

# CITY OF OAKLAND VEHICLE ACCIDENT REPORT TO CITY ATTORNEY Supervisor's Form

Department \_\_\_\_\_ Division \_\_\_\_\_ Accident Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Accident Location: \_\_\_\_\_

<b>DRIVERS</b>		NAME	AGE	TELEPHONE	STREET ADDRESS	CITY	OPER. LIC. NUSTATE	EXP. DATE	INJ. ?
	City-#1								
	Other-#2								
	#3								
<b>OTHERS*</b>		NAME	AGE	TELEPHONE	STREET ADDRESS	CITY	WITNESS, OWNER PASS., PED.? *Indicate	VEH. LIC.	INJ. ?
	City-#1								
	Other-#2								
	#3								
<b>VEHICLES</b>		MAKE	YEAR	MODEL	LICENSE NO.	STATE	CITY NO.	LOADED WITH?	
	City-#1								
	Other-#2								
	#3								

Were seat belts being worn by City Driver \_\_\_\_\_ City Passenger(s) \_\_\_\_\_ Other Driver(s) \_\_\_\_\_ Passenger(s) \_\_\_\_\_

<b>ACCIDENT FACTS</b>	<b>VEHICLES</b>		
	CITY - #1	OTHER-#2	#3
SPEED WHEN FIRST SIGHTED?			
SPEED INSTANT BEFORE IMPACT?			
DISTANCE SKIDDED BEFORE IMPACT?			
DISTANCE TRAVELED AFTER IMPACT?			
SIGNAL GIVEN BY DRIVER?			
COLLIDED WITH OTHER VEHICLES NOS.:			
NATURE AND LOCATION OF VEHICLE DAMAGE:			
WHAT OTHER PROPERTY DAMAGED?			
CITY DRIVER WAS GOING FROM _____ TO _____			
WEATHER? _____ ROAD CONDITION? _____ VISIBILITY? _____			

What Happened: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DRIVER:** What could you have done to avoid this accident? \_\_\_\_\_  
 \_\_\_\_\_  
 Signature: \_\_\_\_\_

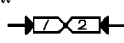



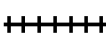
**SUPERVISOR:**  
 Refer to Injury and Collision Procedure in the City Safety Manual  
 Do you agree with driver's statement? \_\_\_\_\_  
 What other corrective action would you recommend?  
 \_\_\_\_\_  
 Signature: \_\_\_\_\_

**DEPT. HEAD:**  
 Do you agree with previous statements? What other corrective action would you recommend?  
 \_\_\_\_\_  
 Signature: \_\_\_\_\_

**DEPARTMENTAL ACCIDENT REVIEW BOARD ACTION\***  
 Preventable \_\_\_\_\_ Non-Preventable \_\_\_\_\_ Date \_\_\_\_\_  
 Safety Coordinator: \_\_\_\_\_  
 Date of Report: \_\_\_\_\_

INDICATE ON THIS DIAGRAM WHAT HAPPENED\*

Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers.

- Number each vehicle and show direction of travel by arrow: 
- Use solid line to show path before accident  dotted line after accident: 
- Show pedestrian by: 
- Show railroad by: 
- Show distance in paces and direction to landmarks; identify landmarks by name or number.
- My normal pace is \_\_\_\_\_.
- Indicate north by arrow, as: 