

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 |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Disregarded traffic signal | 8. <input type="checkbox"/> | <input type="checkbox"/> | Evasive action |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Wrong way in one-way traffic | 9. <input type="checkbox"/> | <input type="checkbox"/> | Drove left of center |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Improper or no turn signal | 10. <input type="checkbox"/> | <input type="checkbox"/> | Other improper turn |
| 5. <input type="checkbox"/> | <input type="checkbox"/> | Following too closely | 11. <input type="checkbox"/> | <input type="checkbox"/> | Improper right turn on red |
| 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): | | | | | | |

Driver's Account of Accident:

By checking this box and typing my name below:

I certify, to the best of my knowledge, that all information on this form is true and correct. I also agree that the checkbox and my typed name serve as my electronic signature.

Today's Date _____

Driver's Address _____

Driver's 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