

To be completed at the scene of the accident and given to investigator or supervisor:

DRIVER'S STATEMENT OF ACCIDENT

DATE: _____ DIVISION: _____ TIME OF INCIDENT _____

DRIVER NAME: _____ PHONE #: _____

SUPERVISOR: _____ PHONE #: _____

TYPE OF INCIDENT: _____ VEHICLE #: _____ YEAR: _____ MAKE: _____

LOCATION: _____

DRIVERS LICENSE NUMBER: _____ DRIVER'S DATE OF BIRTH: _____

PLEASE DESCRIBE WHAT HAPPENED:

SIGNATURE _____

Indicate direction of north

DIAGRAM OF WHAT HAPPENED

