Tolland Fire Department

21 Tolland Green, Tolland, Connecticut 06084

Accident Report

Date of Call	Driving with flow of traffic	Yes	No
Vehicle Involved	Emergency Response	Yes	No
Department Run #	Emergency Warning Lights Activated	Yes	No
PSAP #	Audible Warning Devices Activated	Yes	No
Type of Call Responding to	(If Yes indicate which ones)		
Initial Time of Call	Federal Q Siren	Yes	No
Time of Accident	Electric Siren	Yes	No
	Mechanical Air Horn	Yes	No

Mobile Property Involved

Vehicle #		License Plate #	
Year	Make	Model	Vin #

Mobile Property Involved

Vehicle #		License Plate #	
Year	Make	Model	Vin #

Mobile Property Involved

Vehicle #		License Plate #	
Year	Make	Model	Vin #

Description of Accident:

Description of Damage to Apparatus	
Description of Damage to Mobile Property	
Description of Damage to Other property	
Report Completed by	Date Submitted to Department Chief **(Submit within 48 hours)**

Involved Parties

Name (Last) (First) (Middle)	
Address (Street) (City) (State) (Zip code)	
Home Telephone #	Work Telephone #
Driver's License Number:	State: Expiration Date:
Passenger of: Driver Passenger	
Seat Belt: Yes No	Injured: Yes No

Name (Last) (First) (Middle)	
Address (Street) (City) (State) (Zip code)	
Home Telephone #	Work Telephone #
Driver's License Number:	State: Expiration Date:
Passenger of: Driver Passenger	
Seat Belt: Yes No	Injured: Yes No

Fill in any other persons involved on a separate sheet of paper. Seperate sheet? Yes How many_____

Section A: Crash Location

City/Town Where Crash Occurred	Date of Crash	Time of Crash ___ : ___ __ AM __ PM	# Vehicles Involved:

Please complete Section A1 or A2 below to indicate the location of the crash.
If you need additional space to describe the crash location, please use Section J on the last page of this form.

SECTION A1: Complete this Section if the crash occurred at an intersection of two or more streets:

Step 1: Please indicate the route or roadway where you were travelling when the crash occurred:

Route# _____ Name of Roadway/Street _____

Step 2: What was the name (or names) of the intersecting streets?

Route# _____ Name of Roadway/Street _____

Route# _____ Name of Roadway/Street _____

OR

SECTION A2: Complete this Section if the crash did NOT occur at an intersection:

Step 1: Please indicate the route, roadway and address where the crash occurred:

The crash occurred on Route #: _____ at Street or Address Number: _____

on the Street/Roadway known as: _____

Step 2: Please provide as much of the following specific location information as possible:

The crash occurred (estimate number of feet) _____ feet

(indicate direction as N/S/E/W) _____ of

a) Mile Marker number ___ ___ ___ . ___

OR: b) Exit Number _____

OR: c) Intersecting Street/Roadway Route# _____ Name of Roadway/Street _____

OR: d) Landmark _____

Section B: Vehicle You Were Driving

Number of occupants in vehicle (including yourself): _____ **Was vehicle damage above $1000?** __Yes __No

Driver's License Number	License State	Date of Birth	Age	Sex __M __F	License Class __D __A __B __C __M __Unknown	Commercial Driver's License Endorsements H __ Hazardous T __ Doubles/Triples N __ Tank vehicles X __ Tank and Hazardous P __ Passenger transport

Your Full Name (Last, First, Middle)	Street Address	City/Town	State	Zip

Insurance Company	Vehicle Registration #	Reg. Type	Reg. State	Vehicle Year	Vehicle Make

Indicate your type of vehicle

1 Passenger car
2 Light truck (van, mini-van, pick-up, sport utility)
3 Motorcycle
4 Bus (15 or more passengers)
5 Bus (7-15 passengers)
6 Single-unit truck (2 axles)
7 Single-unit truck (3 or more axles)
8 Truck/trailer
9 Truck tractor (bobtail)
10 Tractor/semi-trailer
11 Tractor/doubles
12 Tractor/triples
13 Unknown heavy truck
14 Motor home/recreational vehicle
97 Other
99 Unknown

Full Name of Vehicle Owner (Last, First, Middle)	Street Address	City/Town	State	Zip

Vehicle Travel Direction __N __S __E __W

What Was Your Vehicle Doing Prior to the Crash?

1 Travelling straight ahead
2 Slowing or stopped
3 Turning right
4 Turning left
5 Changing lanes
6 Entering traffic lane
7 Leaving traffic lane
8 Making U-turn
9 Overtaking/passing
10 Backing
11 Parked
97 Other
99 Unknown

Please Indicate the Sequence of Events as they occurred to YOUR Vehicle by writing the corresponding number (1-52, or 97, 99) in up to 4 boxes below.

What happened first? [ ] **What happened 2nd (if applicable)?** [ ] **What happened 3rd (if applicable)?** [ ] **What happened 4th (if applicable)?** [ ]

Collision with

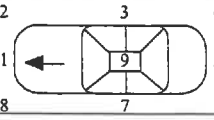
1 Motor vehicle in traffic
2 Parked motor vehicle
3 Pedestrian
4 Cyclist
5 Animal- deer
6 Animal- other
7 Moped
8 Work zone maintenance equipment
9 Railway vehicle (train, engine)
10 Other movable object
11 Unknown movable object
20 Curb
21 Tree
22 Utility pole
23 Light pole or other post/support
24 Guardrail
25 Median barrier
26 Ditch
27 Embankment/Sloping shoulder
28 Highway traffic signpost
29 Overhead sign support
30 Fence
31 Mailbox
32 Crash cushion/Impact attenuator
33 Bridge
34 Bridge overhead structure
35 Other fixed object (wall, building, tunnel)
36 Unknown fixed object

Non-Collision

40 Ran off road right
41 Ran off road left
42 Cross median/centerline
43 Overturn/rollover
44 Equipment failure (blown tire, brakes, etc)
45 Fire/explosion
46 Immersion
47 Jackknife
48 Cargo/equipment loss or shift
49 Separation of units
50 Downhill runaway
51 Other non-collision
52 Unknown non-collision
97 Other
99 Unknown

Was your Vehicle Towed From the Scene Due to Damage? __Yes __No

Vehicle Damaged Area (circle up to three)



0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

Section C: You and Your Passengers

Please provide the full name, address, and DOB or Age for all passengers in your vehicle. Then write the corresponding code in each of the boxes for each occupant of the vehicle (yourself and all passengers). A list of the possible codes is provided at the bottom of this section.

		Date of Birth/Age	Sex M/F	A	B	C	D	E	F	G	H	Name of Medical Facility
Driver (See previous page)												
Name of Passenger 1 (Last, First, Middle)	Address / City/Town State Zip											
Name of Passenger 2 (Last, First, Middle)	Address / City/Town State Zip											
Name of Passenger 3 (Last, First, Middle)	Address / City/Town State Zip											

A. Seating Position
1 Front seat - left side (or motorcycle driver)
2 Front seat - middle
3 Front seat - right side
4 Second seat - left side (or motorcycle passenger)
5 Second seat - middle
6 Second seat - right side
7 Third row - left side (or motorcycle passenger)
8 Third row - middle
9 Third row - right side
10 Sleeper section of cab
11 Enclosed passenger area
12 Unenclosed passenger area
13 Trailing unit
14 Riding on vehicle exterior
97 Other
99 Unknown

B. Safety System Used
0 None used
1 Shoulder and lap belt
2 Lap belt only
3 Shoulder belt only
4 Child safety seat
5 Helmet
99 Unknown

C. Air Bag Status
1 Deployed-front
2 Deployed-side
3 Deployed both front and side
4 Not deployed
5 Not applicable
99 Unknown

D. Air Bag Switch
1 Switch in ON position
2 Switch in OFF position
3 ON-OFF switch not present
4 Unknown if switch is present
99 Unknown

E. Ejected From Vehicle?
0 Not ejected
1 Totally ejected
2 Partially ejected
3 Not applicable
99 Unknown

F. Trapped?
0 Not trapped
1 Freed by mechanical means
2 Freed by non-mechanical means
99 Unknown

G. Injured?
1 Fatal injury
Non-fatal injury:
2 Incapacitating
3 Non-incapacitating
4 Possible
5 No injury
99 Unknown

H. Transported for Medical Care?
1 Not transported
2 EMS (emergency service)
3 Police
97 Other
99 Unknown

Section D: Other Vehicle(s) Involved in the Crash

Number of occupants in the Vehicle: _____ **Number of injured occupants:** _____ **Was Vehicle Damage above $1000?** __Yes ___No **Moped?** __Yes __No **Hit and Run?** __Yes __No

Driver's License Number	License State	Date of Birth	Age	Sex __M __F	License Class __D __A __B __C __M __ Unknown	Commercial Driver's License Endorsements H __ Hazardous T __ Doubles/Triples N __ Tank vehicles X __ Tank and Hazardous P __ Passenger transport

Full Name of Vehicle Driver (Last, First, Middle)	Street Address	City/Town	State	Zip

Insurance Company	Vehicle Registration #	Reg. Type	Reg. State	Vehicle Year	Vehicle Make

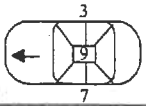
Indicate type of vehicle
1 Passenger car
2 Light truck (van, mini-van, pick-up, sport utility)
3 Motorcycle
4 Bus (15 or more passengers)
5 Bus (7-15 passengers)
6 Single-unit truck (2 axles)
7 Single-unit truck (3 or more axles)
8 Truck/trailer
9 Truck tractor (bobtail)
10 Tractor/semi-trailer
11 Tractor/doubles
12 Tractor/triples
13 Unknown heavy truck
14 Motor home/recreational vehicle
97 Other
99 Unknown

Full Name of Vehicle Owner (Last, First, Middle)	Street Address	City/Town	State	Zip

Vehicle Travel Direction: __N __S __E __W

What Was the Vehicle Doing Prior to the Crash?
1 Travelling straight ahead
2 Slowing or stopped
3 Turning right
4 Turning left
5 Changing lanes
6 Entering traffic lane
7 Leaving traffic lane
8 Making U-turn
9 Overtaking/passing
10 Backing
11 Parked
97 Other
99 Unknown

Vehicle Damaged Area (circle up to three)



0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

Section E: Non-Motorist(s) Involved in the Crash

Indicate the type of non-motorist involved 1 Pedestrian 2 Cyclist 3 Skater 97 Other 99 Unknown

What was the non-motorist doing prior to the crash?
1 Entering or crossing location
2 Walking, running, or cycling
3 Working
4 Pushing vehicle
5 Approaching or leaving vehicle
6 Working on vehicle
7 Standing
97 Other
99 Unknown

Where was the non-motorist prior to the crash?
1 Marked crosswalk at intersection
2 At intersection but no crosswalk
3 Non-intersection crosswalk
4 In roadway
5 Not in roadway
6 Median (but not on shoulder)
7 Island
8 Shoulder
9 Sidewalk
10 Shared-use path or trails
99 Unknown

Date of Birth/Age	Sex __M __F	Full Name of Non-Motorist (Last, First, Middle)	Street Address	City/Town	State	Zip

Safety Equipment?
0 None used
6 Helmet
7 Protective pads (elbows, knees, etc.)
8 Reflective clothing
9 Lighting
10 Other
99 Unknown

Injured?
1 Fatal injury
Non-fatal injury:
2 Incapacitating
3 Non-incapacitating
4 Possible
5 No injury
99 Unknown

Transported for Medical Care?
1 Not transported
2 EMS (emergency service)
3 Police
97 Other
99 Unknown

If transported, please indicate Hospital/Medical Facility:

Section F: Crash Conditions

Light Conditions
1 Daylight
2 Dawn
3 Dusk
4 Dark - lighted roadway
5 Dark - roadway not lighted
6 Dark - unknown roadway lighting
97 Other
99 Unknown

Weather Conditions (up to two)
1 Clear
2 Cloudy
3 Rain
4 Snow
5 Sleet, hail, freezing rain
6 Fog, smog, smoke
7 Severe crosswinds
8 Blowing sand, snow
97 Other
99 Unknown

Traffic Control Device
1 No controls
2 Stop signs
3 Traffic control signal
4 Flashing traffic control signal
5 Yield signs
6 School zone signs
7 Warning signs
8 Railroad crossing device
99 Unknown

Was the traffic control device functioning at the time of the crash?
1 ___ Yes
2 ___ No

Road Surface
1 Dry
2 Wet
3 Snow
4 Ice
5 Sand, mud, dirt, oil, gravel
6 Water (standing, moving)
7 Slush
97 Other
99 Unknown

Roadway Intersection Type
1 Not at intersection
2 Four-way intersection
3 T-intersection
4 Y-intersection
5 On ramp
6 Off ramp
7 Traffic circle
8 Five-point or more
9 Driveway
10 Railway grade crossing
99 Unknown

Trafficway Description
1 Two-way, not divided
2 Two-way, divided, unprotected median
3 Two-way, divided, protected median
4 One-way, not divided
99 Unknown

School Bus Related?
1 ___ Yes
2 ___ No

Work Zone Related?
1 ___ Yes
2 ___ No

Manner of Collision
1 Single vehicle crash
2 Rear-end
3 Angle
4 Sideswipe, same direction
5 Sideswipe, opposite direction
6 Head on
7 Rear to rear
99 Unknown

Section G: Crash Diagram

Indicate North by Arrow

Please draw a diagram of the roadway or streets where the crash occurred, indicating the vehicles involved and direction of travel using the following symbols:
→ = Direction
1 = Vehicle 1 (Your Vehicle)
2 = Vehicle 2
O = Pedestrian/Non-motorist
= North

Select one of the following if the crash did not occur on a public way:
___ Off-street parking lot
___ Garage
___ Mall/shopping center
___ Other private way

Section H: Witness Information

Witness Name (Last, First, Middle)	Address	Phone

Section I: Property Damage Information (Other than Vehicles)

Owner Name (Last, First, Middle)	Address	Phone	Property and Damage Description

Section J: Description of What Happened

Section K: Signature

_____ Print _____ Date _____
"Signed under Pains and Penalties of Perjury"