



# ACCIDENT REPORT

FILL THIS IN AS SOON AFTER THE ACCIDENT AS YOU CAN	
Date of Accident	
Time	
Weather Conditions	
Name of Driver	
Name(s) of Passengers	
Dispatcher	
Hospital/Clinic Visited	
Police Notified?	
Insurance Claim Filed?	
<b>The Accident</b>	
<b>Location of Accident</b>	
<b>Description of the Accident</b>	
<b>Describe Damage to Vehicles or Property</b>	
<b>Witnesses</b>	
Name	Driver's License, Address & Phone Number
<b>Action Taken to Secure Patient</b>	
<b>Individual (s) who have Received this Report</b>	
Dispatcher	
Driver/Dispatch Coordinator	