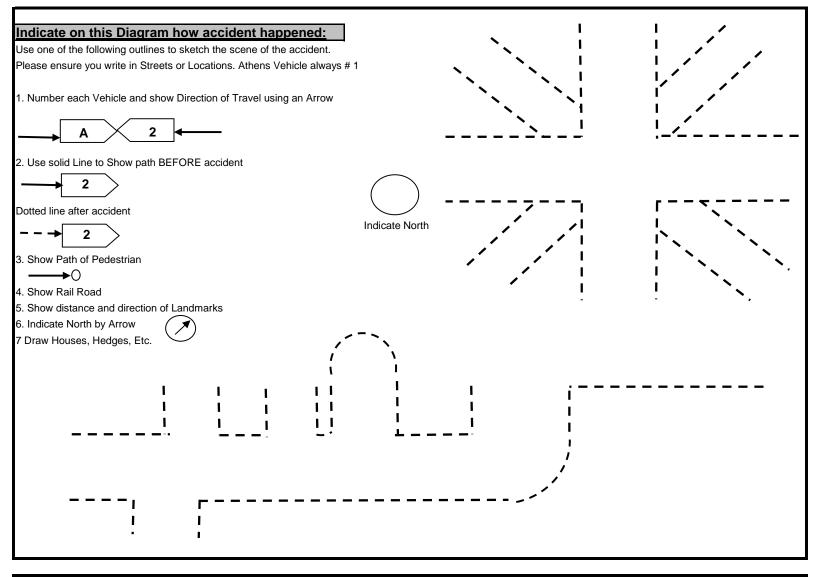
## Must be sent to the Claims Department within 24 Hours



INCIDENT DA MM/DD/YY	ΤΕ	NO. INJ.:	CITY	DIVISION INFO						
		NO. KILLED:	COUNTY					DIVISION		
COLLISION/IN	NCIDENT OCCUR	RED ON (Address/Street/In	tersection)			DAY OF WEEK		TIME (2400)		AREA
АТ	INTERSECTIO	ON WITH OR: \	WITHIN FEET/N	MILES	OF	<b>-1</b>		I.	AM PM	ROUTE
PHOTOS TAP	(EN (Y/N)	Witnesses at Scene (Y/N)		Passenger List A	Attached (Y/N)	DISPOSITION O	F VEHICLE wed	ON ORDER Driver	S OF: Other	TRUCK
ATHENS DRIVER	DRIVERS LICEN	SE#	STATE	CLASS	SEAT BELT		YR.	MAKE	MODEL	POLICE INFO
	NAME (FIRST, M	1, LAST)	EMPLOYEE #		A TIO	VEHICLE TYPE:	Front Loader	Automated	DEPARTMENT	
	STREET ADDRE	SS			NS V	Scout	Transfer	Roll Off	OFFICER NAME	
	CITY		STATE & ZIP		ATHENS VEHICLE INFORMATION	Other	TRUCK#	COLOR	POLICE REPORT (Y/N)	
	RES. PHONE (xx	(x) xxx-xxxx	BUS. PHONE (xx	US. PHONE (xxx) xxx-xxxx			Bodily Injury	Property		REPORT #
	BIRTHDAY-MM/I	DD/YY	HIRE DATE-MM/	/DD/YY		CLAIM	Preventable	Damage Non Preventable		Citation Issued to Athens (Y/N)
	DRIVERS LICEN	SE#	STATE	CLASS	SEAT BELT	YR.	MAKE	MODEL	COLOR	Citation Issued to Claimant (Y/N)
+	NAME (FIRST, M	1, LAST)				LIC PLATE #	VIN#			
PARTY	STREET ADDRE	:SS				REGISTERED O	WNER'S NAME (if	different than driv	ver)	SAME AS DRIVER
PAF	APARTMENT NU	JMBER		STATE & ZIP		REGISTERED O	WNER'S ADDRES	SS (if different than	n driver)	SAME AS DRIVER
DRIVER	SEX/HAIR/EYE	S/HEIGHT/WEIGHT/AGE	:	BIRTHDAY-MM/	DD/YY	DISPOSITION O	F VEHICLE		ON ORDERS OF:	DRIVER OTHER
PED	RES. PHONE (xx		BUS. PHONE (xx			DRIVABLE	TOWED			
	·					DDIOD MEQUAL	HOAL DEFFOTO			
PARKED	INSURANCE CA			POLICY NUMBER		PRIOR MECHAN NONE APPAREN	NT SEE NA	RRATIVE		
PASSENGER OTHER	SPEED-POSTED	DIR. OF TRAVEL	ON/ACRO	SS (STREET OR	HIGHWAY)	VEHICLE DAMA		VEHICLE COND	ITION	<b>→</b>
						MOD MAJO		NOT DRIVABLE		
	DRIVERS LICEN	ISE #	STATE	CLASS	SEAT BELT	YR.	MAKE	MODEL	COLOR	Citation Issued to Claimant (Y/N)
٧ #2	NAME (FIRST, M	1, LAST)		LIC/STATE	VIN#					
PARTY	STREET ADDRE	SS				OWNERS NAME				SAME AS DRIVER
	CITY			STATE & ZIP		OWNERS NAME				SAME AS DRIVER
DRIVER	SEX/HAIR/EYE	S/HEIGHT/WEIGHT/AGE	/RACE	BIRTHDAY-MM/	DD/YY	DISPOSITION O	F VEHICLE TOWED		ON ORDERS OF:	DRIVER OTHER
PED	RES. PHONE (xx	(x) xxx-xxxx	BUS. PHONE (xx	xx) xxx-xxxx					•	
PARKED	INSURANCE CA	RRIER	P	POLICY NUMBER		PRIOR MECHAN		RRATIVE		
PASSENGER	SPEED-POSTED	DIR. OF TRAVEL	ON/ACRO	SS (STREET OR	HIGHWAY)	VEHICLE DAMA		VEHICLE COND	ITION	
OTHER						UNK NONE		DRIVABLE		<b>→</b>
	OWNERS NAME					MOD MAJO	R TOTAL	NOT DRIVABLE RES. PHONE (x)	(x) xxx-xxxx	BUS. PHONE (xxx) xxx-xxxx
PROPERTY DAMAGE	OWNERS ADDR	ESS (STREET, CITY, STAT	TE, ZIP)			OWNER NOTIFIED (Y/N)				
PROF	DESCRIPTION C	OF PROPERTY			DESCRIPTION OF DAMAGE					
	COMPLETE BY (	(Name & Signature)					DRIVER (Name &	& Signature)		
URES	DATE					DATE				
SIGNATURES	CENEDAL MARY	ACED CICNATURE				DATE				
Ø	GENEKAL MANA	AGER SIGNATURE					DATE			

