

SUPERVISOR'S REPORT OF MOTOR VEHICLE ACCIDENT

This form does not replace regular accident reports that may be required by the insurance carrier, or by any governmental agencies. Its purpose is to establish specific causes of the accident leading to suitable corrective action.

1. **Driver:** _____ **Department:** _____
2. **Type of Accident.** (Head-on, Sideswipe, Rear End, Backing, Etc.) _____
3. **Type of Vehicle, Identifying Vehicle Number #, Make, Model:** _____
4. **Location of Accident:** _____
5. **Date and Time of Accident:** _____
6. **Persons Injured and extent of Property Damage:** _____

7. **Description of Accident: What Happened?** _____

8. **Unsafe Conditions:** (Weather, Equipment, Lights, Working Conditions, Etc.) _____

9. **Unsafe Act:** (Describe the unsafe act of the driver, improper turn, no signal, failure to yield, Etc.) _____

10. **Corrective Action:** (Necessary to prevent reoccurrence.) _____

Supervisor: _____
Reviewed By: _____
Date Prepared: _____