Eastern Panhandle Instructional Cooperative
VEHICLE ACCIDENT REPORT
Read Carefully, Fill Out Completely and Return the Original to the EPIC Office

TIME

Date of Accident: _____ 20 _____

Hour: _____ AM
_____ PM

Day of Week: _____

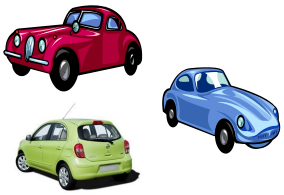
LOCATION

_____ CITY
_____ RURAL

PLACE WHERE ACCIDENT OCCURRED

County: _____ City or Town: _____

Circle Damaged Areas



Asterisk (*) - Point of Initial Impact

ROAD ON WHICH ACCIDENT OCCURRED: _____
(Give name of street or highway number (US or Street))

_____ AT IT'S INTERSECTION WITH: _____ (Name of intersecting street or highway number)

OR

_____ NOT AT INTERSECTION
(Check and complete one)

_____ feet _____
north—south
_____ feet _____
east—west

of: _____
Show nearest intersecting street or highway, house number, curve, bridge, railroad crossing, alley, driveway, culvert, milepost, underpass, numbered telephone pole, or other identity landmark. Show exact distance, using two directions and two distances if necessary.

DRIVER

VEHICLE NO 1—EPIC OWNED		VEHICLE 2
_____	**Driver's Name**	_____
_____	**Address**	_____
_____	**City and State**	_____
_____	**Phone Number**	_____
_____	**Driver's License**	_____
Odometer reading of vehicle at accident scene _____		Insurance Name: _____
		Policy #: _____
		(if vehicle driven by other than owner)
		Owner's Name: _____
		Address: _____
		City and State: _____

VEHICLES

VEHICLE NO 1—EPIC OWNED		VEHICLE NO 2
_____	**Type of Vehicle**	_____
Make _____ Year _____		Make _____ Year _____
#: _____	**VIN**	#: _____
State _____ Tag. _____ _____	**Vehicle**	State _____ Tag:
_____	**Describe Vehicle Damage**	_____
_____		_____
_____		_____

INJURIES

	Name	Address	Age	Sex	Injured	Hospitalized	Killed
Driver							
Passenger(s)							
Other							

WITNESSES

NAME	ADDRESS	REMARKS

Law Enforcement Agency Investigating: _____

(Attach copy of Police Report to this Vehicle Accident Report if Applicable)

Was citation issued: _____ Yes _____ No

TURN THE PAGE—COMPLETE BOTH SIDES

MOVEMENT

VEHICLES

1	2	
_____	_____	Going straight ahead
_____	_____	Meeting in curve
_____	_____	Passing
_____	_____	Entering intersection
_____	_____	Being passed
_____	_____	Making right turn
_____	_____	Making left turn
_____	_____	Pulling from curb or loading zone
_____	_____	Pulling into curb or loading zone
_____	_____	Backing
_____	_____	Stopped in traffic lane
_____	_____	_____ (Specify other)

(Specify other e.g. slowing or stopping/parked/hit in rear/changing lanes, sideswipe-opposite way/head-on into opposite lane/skidding/U-turning/merging/non-collision/struck fixed object)

PEDESTRIAN

_____ Walking with traffic
_____ Walking against traffic
_____ Coming from behind parked vehicle
_____ Crossing at intersection
_____ Crossing not at intersection
_____ Alighting from a vehicle
_____ Working in roadway
_____ Playing in roadway
_____ Not on pavement
_____ _____ (Specify other)

PASSENGER

_____ Boarding vehicle
_____ Alighting from vehicle
_____ Caught in doors
_____ Seated
_____ In motion inside vehicle
_____ Crossing roadway to bus
_____ Crossing roadway from bus
_____ _____ (Other—describe)
_____ NUMBER PASSENGERS ON BOARD

CONDITIONS

DRIVERS AND PEDESTRIAN

1	2	PED	
_____	_____	_____	Influenced by alcohol
_____	_____	_____	Asleep or fatigued
_____	_____	_____	Sick
_____	_____	_____	Influenced by medication
_____	_____	_____	Not known

VEHICLES

1	2	
_____	_____	Defective brakes
_____	_____	Defective steering
_____	_____	Defective lights
_____	_____	Defective tires
_____	_____	No defects
_____	_____	_____ (Specify other)

WEATHER

_____ Clear
_____ Raining
_____ Snowing
_____ Sleeting
_____ Fog
_____ _____ (Specify other)

ROADWAY

_____ Paved
_____ Under repair
_____ Holes or ruts
_____ Slippery
_____ Muddy
_____ Icy or snowy
_____ No defects

CONTRIBUTING FACTORS

OPERATORS

1	2		1	2	
_____	_____	Did not have right-of-way	_____	_____	Improper backing
_____	_____	Following too closely	_____	_____	Improper traffic lane
_____	_____	Failure to signal intentions	_____	_____	Improper parking
_____	_____	Speed too fast for conditions	_____	_____	Lack of tire chains
_____	_____	Improper passing	_____	_____	_____ (Specify other)
_____	_____	Improper turning			
_____	_____	Disregarded traffic signs or signals			

VEHICLE SPEED

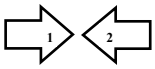
VEHICLES

1	2	
_____ MPH	_____ MPH	Exceeding legal limit
_____ MPH	_____ MPH	Safe speed
_____ MPH	_____ MPH	Estimated speed when danger noticed
_____ MPH	_____ MPH	Estimated speed at moment of impact

INDICATE ON THIS DIAGRAM WHAT HAPPENED

Use one of these outlines to sketch the scene of your accident.

Number each vehicle and show direction of travel by arrows. Ex.:



Indicate North By Arrow

At what distance was danger first noticed? _____ feet

(Draw vehicles in proportion to width of roadway)

DRIVERS ACCOUNT OF ACCIDENT: _____

(Refer to vehicles by number)
Use this space for listing additional injured persons. Also explain questions not fully answered by checking in the boxes provided.
(If more space is needed use another form or sheet of paper the same size.)

_____

_____

_____

_____

_____ I could have avoided the accident
Accidents involved in this year: _____

_____ I could not have avoided the accident
Total accidents for all years: _____

Suggestions for PREVENTING future accidents of this type: _____

_____

_____ **Driver's Signature**

_____ **EPIC Administrator's Signature**

Updated 6/2018