HOW DID ACCIDENT HAPPEN?

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POOLED LIABILITY ASSURANCE NETWORK JOINT POWERS AUTHORITY VEHICLE ACCIDENT REPORT

	Accident date: Time:	AM/PM		
	Place where accident happened:			
	YOU AND YOUR VEHICLE (Vehicle #1)			
	Name & Title:			
	Department: Telephone:	Telephone: ()		
	CA Driver's License #: Expiration:			
	V.I.N. (Vehicle Identification Number):			
	License Plate Number:			
	Vehicle Make: Model:	Year:		
	Registered Owner:			
	Passengers' Names:			
	Damages (include any permanently attached equipment):			
	Were you injured? ☐ Yes ☐ No (If yes, you must also complete an C	Occupational Injury Report immediately		
mployee's Signature Date	OTHER VEHICLES AND DRIVERS (Vehicle #2)			
	Driver's Name: Telephone:	()		
SUPERVISOR REVIEW omments, if any:	Address:			
	Driver's License #: State:	Expiration:		
	Vehicle Make:	/ear:		
	License #:			
	Registered Owner:			
ppervisor's Signature Date	Passengers' Names:			
(After review, the supervisor should forward this report to the Risk Manager.)	Damages:			
	T. C. D.K. M.			

LAW ENFORCEMENT

OTHER VEHICLES AND DRIVERS (Vehicle #3)

Drive	r's Name:	Telephone: ()
Addre		
Drive	r's License #:	State:
Vehic	le Make:	Year:
Licens	se #:	
Regist	ered Owner:	
Passer	ngers' Names:	
Dama		
Insura		Policy No.:
	(List below all employ	INJURED PERSONS rees, drivers, and passengers from all vehicles who were injured)
1.	Name:	Telephone: ()
	Address:	
	Where Taken:	
2.	Name:	Telephone: ()
	Address:	
	Where Taken:	
3.	Name:	Telephone: ()
	Address:	
	Where Taken:	
		WITNESSES
1.	Name:	
	Address:	
2.	Name:	Telephone: ()
	Address:	

Agency:	Badge #:
Report Number:	

DIAGRAM OF ACCIDENT (Please draw diagram below.)

- Number city vehicle as 1, other vehicle as 2, additional vehicle as 3, and show direction of travel with arrows. EXAMPLE: → □ □ ←
 Use solid line to show path before accident
- 3. Show pedestrian by -----
- 4. Show railroad by _____
- 5. Give names or numbers of streets or highways

Investigated by Officer:

- 6. Indicate north by arrow within this box \rightarrow
- 7. Show traffic signs and signals

CONDITIONS AT ACCIDENT SCENE

Light:	□ Daylight	□ Night	□ Dawn	□ Dusk
Weather:	□ Clear	□ Rain	□ Snow	\square Fog
Road Surface:	□ Dry	☐ Debris	☐ Snow/Ice	□ Wet
Surrounding Area:	□ Business	☐ Rural	□ Residential	