



ACCIDENT REPORT

CITY OF STAMFORD
DRIVER'S ACCIDENT REPORTING KIT
to be completed at the accident scene

City driver's name: _____
License Number: _____ State: _____
Job title: _____

Department: _____
Activity Code: _____

Registration Number : _____
Make & Model: _____

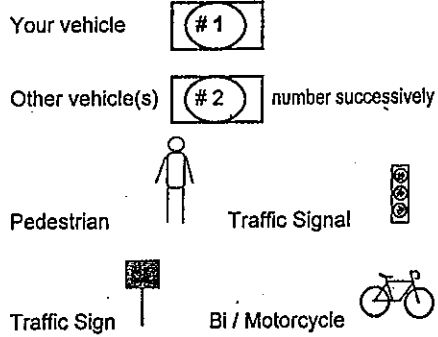
Date time & place
Date: Time: ____: ____ AM [] PM []

Location:
Street
street address or intersection

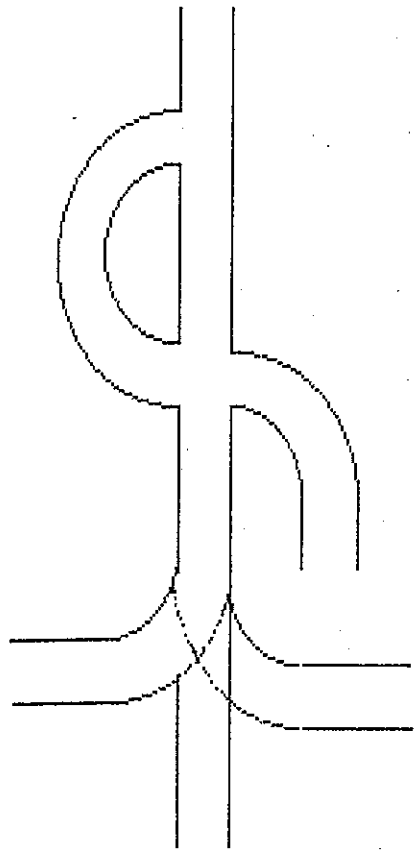
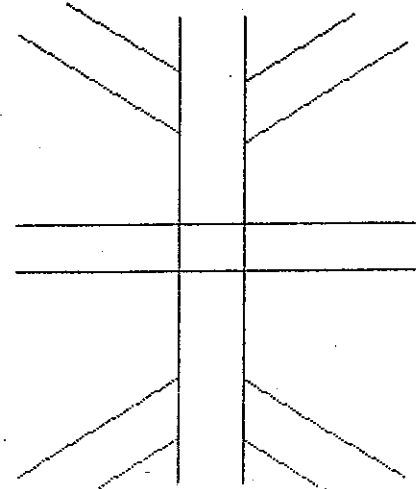
The Local Police Department will be notified and asked to prepare a MVA accident report for any accident involving a City Vehicle.

Investigating Officer: _____
Badge # _____

Prepare a brief accident diagram



Fill in the light lines to correspond with the approximate road conditions at the accident site



Signature: _____

Date: _____

What happened?
Describe in your own words the circumstances of the accident:

At what distance did you first see the danger? _____ ft

Approximately how fast were you going? _____ mph

What do you think your speed was at impact? _____ mph

How far did you travel after impact? _____ ft

Describe the damage to your vehicle:

Describe the damage to other vehicle or property involved:

Type of Accident

- Collision with another vehicle
- Collision with a fixed object
- Collision with a pedestrian
- other (explain)

Possible Witnesses
 Persons who saw the accident may be of service to the City by providing their name and address

Witnesses

Name:
 Address Phone

Name:
 Address Phone

Name:
 Address Phone

Damage to fixed object

City Vehicle:

#: Tag or Reg No:

Make / Model: Year:

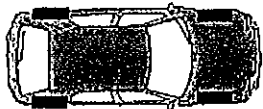
VIN # :

City Operator:

Passengers or occupants:

Anyone in this vehicle Injured?
 Who:

Damage to City Vehicle



Other Vehicle (vehicle 2)

Tag or Reg No:

Make / Model: Year:

VIN # :

Vehicle Operator:

Vehicle Owner:

Passengers or occupants:

Anyone in this vehicle Injured?
 Who:

Damage to Other Vehicle (2)



Other Vehicle (vehicle 3)

Tag or Reg No:

Make / Model: Year:

VIN # :

Vehicle Operator:

Vehicle Owner:

Passengers or occupants:

Anyone in this vehicle Injured?
 Who:

Damage to Other Vehicle (2)

