

Name _____

Parking Location _____ Lot Supervisor _____

Date of Accident ____/____/____ Vehicle Number _____ Route Number _____ Tag Number LG _____
(buses only)

Description of injury, loss or accident _____



ROAD AND WEATHER CONDITIONS

Weather: Clear Rain Snow Fog

Road: Dry Wet Snowy Icy

Road Character: Straight and Level Straight with Grade Straight at Crest of Hill

Curve and Level Curve with Grade Curve at Crest of Hill

Diagram of Accident: 1) Draw diagram of intersection 2) Place your vehicle  at point of contact with other vehicle  .

I understand that I must call Safety and Training (301-840-8148) within 24 hours to complete the report. I also certify that the above information is correct to the best of my knowledge.

Signature, Driver _____ / ____ / ____
Date