

Boone County Fire Protection District Vehicle Accident Information

Date:	Time:	Name:	Apparatus No.
Location:			
Law Enforcement Called?	Yes <input type="checkbox"/> No <input type="checkbox"/>	What Agency:	
Damage to Property of Others			
Vehicle #1		Vehicle #2	
Drivers Name:		Drivers Name:	
Address:		Address:	
Telephone #	Birthdate: Mo/Day/Yr	Telephone #	Birthdate: Mo/Day/Yr
Drivers License #	State	Drivers License #	State
Make of Car	Year	Make of Car	Year
Vehicle License #	Year	State	Vehicle License #
			Year
Owner's Name (if other than driver)		Owner's Name (if other than driver)	
Address:		Address:	
Telephone #		Telephone #	
Name of Company Insuring This Vehicle		Name of Company Insuring This Vehicle	
Injured Persons			
Name		Date of Birth	
Address		Telephone #	
Location		Location	
<input type="checkbox"/> Driver	<input type="checkbox"/> Passenger, your vehicle	<input type="checkbox"/> Driver	<input type="checkbox"/> Passenger, your vehicle
<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Passenger, other vehicle	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Passenger, other vehicle
Extent of Injury		Extent of Injury	
Hospital (If Transported)		Hospital (If Transported)	
Witnesses			
Name		Date of Birth	
Address		Telephone #	

Fire District or Personal Vehicle Information

Driver's Name	Address			Birthdate: Mo/Day/Year
Owner's Name	Address			Birthdate: Mo/Day/Year
Make/Model of Vehicle	Year	VIN		Vehicle #
Vehicle In Service or Out of Service After Accident			Name of Company Insuring This Vehicle	
Driver's License #	State	Expiration Date	Birthdate: Mo/Day/Yr	
Vehicle License #	Year	State	Damage to Vehicle	
Were You Responding To An Incident: Yes/No			If Yes, Were You Responding Emergency: Yes/No	

Brief Description of Accident

(Include your direction and speed and the other vehicle direction and speed)

Diagram of Accident

(Indicate position of vehicles, pedestrians and directions both were proceeding)



Investigating Officer and Fire Chief Review

Reviewed by Fire Chief	Date	Name of Investigating Officer	Date
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