

VEHICLE ACCIDENT REPORT FORM

PRELIMINARY ACCIDENT INFORMATION

ACCIDENT DATE-TIME	
ACCIDENT LOCATION	
WAS A POLICE REPORT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO	POLICE AGENCY CASE NUMBER: POLICE AGENCY NAME: OFFICER NAME-BADGE NUMBER:

AGENCY EMPLOYEE

DRIVER'S NAME	
WORK ADDRESS	375 Beale Street, San Francisco, CA 94105
DRIVER'S LICENSE NO.	
DIVISION	
DATE OF BIRTH	
WORK TELEPHONE #	
LICENSE PLATE-STATE	
VEH IDENT. NUMBER	
YR MAKE MODEL COLOR	
VEH OWNER'S NAME ADDRESS-TELEPHONE	Bay Area Air Quality Management District 375 Beale Street, Suite 600, San Francisco, CA 94105 (415) 771-6000
INSURANCE COMPANY ADDRESS – TELEPHONE	Alliant Insurance Services, Inc. 100 Pine Street, 11th Floor, San Francisco, CA 94111 (877) 725-7695
POLICY NUMBER	
POLICY PERIOD	
POLICY HOLDER NAME	Bay Area Air Quality Management District

OTHER PARTY

DRIVER'S NAME			
ADDRESS			
DRIVER'S LICENSE NO.			
DATE OF BIRTH			
TELEPHONE NUMBER	HOME	WORK	CELL
LICENSE PLATE - STATE			
VEH IDENT. NUMBER			
YR MAKE MODEL COLOR			
VEH OWNER'S NAME ADDRESS-TELEPHONE			
INSURANCE COMPANY ADDRESS-PHONE			
POLICY NUMBER			
POLICY PERIOD			
POLICY HOLDER NAME			

WITNESS /PASSENGER /PEDESTRIAN /PROPERTY OWNER

NAME			
ADDRESS			
DRIVER'S LICENSE NO.			
DATE OF BIRTH			
TELEPHONE NUMBER	HOME	WORK	CELL

WITNESS /PASSENGER /PEDESTRIAN /PROPERTY OWNER

NAME			
ADDRESS			
DRIVER'S LICENSE NO.			
DATE OF BIRTH			
TELEPHONE NUMBER	HOME	WORK	CELL

ACCIDENT INFORMATION

WHAT WAS YOUR VEHICLE DOING PRIOR TO THE ACCIDENT (check answer)	Travelling straight ahead <input type="checkbox"/> Turning left <input type="checkbox"/> Leaving traffic lane <input type="checkbox"/> Backing <input type="checkbox"/> Slowing or stopped <input type="checkbox"/> Changing lanes <input type="checkbox"/> Making U-turn <input type="checkbox"/> Parked <input type="checkbox"/> Turning right <input type="checkbox"/> Entering traffic lane <input type="checkbox"/> Overtaking/passing <input type="checkbox"/>
WEATHER CONDITIONS (check answer)	Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Fog <input type="checkbox"/> Smoke <input type="checkbox"/>
ROAD CONDITIONS (check answer)	Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Sand, mud, dirt, oil, gravel <input type="checkbox"/> Water (standing, moving) <input type="checkbox"/> Under Construction <input type="checkbox"/>
LIGHTING CONDITIONS (check answer)	Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark - lighted roadway <input type="checkbox"/> Dark - roadway not lighted <input type="checkbox"/> Dark - unknown roadway lighting <input type="checkbox"/>
DESCRIBE DAMAGE TO AGENCY VEHICLE	
DESCRIBE DAMAGE TO OTHER VEHICLE OR PROPERTY	
DESCRIBE ACCIDENT	

AFTER AN ACCIDENT, FOLLOW THESE STEPS:

- If anyone is injured, call 911.
- Stay calm, park safely and set out warning devices.
- For all accidents and damages, immediately notify your supervisor.
- Notify local law enforcement agency to take a report to document accident.
- Identify yourself. Supply driver's license number, registration and proof of insurance, if asked.
- Do not discuss the accident with other driver(s) or witnesses.
- Discuss the accident only with Agency staff, law enforcement investigators or insurance investigators (Alliant Insurance Services, Inc.)
- Ask all witnesses to give witness information.- Document the accident with photographs taken from all four sides, include any road or weather conditions. Take pictures of license plates and vehicle damage.
- Questions, please contact the general business office number 415-749-7495