



Athens Services
Waste Collection • Recycling • Transfer • Disposal • Street Sweeping

| | | | | | | | | | | | | | |
|--|---|--------------------------|-------------------------------|-------------------------------|---------------|---|----------------------------|---------------------------|---------------|-----------------------------------|----------------|--|--|
| INCIDENT DATE MM/DD/YY | | NO. INJ.: | CITY | | | | | | DIVISION INFO | | | | |
| | | NO. KILLED: | COUNTY | | | | | | DIVISION | | | | |
| COLLISION/INCIDENT OCCURRED ON (Address/Street/Intersection) | | | | | DAY OF WEEK | | TIME (2400) | | AREA | | | | |
| AT INTERSECTION WITH | | | OR: WITHIN FEET/MILES | | OF | | | AM PM | | ROUTE | | | |
| PHOTOS TAKEN (Y/N) | | Witnesses at Scene (Y/N) | | Passenger List Attached (Y/N) | | DISPOSITION OF VEHICLE | | ON ORDERS OF: | | TRUCK | | | |
| | | | | | | Drivable Towed | | Driver Other | | | | | |
| ATHENS DRIVER | DRIVERS LICENSE # | | STATE | CLASS | SEAT BELT | ATHENS VEHICLE INFORMATION | YR. | MAKE | MODEL | POLICE INFO | | | |
| | NAME (FIRST, M, LAST) | | | EMPLOYEE # | | | VEHICLE TYPE: Front Loader | | Automated | | DEPARTMENT | | |
| | STREET ADDRESS | | | | Scout | | Transfer | | Roll Off | | OFFICER NAME | | |
| | CITY | | | STATE & ZIP | | CLAIM TYPE | Other | TRUCK # | COLOR | POLICE REPORT (Y/N) | | | |
| | RES. PHONE (xxx) xxx-xxxx | | BUS. PHONE (xxx) xxx-xxxx | | Bodily Injury | | Property Damage | | | REPORT # | | | |
| | BIRTHDAY-MM/DD/YY | | HIRE DATE-MM/DD/YY | | Preventable | | Non Preventable | | | Citation Issued to Athens (Y/N) | | | |
| PARTY # 1 | DRIVERS LICENSE # | | STATE | CLASS | SEAT BELT | YR. | MAKE | MODEL | COLOR | Citation Issued to Claimant (Y/N) | | | |
| | NAME (FIRST, M, LAST) | | | | LIC PLATE # | VIN # | | | | | | | |
| | STREET ADDRESS | | | | | REGISTERED OWNER'S NAME (if different than driver) | | | | | SAME AS DRIVER | | |
| | APARTMENT NUMBER | | | STATE & ZIP | | REGISTERED OWNER'S ADDRESS (if different than driver) | | | | | SAME AS DRIVER | | |
| DRIVER | SEX/HAIR/EYES/HEIGHT/WEIGHT/AGE | | | BIRTHDAY-MM/DD/YY | | DISPOSITION OF VEHICLE | | | ON ORDERS OF: | | DRIVER OTHER | | |
| | | | | | | DRIVABLE | TOWED | | | | | | |
| PED | RES. PHONE (xxx) xxx-xxxx | | BUS. PHONE (xxx) xxx-xxxx | | | | | | | | | | |
| PARKED | INSURANCE CARRIER | | | POLICY NUMBER | | | PRIOR MECHANICAL DEFECTS | | | | | | |
| | | | | | | | | | | | | | |
| PASSENGER | SPEED-POSTED | DIR. OF TRAVEL | ON/ACROSS (STREET OR HIGHWAY) | | | VEHICLE DAMAGE | | VEHICLE CONDITION | | | <div></div> | | |
| OTHER | | | | | | UNK NONE MINOR | | DRIVABLE | | | | | |
| | | | | | | MOD MAJOR TOTAL | | NOT DRIVABLE | | | | | |
| PARTY # 2 | DRIVERS LICENSE # | | STATE | CLASS | SEAT BELT | YR. | MAKE | MODEL | COLOR | Citation Issued to Claimant (Y/N) | | | |
| | NAME (FIRST, M, LAST) | | | | LIC/STATE | VIN # | | | | | | | |
| | STREET ADDRESS | | | | | OWNERS NAME | | | | | SAME AS DRIVER | | |
| | CITY | | | STATE & ZIP | | OWNERS NAME | | | | | SAME AS DRIVER | | |
| DRIVER | SEX/HAIR/EYES/HEIGHT/WEIGHT/AGE/RACE | | | BIRTHDAY-MM/DD/YY | | DISPOSITION OF VEHICLE | | | ON ORDERS OF: | | DRIVER OTHER | | |
| | | | | | | DRIVABLE | TOWED | | | | | | |
| PED | RES. PHONE (xxx) xxx-xxxx | | BUS. PHONE (xxx) xxx-xxxx | | | | | | | | | | |
| PARKED | INSURANCE CARRIER | | | POLICY NUMBER | | | PRIOR MECHANICAL DEFECTS | | | | | | |
| | | | | | | | | | | | | | |
| PASSENGER | SPEED-POSTED | DIR. OF TRAVEL | ON/ACROSS (STREET OR HIGHWAY) | | | VEHICLE DAMAGE | | VEHICLE CONDITION | | | <div></div> | | |
| OTHER | | | | | | UNK NONE MINOR | | DRIVABLE | | | | | |
| | | | | | | MOD MAJOR TOTAL | | NOT DRIVABLE | | | | | |
| PROPERTY DAMAGE | OWNERS NAME | | | | | | | RES. PHONE (xxx) xxx-xxxx | | BUS. PHONE (xxx) xxx-xxxx | | | |
| | OWNERS ADDRESS (STREET, CITY, STATE, ZIP) | | | | | | | | | OWNER NOTIFIED (Y/N) | | | |
| | DESCRIPTION OF PROPERTY | | | | | DESCRIPTION OF DAMAGE | | | | | | | |
| SIGNATURES | COMPLETE BY (Name & Signature) | | | | | DRIVER (Name & Signature) | | | | | | | |
| | DATE | | | | | DATE | | | | | | | |
| | GENERAL MANAGER SIGNATURE | | | | | DATE | | | | | | | |

