

**Description of Accident**

What street were you on? \_\_\_\_\_ Vehicle 2? \_\_\_\_\_ Vehicle 3? \_\_\_\_\_  
What Direction were you traveling? \_\_\_\_\_ Vehicle 2? \_\_\_\_\_ Vehicle 3? \_\_\_\_\_  
Weather Conditions \_\_\_\_\_ Traffic Conditions \_\_\_\_\_ Speed Limit \_\_\_\_\_ Traffic Controls? \_\_\_\_\_

**(Make a sketch of the accident below)**

Indicate North  
with Arrow

1  
County Vehicle

2  
Vehicle 2

3  
Vehicle 3

●  
Pedestrian

**Additional Remarks**

**(attach additional sheets if necessary)**

\_\_\_\_\_  
Signature of Reporting Employee

\_\_\_\_\_  
Signature of Supervisor or Department Head

\_\_\_\_\_  
Date