

**Attachment -B Vehicle Accident Report
ACCIDENT DESCRIPTION**

Accident date: _____ Time: _____ AM/PM _____

Location, City, State: _____

Description of accident: _____

Witness: _____ Phone No. (_____) _____

Address: _____

Police Officer: _____

Department: _____

Was vehicle accident report sent or called into Corporate office? Yes _____ No _____

Passengers? Yes _____ No _____ Injuries? Yes _____ No _____

Weather: Clear _____ Cloudy _____ Fog _____ Rain _____ Sleet _____ Snow _____ Other _____

Pavement: Asphalt _____ Steel _____ Concrete _____ Wood _____ Gravel/Dirt _____ Brick/stone _____

Other _____

Conditions: Dry _____ Wet _____ Icy _____ Pot Holes _____ Other _____

Traffic Control: Traffic Light _____ Stop Sign _____ Railroad _____ No Intersection _____

No Control _____

Roadway: Residential _____ Divided Highway _____ Undivided Highway _____

No. of lanes each direction _____

No. of vehicles towed from scene: _____ Number of Injuries _____ Number of Fatalities _____

Were hazardous materials released? No _____ Yes _____ If Yes, describe materials:

Draw and name roadways showing each vehicle, direction of and travel and point of impact. Indicate travel before the accident with a solid line and post-accident movement with a broken line.

Key: 1=Your Vehicle; 2=Other Vehicle(s); 3=Pedestrian; 4=Stop Sign; 5=Yield; 6=Railroad

Attachment-B Vehicle Accident Report, continued

FA Driver: _____ License No.: _____ State: _____
 Address: _____ City: _____ State: _____
 Zip: _____
 Work Phone No.: _____ Project Name/No.: _____
 Vehicle No.: _____ Make: _____ Model: _____ Year: _____
 License Plate: _____ State: _____
 Type: Commercial Motor Vehicle _____ Non-Commercial _____
 Owner: FA Industrial Services, Inc. _____ Leased/Rented _____ Private Owner _____
 Owner Name: _____ Phone No.: (____) _____
 Address: _____ City: _____ State: _____ Zip: _____
 Vehicle Damage: _____

OTHER VEHICLE

Driver: _____ License No.: _____ State: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Work Phone No.: (____) _____ Project Name/No. _____
 Vehicle No.: _____ Make: _____ Model: _____ Year: _____
 License Plate: _____ State: _____
 Type: Commercial Motor Vehicle _____ Non-Commercial _____
 Owner: FA Industrial Services, Inc. _____ Leased/Rented _____ Private Owned _____
 Owner Name: _____ Phone No.: (____) _____
 Address: _____ City: _____ State: _____ Zip: _____
 Vehicle Damage: _____

Additional Information: _____

Completed by:

Employee: _____
 Print Signature Date

Supervisor: _____
 Print Signature Date

Regional Risk Manager: _____
 Print Signature Date

Report must be phoned in (906-265-2100) or faxed (231-344-5919) to the FA Industrial Services, Inc. Corporate office within 8-hours.