



DRIVER STATEMENT

THE FOLLOWING INFORMATION SHOULD BE COMPLETED BY ANY DRIVER INVOLVED IN A MOTOR VEHICLE ACCIDENT WHILE DRIVING A MUNICIPAL VEHICLE OR A VEHICLE BEING USED FOR MUNICIPAL DUTIES

DRIVER INFORMATION:

- 1. Driver Name: _____
- 2. Occupation: _____
- 3. Employer: _____
- 4. Employer Address: _____

VEHICLE INFORMATION:

- 1. Make/Year/Model: _____
- 2. Color: _____
- 3. Vin# _____
- 4. Purpose of Use: _____
- 5. Destination: _____
- 6. Occupants: _____
- 7. Vehicle ID# _____
- 8. Plate# _____

SCENE OF ACCIDENT:

- 1. Date/Time: _____
- 2. Exact Location: _____
- 3. Posted Speed: _____

LOCATION SPECIFICS:

- 1. Street Names: _____
- 2. Number of Lanes: _____
- 3. Street Widths: _____
- 4. Driving Lines: _____
- 5. Straight/Curvy: _____
- 6. Type of Intersection: _____

Driver Statement- Continued

- 7. **Vision Obstructions:** _____
- 8. **Traffic Controls:** _____
- 9. **Traffic Conditions:** _____

WEATHER CONDITIONS:

- 1. **Exact Condition:** _____
- 2. **Road Surface:** _____
- 3. **Visibility:** _____
- 4. **Headlights:** _____
- 5. **Windshield Wipers:** _____

ACCIDENT:

- 1. **Direction of Travel of your Vehicle/other vehicle:**

- 2. **Describe in detail how the accident occurred:**

- 3. **When you first saw the other vehicle, positions at that time:**

- 4. **Position at impact:**

- 5. **Positions at rest:**

- 6. **Damage to vehicles:**

Driver Statement- Continued

7. Any injuries:

8. Witnesses:

POLICE INVESTIGATION:

1. Outcome of immediate investigation:

2. Citations issued:

3. Police report number/municipality:

COMMENTS:

Driver Signature:

Date:

Supervisor's Signature:

Date:
