

# 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: \_\_\_\_\_

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To be Completed by Program Director  
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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: \_\_\_\_\_

SEND COMPLETED, SIGNED REPORT TO <sup>MARGIE</sup> SALLY WITHIN 24 HOURS OF ACCIDENT