



AUTO/EQUIPMENT ACCIDENT REPORT FORM

KEEP THIS PAPERWORK IN THE VEHICLE AT ALL TIMES

WHAT TO DO WHEN INVOLVED IN AN AUTO ACCIDENT or HAVE EQUIPMENT DAMAGE:

- Make sure the vehicle is stopped and secure
- Remain calm and account for all passengers
- Be alert for any dangers which may warrant evacuation of the passengers; apply FIRST AID if needed
- Report the accident to Dispatch/call 911 & DO NOT LEAVE THE SCENE:
Be prepared to tell Dispatch the following: **your name, route number, location, if students are on board, and give a brief description of the accident.** Inform Dispatch if medical assistance is needed.
- If after office hours, contact **APS Security** at **(303) 367-3060** or **Channel 3** on district radio
- Exchanging insurance information with other party:
DO NOT admit you were at fault or offer payments to other parties involved
NEVER sign any statement(s) without approval from your supervisor
NEVER respond to the media if they show up at the scene of your accident
- If you are injured, contact your supervisor for the list of approved physicians from which you can choose to treat your injuries. Fill out a First Report of Injury and send to your supervisor/Risk Management
- Driver will complete **Section A** of this form and your supervisor who complete **Section B** on page 2
- Bring the damaged vehicle/equipment to Fleet Maintenance for a repair assessment

Section A – APS Driver Information

Name (Last, First, MI):	
Phone Number:	Department:
Position/Job:	Supervisor Name:
Was the APS driver given a Citation: <input type="checkbox"/> YES <input type="checkbox"/> NO	Police Report #:


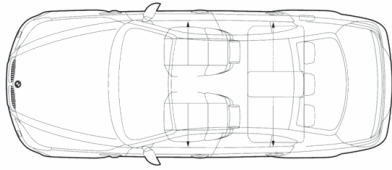
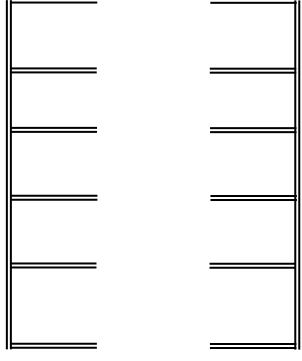
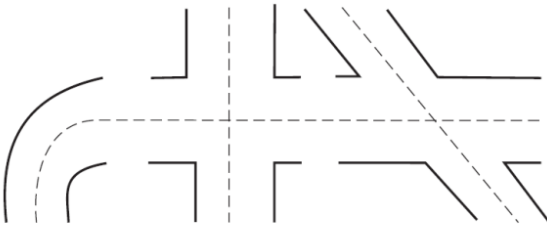
Date & Location

Date of Accident: ___/___/___	Time of Accident ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	Route # _____
Students on board <input type="checkbox"/> YES <input type="checkbox"/> NO - If "Yes" how many on board _____		Any Known Injuries <input type="checkbox"/> YES <input type="checkbox"/> NO
Location of Accident or Nearest Cross Streets:		Weather Conditions:
Witnesses	Name:	Phone #:
	Name:	Phone #:

Driver's Signature: _____ **Date:** _____

Section B – The Supervisor will fill out the remaining portion of this form


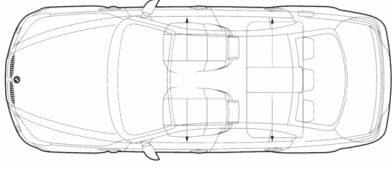
APS Vehicle information – *Take lots of Pictures (Street Signs, hazards, damage, anything to help documentation)*

Year:	Make:	Model:
License Plate:	Vehicle #:	Vin:
Name of Damaged Equipment:		Damage Severity (Mark numbers around damaged area's on vehicle) 1. None, 2. Light, 3. Moderate, 4. Extreme  
Detailed Description of Accident: _____ _____		
Use pictures below to draw out accident & positions of vehicles:		
		
<ul style="list-style-type: none"> • Give street names, directions and locations of objects involved. • City vehicle is <input type="checkbox"/> 1 <input type="checkbox"/> Other vehicles are <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 • Use direction of travel and point of impact. 		

Other Drivers Information

Name (Last, First, MI):		
Phone Number:	Address:	
Vehicles Owner Info - Name (Last, First, MI): <small>(if other than driver)</small>		
Phone Number:	Address:	
Insurance Company:	Policy #:	Phone #:
Was the other driver given a Citation: <input type="checkbox"/> YES <input type="checkbox"/> NO		Police Report #:

Other Drivers Vehicle Info - *Take lots of Pictures (Street Signs, hazards, damage, anything to help documentation)*
Or Equipment/property damage

Year:	Make:	Model:
License Plate:	Vehicle #	Vin:
Name of Damaged Equipment:		Damage Severity (Mark numbers around damaged area's on vehicle) 1. None, 2. Light, 3. Moderate, 4. Extreme  
Name & Location of Property Damage:		
Use area below to draw equipment or property damage:		

Supervisor's Signature: _____ **Date:** _____