

**What to do in case of an accident:**

- Move vehicles off roadway to a safe location as soon as practical, if possible.
- Remain calm.
- Check for injuries.
- Notify police immediately.
- Do not admit fault or make statements about paying for damage.
- Do not sign anything unless asked by a law enforcement officer.
- Provide as much information as possible on this report.
- If there are witnesses, please give their names to police. Provide contact information on this form.
- Report accident to your supervisor as soon as possible. If you have been injured, tell your supervisor.
- Contact the person who handles auto claims at your employer as soon as possible to report this incident.
- Submit completed *Vehicle Accident Information* and follow your employer's policies for reporting and investigating an accident.
- Photos, photos, photos. Please take as many photos as necessary to document the event.

**POLICE OFFICER**

Name: \_\_\_\_\_

Agency or Employer: \_\_\_\_\_

Was a citation issued? YES or NO Who: \_\_\_\_\_

**WITNESSES TO ACCIDENT**

(Please try and get photo from each witness's view-point.)

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Location at time of accident? \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Location at time of accident? \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Location at time of accident? \_\_\_\_\_

**Texas Municipal League  
Intergovernmental Risk Pool  
1821 Rutherford Ln., First Floor  
Austin, TX 78754**

**512-491-2300 / 800-537-6655  
Email: [claims@tmlirp.org](mailto:claims@tmlirp.org)**



## Vehicle Accident Information



Keep available form in glove box and complete after an accident occurs.

CITY/ENTITY NAME: \_\_\_\_\_

**VEHICLE OPERATOR**

Employee: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Department: \_\_\_\_\_

Date Form Completed: \_\_\_\_\_

VIN# : \_\_\_\_\_

Year/Make/Model: \_\_\_\_\_

**ACCIDENT**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Day of week: \_\_\_\_\_

Location: \_\_\_\_\_

Weather: \_\_\_\_\_

Road Condition: \_\_\_\_\_

Any warning signs, placards, flashing lights on your vehicle? YES or NO

Were flashing lights being used at time of accident? YES or NO

Damage to property other than vehicles? \_\_\_\_\_

\_\_\_\_\_

Describe what occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

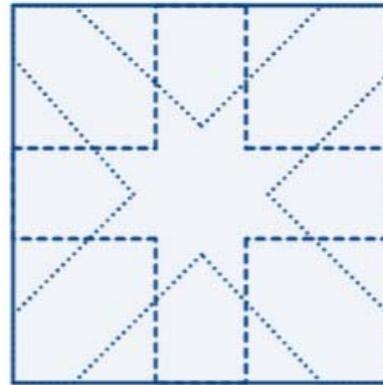
\_\_\_\_\_

**DIAGRAM OF ACCIDENT**

Show names of streets, direction in which the vehicles were going - indicate N; S; E; or W.

Label vehicles:

**1** **2** **3**  
(You) (Other) (Other)



Take photos if safe to do so and show location on the diagram. The more photos the better to document the scene.

**OTHER VEHICLE**

Driver's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

License plate #: \_\_\_\_\_

Year/Make/Model: \_\_\_\_\_

Insurance Co: \_\_\_\_\_

Policy #: \_\_\_\_\_

Agent's Name & Phone #: \_\_\_\_\_

How many occupants of vehicle? \_\_\_\_\_

Was vehicle drivable after accident? YES or NO

**INJURED PERSONS:**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Describe Injury if Possible: \_\_\_\_\_

\_\_\_\_\_

Transferred from scene by ambulance? \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Describe Injury if Possible: \_\_\_\_\_

\_\_\_\_\_

Transferred from scene by ambulance? \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Describe Injury if Possible: \_\_\_\_\_

\_\_\_\_\_

Transferred from scene by ambulance? \_\_\_\_\_

4. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Describe Injury if Possible: \_\_\_\_\_

\_\_\_\_\_

Transferred from scene by ambulance? \_\_\_\_\_