

Damage to Other Property	Indicate what type of property was damaged:		
	<input type="checkbox"/> Fence <input type="checkbox"/> Signs or Signals <input type="checkbox"/> Building <input type="checkbox"/> Other (describe): <input type="checkbox"/> Guard Rail		
Accident Investigation	Did Police investigate the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were photographs taken at the scene? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who took them?
	Name of Police Agency:	Officer Name:	Case Number:
	Were citations issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	To Whom?	
	Road Conditions: <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Icy <input type="checkbox"/> Other (<i>describe</i>)		
	Estimated speed you were traveling:	Estimated speed of other vehicle:	
	Posted speed limit:	Were Traffic controls in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Witness #1 Information	Name:	Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
	Address:		
Witness #2 Information	Name:	Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
	Address:		
Describe the accident.			
What did you do to avoid the accident?			
Driver's Statement		Scope of Employment Statement	
As the driver of the City-owned vehicle described in this report, I acknowledge that all information provided is true and accurate to the best of my knowledge.		As supervisor of this position, I affirm that the individual named driver was operating the vehicle within his or her authorized scope of employment at the time of the accident. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver's Signature: (<i>REQUIRED</i>)	Date	Supervisor's Signature: (<i>REQUIRED</i>)	Date