

**WORKSHEET – VEHICLE ACCIDENT/INCIDENT**

Complete immediately and bring to Supervisor  
to prepare Vehicle Accident/Incident Report

P H O L L I D E R  Y R	DISTRICT SCHOOL BOARD OF PASCO COUNTY 7227 LAND O' LAKES BOULEVARD LAND O' LAKES, FLORIDA 34638	I C N S U R I A N C E	PGCS CLAIMES SERVICE P O BOX 958456 LAKE MARY, FL 32795-8456
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NAME OF SCHOOL OR DEPARTMENT:	ADDRESS:	PHONE NO.:
NAME OF DRIVER:	AGE:	ADDRESS:
DRIVER LICENSE NUMBER:	PHONE NUMBER:	MAKE OF VEHICLE:
PURPOSE FOR WHICH VEHICLE BEING USED:		NUMBER OF PASSENGERS ON BOARD:
YEAR:		MODEL:
VEHICLE #:		

DATE OF ACCIDENT:	HOUR:	LOCATION:	STREET:	CITY/STATE:
DESCRIBE IN YOUR OWN WORDS HOW THE ACCIDENT OCCURRED – EXTENT OF DAMAGE:			ACCIDENT DIAGRAM:	

**DAMAGE TO OTHER VEHICLES**

OWNER OF OTHER VEHICLE:	ADDRESS:	PHONE:
IF DIFFERENT FROM ABOVE OTHE DRIVER:	ADDRESS:	PHONE:
TYPE/YEAR VEHICLE:	VEHICLE LICENSE PLATE NUMBER:	NAME OF INSURANCE CO.:
DESCRIBE DAMAGE:		

**DAMAGE TO OTHER PROPERTY**

OWNER OF PROPERTY:	ADDRESS:	PHONE:
TYPER OF PROPERTY:		
DESCRIBE DAMAGE:		

INJURED:	INJURY (1)	INJURY (2)	INJURY (3)
NAME:	( )	( )	( )
AGE:			
ADDRESS:			
PHONE NO:			
WHERE TAKEN:			
EXTENT INJURIES:			
CHECK ONE:	PEDESTRIAN    YOUR VEH. <input type="checkbox"/> OTHER VEH. <input type="checkbox"/>	PEDESTRIAN    YOUR VEH. <input type="checkbox"/> OTHER VEH. <input type="checkbox"/>	PEDESTRIAN    YOUR VEH. <input type="checkbox"/> OTHER VEH. <input type="checkbox"/>
WITNESSES:	WITNESS (1)	WITNESS (2)	WITNESS (3)
NAME:			
ADDRESS:			
PHONE NO:			

**POLICE INVESTIGATION**

WERE POLICE CALLED TO THE SCENE?    YES <input type="checkbox"/> NO <input type="checkbox"/>	WAS POLICE INVESTIGATION MADE?    YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, NAME OF INVESTIGATING AGENCY:	STATION ADDRESS:
ARRESTS MADE AND CHARGES FILED:	
<b>IMPORTANT:</b>	
DO YOU THINK A CLAIM WILL BE MADE AGAINST YOU?    YES <input type="checkbox"/> NO <input type="checkbox"/>	WERE YOU CHARGED?    YES <input type="checkbox"/> NO <input type="checkbox"/>

**USE ACCIDENT CODE NUMBERS FOR FOLLOWING INFORMATION**

1. TYPE OF ACCIDENT	2. TYPE OF ROADWAY	3. VEHICLE DIRECTIONAL ANALYSIS	4. MANNER OF COLLISION BETWEEN VEHICLES OR OBJECTS	5. FIRST POINT OF CONTACT
6. CONTRIBUTING CIRCUMSTANCES NOTED BY OFFICER	7. CONDITION OF ROAD	8. LIGHT CONDITION	9. WEATHER CONDITIONS	10. WAS SAFETY BELT IN USE?

USE THE NUMERICAL CODES BELOW TO ANSWER QUESTIONS ONE THRU NINE IN THE APPROPRIATE SECTION OF THE VEHICLE ACCIDENT REPORT FORM.

TAKE THE COMPLETED FORM TO YOUR SUPERVISOR AS SOON AS POSSIBLE FOR TRANSFER TO THE APPROPRIATE THREE PART FORM

### VEHICLE ACCIDENT REPORT CODE SHEET

**1. Type of Accident**

- 01 Non-collision
- 02 Railroad train
- 03 Pedestrian
- 04 Fixed object
- 05 Between motor vehicles
- 06 Other collision (animal, animal drawn cart, etc.)
- 07 Pedal cycle

**2. Type of Roadway**

- 01 2 Lane road
- 02 Intersection
- 03 Unpaved road
- 04 Private property
- 05 4 or More lane road
- 06 Railroad crossing
- 07 School ground

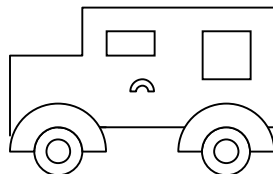
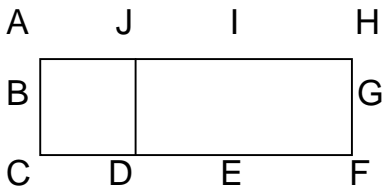
**3. Directional Analysis**

- 01 Loading or unloading
- 02 Stopped at intersection or in traffic
- 03 Changing lanes
- 04 Turning left
- 05 Moving straight ahead
- 06 Stopped at railroad
- 07 Backing
- 08 Turning right
- 09 Parked

**4. Manner or Collision between**

- Vehicles or Objects
- 01 Angle
  - 02 Head-on
  - 03 Rear-end
  - 04 Other

**5. First Point of Impact**



**6. Contributing Circumstances as Noted on Investigating Officers Report as Pertaining to the Vehicle**

- 01 Over posted speed limit
- 02 Passed stop sign
- 03 Failed to yield
- 04 Improper lane change
- 05 Improper parking
- 06 Improper passing
- 07 Defective road surface
- 08 Defective equipment
- 09 View obstructed by object
- 10 Other
- 11 Over safe speed
- 12 Disregard traffic signal
- 13 Drove to left of center
- 14 Followed too closely
- 15 Improper turn
- 16 Improper stop in roadway
- 17 Careless driving

**7. Condition of Road**

- 01 Dry
- 02 Icy
- 03 Slippery
- 04 Under repair
- 05 Holes or ruts
- 06 Other

**8. Light Conditions**

- 01 Dawn
- 02 Daylight
- 03 Dusk
- 04 Dark, artificially illuminated
- 05 Dark, not artificially illuminated

**9. Weather Conditions**

- 01 Clear
- 02 Fog
- 03 Other
- 04 Dust
- 05 Raining
- 06 Smog, smoke