

The Arc of Prince George's County Vehicle Accident Report

Date of Accident: _____

Time of Accident: _____

Arc Driver Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (H) _____ (W) _____

Driver's License Number: _____ Date of Birth: _____

Arc Vehicle

Make: _____ Model: _____ Year: _____

Tag #: _____ Color: _____ Vehicle ID #: _____

Describe, in detail, any damage to The Arc's vehicle: _____

Address where vehicle is now: _____

Is vehicle able to be driven? _____

=====

Other Driver Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (H) _____ (W) _____

Driver's License #: _____ Date of Birth: _____

Insurance Co.: _____ Policy/Binder #: _____

Insurance Agent: _____ Telephone: _____

Other Vehicle

Make: _____ Model: _____ Year: _____

Tag #: _____ Color: _____ Vehicle ID #: _____

Describe, in detail, any damage to the Other vehicle: _____

Address where vehicle is now: _____

Is vehicle able to be driven? _____

Police Information

Were the police called? Yes No

Officer's Name: _____ Badge/ID #: _____

Police Address: _____

Report Number: _____

Describe any Violations or Citations: _____

Description of the Accident

Location/Address: _____

City: _____ State: _____

Nearest Intersection: _____

What happened? Who? What? When? How? (Use reverse side if necessary - be as detailed and specific as possible): _____

Please draw a diagram of the accident:

Weather Conditions at time of accident: _____

Describe any Injuries

Name: _____

Address: _____

Telephone: (H) _____ (W) _____

Which vehicle was injured person in? _____

Describe injury: _____

Medical attention needed? Yes No Hospital taken to: _____

Name: _____

Address: _____

Telephone: (H) _____ (W) _____

Which vehicle was injured person in? _____

Describe injury: _____

Medical attention needed? Yes No Hospital taken to: _____

Arc passengers on the vehicle at time of accident:

Witnesses

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (H) _____ (W) _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (H) _____ (W) _____

Signature of Person Completing Report: _____ Date: _____

To be Completed by Program Director

Have you spoken with the driver to verify and/or clarify the information in this report?
Yes No

Have you seen the vehicle? Yes No

Do the damages require repair? Yes No If no, why not? _____

In your opinion, do you think the repairs will exceed \$500? Yes No Unsure

Signature of Program Director: _____ Date: _____

MARGIE
**SEND COMPLETED, SIGNED REPORT TO SALLY WITHIN 24 HOURS OF
ACCIDENT**