

# SAFTI VEHICLE ACCIDENT REPORT

## Crash/Injury Notification

To Be Completed By Investigating Supervisor

**Member Name:**

**Report Number:**

Reported By:	Title:	Date Reported:	Location Phone #	Time Reported:
Location Name	Location Code	Region Name	Possible Subrogation? Yes ____ No ____	

**Driver Information**

Name	Date of Hire	License #		
Address	City	State	Zip	
Was Driver Injured? Yes ____ No ____	Extent of Injury	Taken to What Hospital?	WC Claim Filed Yes ____ No ____	

**Vehicle Information**

Make & Model	Year	VIN	Vehicle #	Lic Plate #	Route #
Area of Damage	Estimated Cost of Repair		Where was vehicle towed?		

**Crash Information**

Date of Crash	Time of Crash	Location of Crash			
Time of Dispatch Notification:	Report #	Citation Issued:	Officer's Name & Badge #	Photos Taken?	
Time of Supervisor Notification		Our Driver____ Other Driver____		Yes ____ No ____	

**Other Vehicle Involved**

Name/ Owner	Vehicle Insured Yes ____ No ____	Carrier & Policy #	Phone(Home)	Phone(Work)	
Address	City	State & Zip	Phone(Alt- Cell/Pager)		
Driver(if different)	DL#	Phone(Home)	Phone(Work)	Phone(Alt- Cell/Pager)	
Address	City	State & Zip	Injuries?	Hospitalized?	
Property Damage (Make, Model, Year)	Description of Damages		Where was vehicle towed?	Plate#	

**Other Vehicle Involved**

Name/ Owner	Vehicle Insured Yes ____ No ____	Carrier & Policy #	Phone(Home)	Phone(Work)	
Address	City	State & Zip	Phone(Alt- Cell/Pager)		
Driver(if different)	DL#	Phone(Home)	Phone(Work)	Phone(Alt- Cell/Pager)	
Address	City	State & Zip	Injuries?	Hospitalized?	
Property Damage (Make, Model, Year)	Description of Damages		Where was vehicle towed?	Plate#	

**Member Name:**

**Report Number:**

**Vehicle Passenger Information**

Name		Injury Reported		Hospitalized?
Address	City	State & Zip	Phone	
Name		Injury Reported		Hospitalized?
Address	City	State & Zip	Phone	

**Vehicle Passenger Information**

Name		Injury Reported		Hospitalized?
Address	City	State & Zip	Phone	
Name		Injury Reported		Hospitalized?
Address	City	State & Zip	Phone	

**Witness Information**

Name	Phone Number	Address	City	State & Zip
Name	Phone Number	Address	City	State & Zip

