ID-10 R3 1-91

Motor vehicle accident report

CONRAIL®

NOTE: Accidents involving personal injuries should be reported by telephone to the Consolidated Rail Corporation Claim Department.

Operator's vehicle

Management center number	Location code

Date of accident	Time of accident ☐ Dawn ☐ Daylight ☐ Dusk ☐ Dark		Hour of accident M
Unit number	Trailer number	Owned by	Vehicle license number & state
Name of driver (last, first, middle initial)	Age	Employee number	Operators license number
Home address	City	State (abbreviation)	Zip code
Department	Occupation	Work location address	Supervisor's name
Make of vehicle	Year and type of vehicle		Were seat belts in use? ☐ Yes ☐ No
Vehicle identification number (VIN)	List parts damaged or point of contact		
Estimated damage	Police notified ☐ Yes ☐ No	Police affiliation ☐ State ☐ Local	Investigating officer's name
City street or highway number ← (accident location) →	City	County	State

Other vehicle (if involved)

Year	Make	Model	Color	License plate number and state	Estimated damage
Name of driver		Age	Address		Phone number
Name of owner			Address		Phone number
Name of automobile liability insurance carrier		Policy number		Address	
Names of passengers		Age	Address		Phone number

Persons injured

Name	Address	Age	Passengers		Extent of injuries
			Co. car	Other	

Witnesses

Name(s)	Address	Phone number

Driver's description

Weather (check one)
☐ Clear ☐ Raining
☐ Snowing ☐ Foggy

Road (check one)
☐ Dry ☐ Ice
☐ Snow ☐ Wet

Collision with (check one)
☐ Other vehicle ☐ Train ☐ Other
☐ Fixed object ☐ Pedestrian
☐ Bicycle ☐ Animal

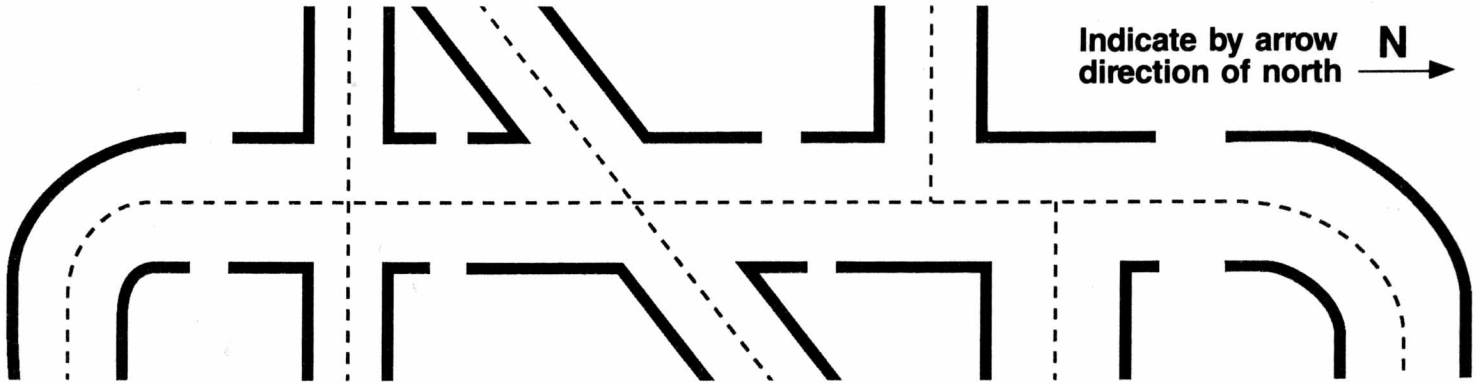
Accident location (check one)
☐ On or along street or highway
☐ On company property
☐ Other

Accident (our vehicle) (check one)
☐ Head on ☐ Intersection
☐ Rear end we hit ☐ Sideswipe
☐ Parked or stopped ☐ Rear end
☐ Other

Non collision accident (check one)
☐ Glass breakage
☐ Fire
☐ Theft
☐ Vandalism
☐ Other (specify)

Describe accident in detail

Complete the following diagram showing direction and positions of automobiles involved, designating clearly point of contact.



Key to be used:
(1) Solid line to show path of vehicle before accident
(2) Dotted line to show path of vehicle after accident
(3) Number each vehicle and show direction of travel 1 2 *Our vehicle is always number 1.*
(4) Motorcycle
(5) Pedestrian
(6) Railroad

Driver's signature	Title	Work phone number	Date

To be completed by supervisor

Driver has completed his portion of this report?
☐ Yes ☐ No (Explain)

Condition of driver at time of accident
☐ Sick ☐ Normal ☐ Sleepy ☐ Other (if other please explain)

Condition of vehicle after accident
☐ Usable ☐ Out of service

Use of vehicle
☐ On duty ☐ Off duty

Supervisor's signature	Title	Work Phone number	Date