CITY OF PHILADELPHIA

TRAFFIC ACCIDENT REPORT - CITY VEHICLE

SAFETY OFFICER USE ONLY

CASE NO.

☐ P ☐ R
☐ NP ☐ NR

DEPARTMENT/AGENCY

UNIT

TYPE OF CITY VEHICLE INVOLVED

VEHICLE NO.

TIME

DATE Mo. Day Yr.

DAY OF WEEK

TIME: : A.M. P.M.

SEVERITY *(Show No.)*

VEHICLES INJURED KILLED

ACCIDENT INVOLVED

☐ *Passenger Car*
☐ *Commercial Vehicle*
☐ *Pedestrian*
☐ *Animal*
☐ *Other (Specify)*

Check If Hit & Run ☐

☐ *Parked or Standing Vehicle*
☐ *Building or Fixture*
☐ *Other (Specify)*

LOCATION

CITY - BOROUGH - TOWNSHIP

ON (Street Name or Highway No.)

AT INTERSECTION WITH

IF NOT AT INTERSECTION
NO. FT. ☐ N ☐ S ☐ E ☐ W of

STATION MARKER, INTERSECTING STREET ETC.

TYPE

☐ Head On ☐ Right Angle ☐ Front End
☐ Sideswipe ☐ Rear End ☐ Other (Describe)

VEHICLE #1 (City)

OPERATOR'S NAME *(First, Middle, Last)*

PAYROLL NO.

OPERATOR'S LICENSE NO. & STATE

STREET ADDRESS

OPER. BIRTHDAY

OPERATOR'S JOB TITLE AT TIME OF ACCID.

CITY STATE ZIP CODE

TYPE OF APPOINTMENT

OWNER'S NAME
Department of Public Property
1080 Municipal Services Building
Philadelphia, PA 19107

YEAR MAKE

DEPT. - VEHICLE LICENSE NO. & STATE

MODEL

ESTIMATED AMOUNT OF DAMAGE TO VEHICLE $

VEHICLE #2

OPERATOR OR PEDESTRIAN'S NAME *(First, Middle, Last)*

OPERATOR'S LICENSE NO. & STATE

STREET ADDRESS

OPERATOR'S BIRTH DATE Mo. Day Yr.

CITY STATE ZIP CODE

VEHICLE LICENSE NO. & STATE

VEHICLE OR PROPERTY OWNER'S NAME ***(First, Middle, Last)***

VEHICLE COLOR

YEAR

STREET ADDRESS

MAKE

MODEL

CITY STATE ZIP CODE

ESTIMATED AMOUNT OF DAMAGE TO VEHICLE $

DESCRIPTION OF DAMAGED PROPERTY

ESTIMATED PROPERTY DAMAGE $

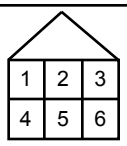
PERSONS INVOLVED

NAME	AGE	SEX	VEH. NO.	Injury	Pos.	Safety
Operator No. 1						

INJURY CLASS

K-Killed
A-Major: Bleeding, Distorted Member, had to be removed from scene
B-Moderate: Other visible injury, bruises, limping, abrasions
C-Minor: No visible injury but complaint of pain
D-No Injury

POSITION



1 - Driver
2-6 - Passengers
7 - Pedestrian
8 - Other

SAFETY DEVICE

1 - No safety device available
2 - Available but NOT in use
3 - Seat belt in use
4 - Lap/Shoulder Harness in use

POLICE INVESTIGATED ☐ Yes
If "Yes", Name of Dept. ☐ No

SUPERVISOR INVESTIGATED ☐ Yes ☐ No

82-S-87

WEATHER			ROADWAY		
	Rain ☐	Snow ☐		Wet ☐	Snowy ☐
Clear ☐	Foggy ☐	Other ☐	Dry ☐	Icy ☐	Other ☐

CIRCLE DAMAGED AREA OF EACH VEHICLE	VEHICLE NO.1	VEHICLE NO.2
	Legal Speed MPH Estimated Speed MPH	Legal Speed MPH Estimated Speed MPH

INSTRUCTIONS

1. Draw Diagram As Clearly As You Can.
2. ShowYour Vehicle As Number 1.
3. Label All Streets, Highways, and Landmarks
4. Draw An Arrow In Circle Below So It Points North.
5. Complete Narrative

Indicate North by Arrow

GIVE A DETAILED DESCRIPTION OF THE ACCIDENT IMMEDIATELY PRIOR TO IMPACT, AT IMPACT, AND IMMEDIATELY AFTER IMPACT, REFER TO VEHICLES BY NUMBER.

DATE	OPERATOR'S SIGNATURE	DATE	INVESTIGATOR'S SIGNATURE