WEATHER (MARK 1 TO 2 ITEMS)	TRAFFIC CONTROL DEVICES	А	1	2	TYPE OF VEHICLE	Α	1	2	MOVEMENT PRECEDING COLLISION
A CLEAR	A CONTROLS FUNCTIONING				A PASSENGER CAR/ STA.				A STOPPED
B CLOUDY	B CONTROLS NON FUNCTIONING*				WAGON				B PROCEEDING STRAIGHT
C RAINING	C CONTROLS OBSCURED				B PASSENGER CAR W/TRAILER				C RAN OFF ROAD
D SNOWING	D NO CONTROLS PRESENT/FACTOR*				B THOSENGER ON WITH THE				D MAKING RIGHT TURN
E FOG/VISIBILITY FT	TYPE OF COLLISION				C MOTORCYCLE/SCOOTER				E MAKING LEFT TURN
F OTHER	A HEAD-ON				D PICKUP OR PANEL TRUCK				F MAKING U TURN
G WIND	B SIDESWIPE	4			E PICKUP/PANEL TRK W/TRAILER	Щ			G BACKING
LIGHTING	C REAR END	1							H SLOWING / STOPPING
A DAYLIGHT	D BROADSIDE - T BONE	-			F TRUCK OR TRUCK TRACTOR				I PASSING OTHER VEHICLE
B DUSK - DAWN C DARK - STREET LIGHTS	E HIT OBJECT F OVERTURNED	-			G TRUCK/TRK TRACTOR W/TRAILER			_	J CHANGING LANES K PARKING MANEUVER
D DARK - NO STREET LIGHTS	G VEHICLE/PEDESTRIAN	╁	1		H SCHOOL BUS				L ENTERING TRAFFIC
		Н			I OTHER BUS				M OTHER UNSAFE TURN
E DARK - STREET LIGHTS NOT	H OTHER*				J EMERGENCY VEHICLE	H			N XING INTO OPPOSING LANE
ROADWAY SURFACE	MOTOR VEHICLE INVOLVED WITH	г			K HWY. CONST. EQUIPMENT				O PARKED
A DRY	A NON-COLLISION - NON CONTACT	Т			L BICYCLE				P MERGING
B WET	B PEDESTRIAN				M OTHER VEHICLE				Q TRAVELING WRONG WAY
C SNOWY - ICY	C OTHER MOTOR VEHICLE				N PEDESTRIAN				R OTHER*:
D SLIPPERY (MUDDY, OILY, ETC).	D MOTOR VEH. ON OTHER ROAD				O MOPED				SPECIAL INFORMATION
D SLIPPERT (MODDT, OILT, ETC).	E PARKED MOTOR VEHICLE				PEDESTRIAN'S ACTION				A HAZARDOUS MATERIAL
ROADWAY CONDITIONS	F TRAIN		1 A	NO P	EDESTRIAN INVOLVED				B CELL PHONE
(MARK 1 TO 2 ITEMS)	G BICYCLE				SSING IN CROSSWALK AT				C CAMERAS
A HOLES, DEEP RUTS*	H ANIMAL		INTI	ERSE	ECTION	DOT	DR	UG T	ST IS REQUIRED IF:
B LOOSE MATERIAL ON RDWY.*	I FIXED OBJECT:	1			SSING IN CROSSWALK - NOT AT	_			FATALITY (Automatic DOT Accident)
C OBSTRUCTION ON ROADWAY*		┞			ECTION				OR
D CONSTRUCTION ON ROAD*	J OTHER OBJECT:	L			SSING - NOT IN CROSSWALK				CITATION TO ATHENS DRIVER
E REDUCED ROADWAY WIDTH		-	E I	NRC	DAD - INCLUDES SHOULDER				AND ONE OF THE FOLLOWING
F FLOODED*			FΝ	TON	IN ROAD				BODILY INJURY WITH IMMEDIATE MEDICAL TREATMENT AWAY FROM THE SCENE (AMBULANCE)
G OTHER*:			G .	APPF	ROACH/LEAVING SCHOOL BUS				DISABLING DAMAGE TO ANY MOTOR VEHICLE REQUIRING A TOW
H NO UNUSUAL CONDITIONS									
	Fmplo	vee	Sta	ater	ment/Accident Narrative				
	·								
Driver Neme:		<u>.</u>	w.c						Data
Driver Name:		SIQ	gnat	ure:	•				Date:
Address:		05.	00.	۸-	occoment/Canalysiss				Phone:
	Supi	ervi	SOF	AS	sessment/Conclusion				
		_	_	-		_		_	
		_	_	_		_		_	
Supervisor Name:		Sig	gnat	ure					Date:
Supervisor Name: Address:		Sig	gnat	ure					Date: Phone:



Witness/Passenger List (Last, First):	Address, City, State, Zip:	Telephone #
1		
2		
3		
4		

## Witness/Driver/Supervisor Key Question List Where witness was standing/located?

Direction of Travel?
What Lane/Color of Traffic Light?
Approximate Speed of Vehicle?
What you saw before prior to collision?
How collision occurred?

What happened after collision?

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Include helper information as a witness to the event

	Witness #1 Statement/Accident N	Narrative Sarrative
	1	· · · · · · · · · · · · · · · · · · ·
Witness Name:	Signature:	Date:
Address:		Phone:
	Witness #2 Statement/Accident N	Narrative Sarrative
Witness Name:	Signature:	Date:
Address:	Signature.	Phone:
Address.		Priorie:
	Mitaras #2 Otatamant/Assislant N	La mathica
	Witness #3 Statement/Accident N	Narrative
Witness Name:	Signature:	Date:
Address:	Oignaturo.	Phone: