

Accident Report

- Remove vehicle from traffic. Examine the vehicle. Check in with all passengers.
- Keep all children in the vehicle if it is safe; otherwise, remove them to safety.
- Direct someone to call for medical aid, if needed.
- Call camp at 1-800-OUR-CAMP.
- Get contact information from all witnesses possible; list on back of this form.
- Discuss accident only with police. Note Badge Number _____, Precinct _____
Officer's Name _____

.....
Date and Time of Accident ____/____/____ at ____:____ a.m. / p.m.

Exact Location _____

| | Our Vehicle | Other Vehicle(s) |
|------------------------------------|-------------|------------------|
| Direction Traveling | | |
| Speed (miles per hour) | | |
| Pavement Condition (wet/grit) | | |
| Controls (stop sign, yield, light) | | |
| Number of Lanes, Travel Lane | | |
| Weather | | |

Briefly, what happened? _____

Other Vehicle's Driver's Name _____ Date of Birth ____/____/____

Address _____

License Number and State _____ Expiration _____

Car Make _____ Model _____ Year _____

Plate Number _____ Insurance Company _____

Other Vehicle's Owner _____

Address _____

List information for additional vehicles on the back of this form.

If any camper or staff is taken to hospital, list name(s), hospital name, and fax number: _____
