QUESTIONNAIRE**\*\*\*\*\*

**DESCRIPTION OF ACCIDENT**

**Weather Conditions:** Clear  Cloudy  Rain (light  Heavy ) Snow (Light  Heavy )  
Fog (Light  Heavy )

**Road Surface Conditions:** Dry  Wet  Mud  Snow  Ice  Oil  Other: (\_\_\_\_\_)

**Light Conditions:** Dawn  Daylight  Dusk

**Darkness:** Street Lights  Street Lights not Working  No Street Lights

**Relation to Intersection:** Near Side  Far Side  Within  Between

**Vehicle action:** **Ours:** Straight  Right turn  Left turn  Passing  Stopping   
**Other:** Straight  Right turn  Left turn  Passing  Stopping

**Traffic control:** **Ours:** Signal  Stop Sign  Yield  Slow  None  Other   
**Other:** Signal  Stop Sign  Yield  Slow  None  Other

Continued on Back

**DESCRIPTION OF ACCIDENT**

Was your view obstructed? No  Yes  By What? \_\_\_\_\_

Speed of vehicles when you first saw vehicle or person Ours: \_\_\_\_\_ MPH Other: \_\_\_\_\_ MPH

Speeds just before impact. Ours: \_\_\_\_\_ MPH Other: \_\_\_\_\_ MPH

Posted Speed Limit Ours: \_\_\_\_\_ MPH Other: \_\_\_\_\_ MPH

How far away was the other vehicle or person when you first saw it? \_\_\_\_\_ Feet

How far did the vehicles move after collision? Ours: \_\_\_\_\_ Feet Other: \_\_\_\_\_ Feet

**Describe Accident in Detail: Begin with when you first notice danger and continue until police arrive on scene (if applicable). Use additional paper if necessary.**

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**ACCIDENT DIAGRAM**

**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.



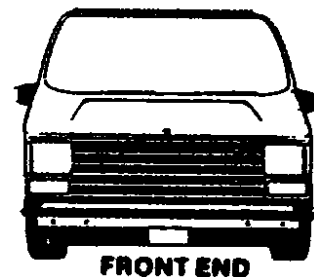
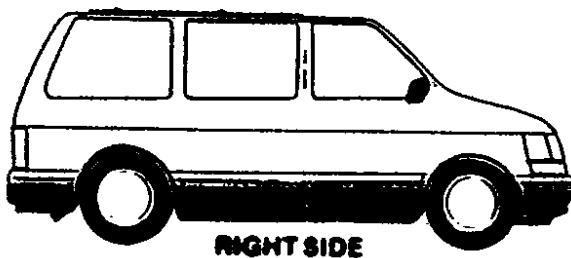
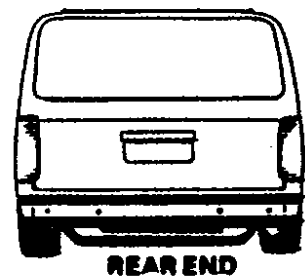
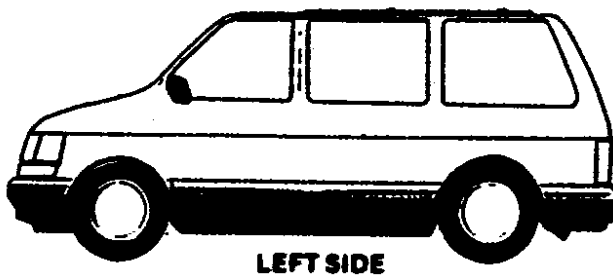
INDICATE NORTH BY ARROW



Street or Highway

Street or Highway

Street or Highway



**Please note any damage to Company Vehicle above.**

DRIVER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_ TIME RECEIVED: \_\_\_\_\_