

Passengers in your vehicle (RF, FM, LF, LR, MR, RR)

NAME _____	SEAT _____	ADDRESS _____	PH) _____
NAME _____	SEAT _____	ADDRESS _____	PH) _____
NAME _____	SEAT _____	ADDRESS _____	PH) _____
NAME _____	SEAT _____	ADDRESS _____	PH) _____
NAME _____	SEAT _____	ADDRESS _____	PH) _____
NAME _____	SEAT _____	ADDRESS _____	PH) _____

Names and Addresses of All Possible Witnesses to Accident

Name: _____	Address: _____	Phone _____
Name: _____	Address: _____	Phone _____
Name: _____	Address: _____	Phone _____
Name: _____	Address: _____	Phone _____

Special Conditions to Note Immediately Following Accident

Date of Accident _____ Time _____ Location _____

Direction of your car: _____ Direction of other car: _____

Direction and position of your car after accident _____

Road conditions _____ Traffic conditions _____

Weather conditions _____

Traffic controls (traffic lights, stop signs, etc.) _____ Working Y/N

Were you or the other driver turning? _____

If at night, were car lights on? Y /N

Did the driver signal properly (arm, horn, lights etc.)? _____

Place of impact on vehicle: _____

Name /address of any wrecker that removed other car

Police Officers at Scene _____

Case # _____

Nature and extent of damages and injuries:

Other conditions or pertinent facts that might have bearing on the accident:

EMERGENCY PHONE NUMBERS

HOSPITAL _____

MAIN OFFICE 541-564-6878 Or 1-800-559-5878

OREGON POISON CONTROL CENTER 1-800-222-1212

ADDITIONAL INSTRUCTIONS

Supervisors will be responsible for contacting Human Resources Director, and Transportation Manager. They will also coordinate with staff on transportation back to their personal vehicle or center.

Complete the Umatilla-Morrow Head Start - Incident report Form. Staff completing the incident report form must do so before the end of their regular duty shift.

TOW

TRUCK

HAS BEEN

CALLED