**Description of Accident (describe what happened)**


**Accident Diagram (draw scene & crash details)**


Driver Signature	Supervisor Signature
Date	Date

<b>Member Name:</b>		<b>Report Number:</b>	
<b><u>Vehicles Involved</u></b>		<b><u>Collision Location</u></b>	
Transit Bus <input type="checkbox"/>	Transit Center <input type="checkbox"/>	With Pedestrian <input type="checkbox"/>	In Crosswalk <input type="checkbox"/>
Transit Vans <input type="checkbox"/>	Intersection <input type="checkbox"/>	With Animal <input type="checkbox"/>	Not in Crosswalk <input type="checkbox"/>
Transit Non-Revenue <input type="checkbox"/>	Roadway <input type="checkbox"/>	With Object <input type="checkbox"/>	On Roadway <input type="checkbox"/>
Passenger Vehicle <input type="checkbox"/>	Shopping Center <input type="checkbox"/>	With Motor Vehicle <input type="checkbox"/>	Other <input type="checkbox"/>
Motorcycle <input type="checkbox"/>	Commercial Center <input type="checkbox"/>	Other <input type="checkbox"/>	
Commercial <input type="checkbox"/>	Other <input type="checkbox"/>		
Other <input type="checkbox"/>			
<b><u>Transit Vehicle Action</u></b>		<b><u>Time Period</u></b>	
Going Straight <input type="checkbox"/>	Going Straight <input type="checkbox"/>	AM Peak <input type="checkbox"/>	Passenger <input type="checkbox"/>
Parked <input type="checkbox"/>	Parked <input type="checkbox"/>	PM Peak <input type="checkbox"/>	Employee <input type="checkbox"/>
Standing/Stopped <input type="checkbox"/>	Standing/Stopped <input type="checkbox"/>	Off Peak <input type="checkbox"/>	Occupants <input type="checkbox"/>
Stopping/Starting <input type="checkbox"/>	Stopping/Starting <input type="checkbox"/>		Other <input type="checkbox"/>
Maneuvering to Avoid Object, Person, Vehicle <input type="checkbox"/>	Maneuvering to Avoid Object, Person, Vehicle <input type="checkbox"/>	<b><u>Injuries</u></b>	
Turning Left <input type="checkbox"/>	Turning Left <input type="checkbox"/>	Transit Employee(s) <input type="checkbox"/>	<b><u>Fatalities</u></b>
Turning Right <input type="checkbox"/>	Turning Right <input type="checkbox"/>	Number _____	Transit Employee(s) <input type="checkbox"/>
Changing Lanes <input type="checkbox"/>	Changing Lanes <input type="checkbox"/>	Transit Passengers <input type="checkbox"/>	Number _____
Negotiating Curve <input type="checkbox"/>	Negotiating Curve <input type="checkbox"/>	Number _____	Transit Passengers <input type="checkbox"/>
Backing <input type="checkbox"/>	Backing <input type="checkbox"/>	Pedestrians <input type="checkbox"/>	Number _____
Other <input type="checkbox"/>	Other <input type="checkbox"/>	Number _____	Pedestrians <input type="checkbox"/>
		Other Vehicle	Number _____
		Occupant(s) <input type="checkbox"/>	Other Vehicle <input type="checkbox"/>
		Number _____	Occupant(s) <input type="checkbox"/>
			Number _____
<b><u>Incident Category</u></b>		<b><u>Weather</u></b>	
Collision <input type="checkbox"/>	Clear <input type="checkbox"/>	<b><u>Light Conditions</u></b>	
Security Incident <input type="checkbox"/>	Cloudy <input type="checkbox"/>	Daylight <input type="checkbox"/>	<b><u>Pedestrian Accident/Incident</u></b>
Fire <input type="checkbox"/>	Rain <input type="checkbox"/>	Dawn <input type="checkbox"/>	
Fatality <input type="checkbox"/>	Snow/Ice <input type="checkbox"/>	Dusk <input type="checkbox"/>	
	Fog <input type="checkbox"/>	Dark - Street Lights <input type="checkbox"/>	
	Other <input type="checkbox"/>	Dark - No Street Lights <input type="checkbox"/>	
<b><u>Security Incident</u></b>		<b><u>Traffic</u></b>	
Rape <input type="checkbox"/>	Dry <input type="checkbox"/>	Heavy <input type="checkbox"/>	<b><u>On-Board</u></b>
Robbery <input type="checkbox"/>	Wet <input type="checkbox"/>	Medium <input type="checkbox"/>	
Assault <input type="checkbox"/>	Snow/Ice <input type="checkbox"/>	Light <input type="checkbox"/>	
Burglary <input type="checkbox"/>	Other <input type="checkbox"/>		
Theft <input type="checkbox"/>	<b><u>Transit Property Damage</u></b>	<b><u>Other Property Damage</u></b>	
Arson <input type="checkbox"/>	\$ _____	\$ _____	
Fare Evasion <input type="checkbox"/>	_____	_____	
Trespass <input type="checkbox"/>	<b>Description of Damage</b>	<b>Description of Damage</b>	
Vandalism <input type="checkbox"/>	_____	_____	
	_____	_____	
<b><u>DOT Reportable</u></b>			
Yes <input type="checkbox"/>			<b><u>Fell Near Bus</u></b>
No <input type="checkbox"/>			
<b><u>FTA Reportable</u></b>			
Yes <input type="checkbox"/>			Bas Was Going:
No <input type="checkbox"/>			Straight <input type="checkbox"/>
			Curve <input type="checkbox"/>
			Turning <input type="checkbox"/>
			Before Boarding <input type="checkbox"/>
			After Alighting <input type="checkbox"/>
			How Many Feet From Bus _____