Employee Statement/Accident NarrativeSupervisor Assessment/Conclusion

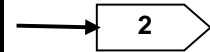
Indicate on this Diagram how accident happened:

Use one of the following outlines to sketch the scene of the accident.
Please ensure you write in Streets or Locations. Athens Vehicle always # 1

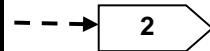
1. Number each Vehicle and show Direction of Travel using an Arrow



2. Use solid Line to Show path BEFORE accident



Dotted line after accident



3. Show Path of Pedestrian



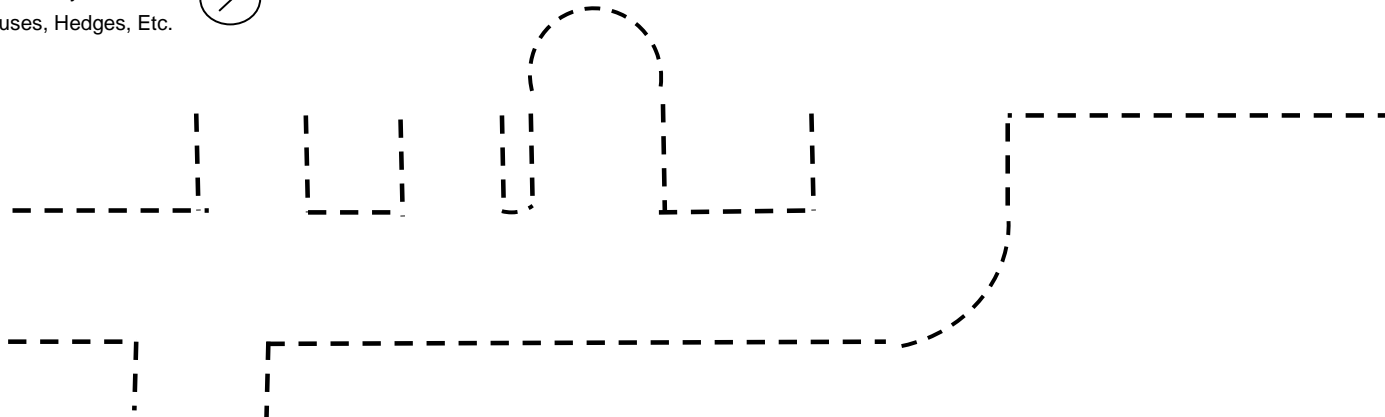
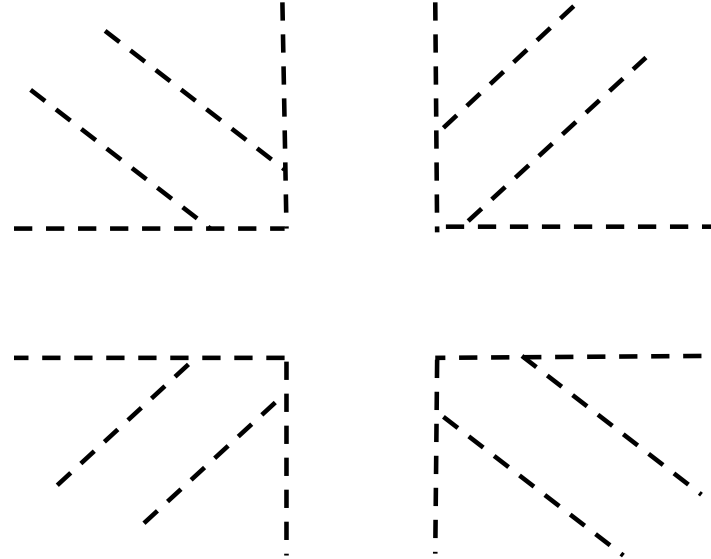
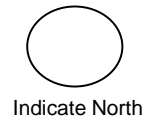
4. Show Rail Road

5. Show distance and direction of Landmarks

6. Indicate North by Arrow



7 Draw Houses, Hedges, Etc.



| 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? |

Include helper information as a witness to the event

[illegible]

Phone:

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| |

Phone:

[illegible]

Phone: