

CITY OF OMAHA
ACCIDENT REPORT OF VEHICLE AND/OR AUTOMOTIVE EQUIPMENT

Date of Accident:

Day of Week:

Hour:

Location (street, city, state, zip):

Definite Location:

DATA ON VEHICLES OR AUTOMOTIVE EQUIPMENT INVOLVED

Department: Omaha Fire Department

Vehicle No. 1

Motor Vehicle, Truck, Car Used on City Business

Vehicle No. 2

Other Truck, Car, or Property

Vehicle No.		License No.
	Make and Type	
City of Omaha Fire Department	Owner's Name	
1516 Jackson Street, Omaha, NE 68106	Owner's Address	
	Driver's Name and Age	
	Driver's License No.	
	Driver's Address	
	Driver's Work Phone #	
	Other Occupants/Passengers	

Vehicle No. 1	Description of Damage	Vehicle No. 2
	Estimated Cost of Repairs	

Kind of Insurance Carried by Other Party:

Name of Insurance Agent & Telephone Number:

Did Police investigate the accident?

If yes, give Officer's name & badge number:

Did State Law require any reports?

If so, when mailed?:

(If accident resulted in damage, a state report is mandatory)

Were hazardous materials, other than fuel spilled from the fuel tanks of vehicle involved in accident released?

Name of Person Injured	Approx Age	Address	Extent of Injuries
1.			
2.			
3.			
4.			
5.			
6.			

Name of Witness	Phone Number	Address
1.		
2.		
3.		
4.		
5.		
6.		

(Position of all occupants before accident)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DATA ON CITY VEHICLE AND OCCUPANTS

Was vehicle equipped with seat belts?

Were seat belts used?

If yes, indicate where in use above.

Has driver completed Defensive Driving Course?

Major Reason For Not Seeing Danger (Select all that apply per vehicle 1 & vehicle 2)

1	2	1	2	1	2	1	2
1. <input type="checkbox"/>	<input type="checkbox"/> None	4. <input type="checkbox"/>	<input type="checkbox"/> Glare	7. <input type="checkbox"/>	<input type="checkbox"/> Embankment	10. <input type="checkbox"/>	<input type="checkbox"/> Parked vehicle
2. <input type="checkbox"/>	<input type="checkbox"/> Rain, snow, or ice on windows	5. <input type="checkbox"/>	<input type="checkbox"/> Trees, crops, etc.	8. <input type="checkbox"/>	<input type="checkbox"/> Traffic Sign	11. <input type="checkbox"/>	<input type="checkbox"/> Moving vehicle
3. <input type="checkbox"/>	<input type="checkbox"/> Dirty windows	6. <input type="checkbox"/>	<input type="checkbox"/> Buildings	9. <input type="checkbox"/>	<input type="checkbox"/> Billboard		
<input type="checkbox"/>	<input type="checkbox"/> Other (Specify):						

Driver's Condition (Select all that apply per vehicle 1 & vehicle 2)

1	2	1	2	1	2	1	2
1. <input type="checkbox"/>	<input type="checkbox"/> Normal	3. <input type="checkbox"/>	<input type="checkbox"/> Illness	5. <input type="checkbox"/>	<input type="checkbox"/> Unknown	7. <input type="checkbox"/>	<input type="checkbox"/> Drinking
2. <input type="checkbox"/>	<input type="checkbox"/> Illegal drugs	4. <input type="checkbox"/>	<input type="checkbox"/> Medication	6. <input type="checkbox"/>	<input type="checkbox"/> Fatigue/Asleep		
<input type="checkbox"/>	<input type="checkbox"/> Other (Specify):						

Pedestrian Actions (Select all that apply per vehicle 1 & vehicle 2)

1	2	1	2	1	2
1. <input type="checkbox"/>	<input type="checkbox"/> Properly crossing roadway	4. <input type="checkbox"/>	<input type="checkbox"/> Moving with traffic	7. <input type="checkbox"/>	<input type="checkbox"/> Standing/sitting
2. <input type="checkbox"/>	<input type="checkbox"/> Improperly crossing roadway	5. <input type="checkbox"/>	<input type="checkbox"/> Moving against traffic	8. <input type="checkbox"/>	<input type="checkbox"/> Getting in/out vehicle
3. <input type="checkbox"/>	<input type="checkbox"/> Playing	6. <input type="checkbox"/>	<input type="checkbox"/> Working on vehicle	9. <input type="checkbox"/>	<input type="checkbox"/> Lying down
<input type="checkbox"/>	<input type="checkbox"/> Other (Specify):				

Pedestrian Location (Select all that apply)

At Intersection		Not at Intersection	
1. <input type="checkbox"/>	<input type="checkbox"/> With signal	3. <input type="checkbox"/>	<input type="checkbox"/> Crosswalk with pedestrian signal
2. <input type="checkbox"/>	<input type="checkbox"/> Without signal	4. <input type="checkbox"/>	<input type="checkbox"/> Crosswalk
<input type="checkbox"/>	<input type="checkbox"/> Other (Specify):	5. <input type="checkbox"/>	<input type="checkbox"/> On roadway
		6. <input type="checkbox"/>	<input type="checkbox"/> Off roadway

Pedestrian Condition (Select all that apply)

1. <input type="checkbox"/>	<input type="checkbox"/> Normal	3. <input type="checkbox"/>	<input type="checkbox"/> Illness	5. <input type="checkbox"/>	<input type="checkbox"/> Illegal drugs	7. <input type="checkbox"/>	<input type="checkbox"/> Unknown
2. <input type="checkbox"/>	<input type="checkbox"/> Fatigue/asleep	4. <input type="checkbox"/>	<input type="checkbox"/> Drinking	6. <input type="checkbox"/>	<input type="checkbox"/> Medication		
<input type="checkbox"/>	<input type="checkbox"/> Other (Specify):						

Weather Condition (Select all that apply)

1. <input type="checkbox"/>	<input type="checkbox"/> No adverse conditions	3. <input type="checkbox"/>	<input type="checkbox"/> Sleet, hail, or freezing rain	5. <input type="checkbox"/>	<input type="checkbox"/> High winds	7. <input type="checkbox"/>	<input type="checkbox"/> Lighting
2. <input type="checkbox"/>	<input type="checkbox"/> Rain	4. <input type="checkbox"/>	<input type="checkbox"/> Fog	6. <input type="checkbox"/>	<input type="checkbox"/> Snow		
<input type="checkbox"/>	<input type="checkbox"/> Other (Specify):						

Light Condition (Select all that apply)

1. <input type="checkbox"/>	<input type="checkbox"/> Daylight	2. <input type="checkbox"/>	<input type="checkbox"/> Dawn - Dusk	3. <input type="checkbox"/>	<input type="checkbox"/> Dark - With street lighting	4. <input type="checkbox"/>	<input type="checkbox"/> Dark
<input type="checkbox"/>	<input type="checkbox"/> Other (Specify):						

Traffic Control (Select all that apply)

1. <input type="checkbox"/>	<input type="checkbox"/> None	5. <input type="checkbox"/>	<input type="checkbox"/> Flashing beacon	9. <input type="checkbox"/>	<input type="checkbox"/> Yield sign	13. <input type="checkbox"/>	<input type="checkbox"/> Railroad flashing lights
2. <input type="checkbox"/>	<input type="checkbox"/> Yield sign	6. <input type="checkbox"/>	<input type="checkbox"/> Traffic signal	10. <input type="checkbox"/>	<input type="checkbox"/> Pedestrian signal	14. <input type="checkbox"/>	<input type="checkbox"/> Railroad crossing sign
3. <input type="checkbox"/>	<input type="checkbox"/> Stop sign	7. <input type="checkbox"/>	<input type="checkbox"/> Traffic signal in flashing mode	11. <input type="checkbox"/>	<input type="checkbox"/> Pedestrian crosswalk	15. <input type="checkbox"/>	<input type="checkbox"/> Officer/Flag-person
4. <input type="checkbox"/>	<input type="checkbox"/> All-Way stop	8. <input type="checkbox"/>	<input type="checkbox"/> School speed zone	12. <input type="checkbox"/>	<input type="checkbox"/> Railroad gates and lights	16. <input type="checkbox"/>	<input type="checkbox"/> No passing zone
<input type="checkbox"/>	<input type="checkbox"/> Other (Specify):						

Road Character (Select all that apply)

1. <input type="checkbox"/>	<input type="checkbox"/> Straight and level	3. <input type="checkbox"/>	<input type="checkbox"/> Straight and on slope	5. <input type="checkbox"/>	<input type="checkbox"/> Straight and on hilltop	6. <input type="checkbox"/>	<input type="checkbox"/> Curved and level
2. <input type="checkbox"/>	<input type="checkbox"/> Curved and on slope	4. <input type="checkbox"/>	<input type="checkbox"/> Curved and on hilltop				
<input type="checkbox"/>	<input type="checkbox"/> Other (Specify):						

Road Surface (Select all that apply)

1. <input type="checkbox"/>	<input type="checkbox"/> Concrete	3. <input type="checkbox"/>	<input type="checkbox"/> Brick	5. <input type="checkbox"/>	<input type="checkbox"/> Dirt
2. <input type="checkbox"/>	<input type="checkbox"/> Asphalt	4. <input type="checkbox"/>	<input type="checkbox"/> Gravel or rock	6. <input type="checkbox"/>	<input type="checkbox"/> Snow or icy
<input type="checkbox"/>	<input type="checkbox"/> Other (Specify):				

Total Number of Through Lanes (Select all that apply)

1. <input type="checkbox"/>	<input type="checkbox"/> One lane	3. <input type="checkbox"/>	<input type="checkbox"/> Three lanes	5. <input type="checkbox"/>	<input type="checkbox"/> Five lanes
2. <input type="checkbox"/>	<input type="checkbox"/> Two lanes	4. <input type="checkbox"/>	<input type="checkbox"/> Four lanes	6. <input type="checkbox"/>	<input type="checkbox"/> Six or more lanes
<input type="checkbox"/>	<input type="checkbox"/> Other (Specify):				

Median Type (Select all that apply)

1. <input type="checkbox"/>	<input type="checkbox"/> Median barrier	3. <input type="checkbox"/>	<input type="checkbox"/> Grass median (No curb)	5. <input type="checkbox"/>	<input type="checkbox"/> None
2. <input type="checkbox"/>	<input type="checkbox"/> Painted (No curb)	4. <input type="checkbox"/>	<input type="checkbox"/> Raised median (Curbed)		
<input type="checkbox"/>	<input type="checkbox"/> Other (Specify):				

Work Zone (Select all that apply)

1. <input type="checkbox"/>	<input type="checkbox"/> Road construction zone	3. <input type="checkbox"/>	<input type="checkbox"/> Road maintenance activity (snowplowing, mowing, stripping, etc.)	5. <input type="checkbox"/>	<input type="checkbox"/> None
2. <input type="checkbox"/>	<input type="checkbox"/> Road maintenance zone (repair with traffic control)	4. <input type="checkbox"/>	<input type="checkbox"/> Utility Activity		
<input type="checkbox"/>	<input type="checkbox"/> Other (Specify):				

Major Contributing Human Factor (Select all that apply per vehicle 1 & vehicle 2)

1	2	1	2	1	2
1. <input type="checkbox"/>	<input type="checkbox"/> Speed too fast for conditions	7. <input type="checkbox"/>	<input type="checkbox"/> Failure to yield	13. <input type="checkbox"/>	<input type="checkbox"/> Improper overtaking
2. <input type="checkbox"/>	<input type="checkbox"/> Disregarded traffic signal	8. <input type="checkbox"/>	<input type="checkbox"/> Evasive action	14. <input type="checkbox"/>	<input type="checkbox"/> Ran stop sign
3. <input type="checkbox"/>	<input type="checkbox"/> Wrong way in one-way traffic	9. <input type="checkbox"/>	<input type="checkbox"/> Drove left of center	15. <input type="checkbox"/>	<input type="checkbox"/> Backing unsafely
4. <input type="checkbox"/>	<input type="checkbox"/> Improper or no turn signal	10. <input type="checkbox"/>	<input type="checkbox"/> Other improper turn	16. <input type="checkbox"/>	<input type="checkbox"/> Improper loading or securing of cargo
5. <input type="checkbox"/>	<input type="checkbox"/> Following too closely	11. <input type="checkbox"/>	<input type="checkbox"/> Improper right turn on red	17. <input type="checkbox"/>	<input type="checkbox"/> None
6. <input type="checkbox"/>	<input type="checkbox"/> Exceeding speed limit	12. <input type="checkbox"/>	<input type="checkbox"/> Improper lane change		
<input type="checkbox"/>	<input type="checkbox"/> Other (Specify):				

Major Contributing Environmental Factor (Select all that apply)

1. <input type="checkbox"/> Animal on roadway	3. <input type="checkbox"/> Previous accident	5. <input type="checkbox"/> Pavement defective	7. <input type="checkbox"/> Bad weather
2. <input type="checkbox"/> Debris on roadway	4. <input type="checkbox"/> Water standing on roadway	6. <input type="checkbox"/> Vision obstruction	8. <input type="checkbox"/> None
<input type="checkbox"/> Other (Specify):			

INDICATE ON THIS DIAGRAM WHAT HAPPENED
Use one of these outlines to sketch the scene of your accident, writing in street or highway names of numbers.

1. Number each vehicle and show direction of travel by arrow:

→ ⊗ ⊗ ←

2. Use solid line to show path before accident
dotted line after accident

→ ⊗
.....→ ⊗

3. Show pedestrian by: ○

4. Show railroad by: + + + +

5. Show distance and direction to landmarks; identify landmarks by name of number.

6. Indicate north by arrow, as

Indicate North by Arrow

At what distance was danger first noticed: _____ feet

Driver's Account of Accident:

I certify, to the best of my knowledge, that this report is true and accurate.

Driver's Signature:

Date:

Address:

Home Phone #:

Supervisor's Name:

Supervisor's Title:

Supervisor's Phone #:

Return original form to the Law Department, copies should go to the Personnel Department - Safety Division and Fleet Management Division