



MILWAUKEE COUNTY DRIVER'S ACCIDENT REPORT

ACCIDENT INFO			
Date of Accident:	Day of Week:	Time:	A.M. or P.M.
County where Accident occurred:		City, Town, Village where Accident occurred:	
Address or Street on which accident occurred:	<input type="checkbox"/> At its intersection with:		
	<input type="checkbox"/> Not at an intersection		
_____ ft. N. S. E. W. of _____ Nearest intersecting Street, House Number, or Landmark: Bridge, Milemarker, etc.			
Accident involved:			
Fleet Vehicle/Equipment #: _____ and <input type="checkbox"/> Another County Vehicle or Equipment piece: Fleet #: _____			
<input type="checkbox"/> Passenger Car <input type="checkbox"/> Truck <input type="checkbox"/> Pedestrian <input type="checkbox"/> Building or Fixture <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Non-Collision (describe): _____			
Type:			
<input type="checkbox"/> Head on <input type="checkbox"/> Sideswipe <input type="checkbox"/> Right Angle <input type="checkbox"/> Rear End <input type="checkbox"/> Front End <input type="checkbox"/> Other: _____			
Police present:	Municipality:	Tickets/Arrests:	
	Officer's Name:	<input type="checkbox"/> Driver of Vehicle 1	
<input type="checkbox"/> Yes	Badge No.:	Report No.:	<input type="checkbox"/> Driver of Vehicle 2
<input type="checkbox"/> No			<input type="checkbox"/> Other: _____
DRIVER AND VEHICLE INFO			
Driver Vehicle 1 (Fleet Vehicle No: _____)		Driver Vehicle 2	
Driver's Name:		Driver's Name	
Driver's address including City, State, Zip:		Driver's address including City, State, Zip:	
Driver's Dept:		Driver's Daytime Phone No.:	
Division:		Driver's Home Phone No.:	
Organizational Unit Number:		Driver's Insurance Company:	
WITHIN 48 HOURS OF AN ACCIDENT, RETURN COMPLETED FORM TO: MILWAUKEE COUNTY FLEET MANAGEMENT 10320 W. WATERTOWN PLANK ROAD WAUWATOSA, WI 53226 414-257-6578		Make of Vehicle:	Year:
		License No.:	
		Registered Owner:	
		Parts of Vehicle Damaged:	

Continued on side 2

PASSENGER OR PEDESTRIAN INFO

<input type="checkbox"/> Passenger 1 or <input type="checkbox"/> Pedestrian 1		<input type="checkbox"/> Passenger 2 or <input type="checkbox"/> Pedestrian 2	
Name:		Name:	
Address including City, State, Zip:		Address including City, State, Zip:	
Daytime Phone:	Home Phone:	Daytime Phone:	Home Phone:
Date of Birth:	Sex:	Date of Birth:	Sex:
If Passenger, designate of which vehicle:		If Passenger, designate of which vehicle:	
Describe what Passenger/Pedestrian was doing:		Describe what Passenger/Pedestrian was doing:	

INJURIES

	INJURED		DESCRIBE INJURIES	INJURED TAKEN TO/ BY
	YES	NO		
Driver Vehicle No. 1				
Driver Vehicle No. 2				
Passenger Veh. No. ____				
Passenger Veh. No. ____				
Pedestrian 1				
Pedestrian 2				
Other				

WITNESSES

NAME	ADDRESS INCLUDING CITY, STATE, ZIP	DAYTIME AND/OR WORK PHONE

INDICATE ON THIS DIAGRAM WHAT HAPPENED

Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers.

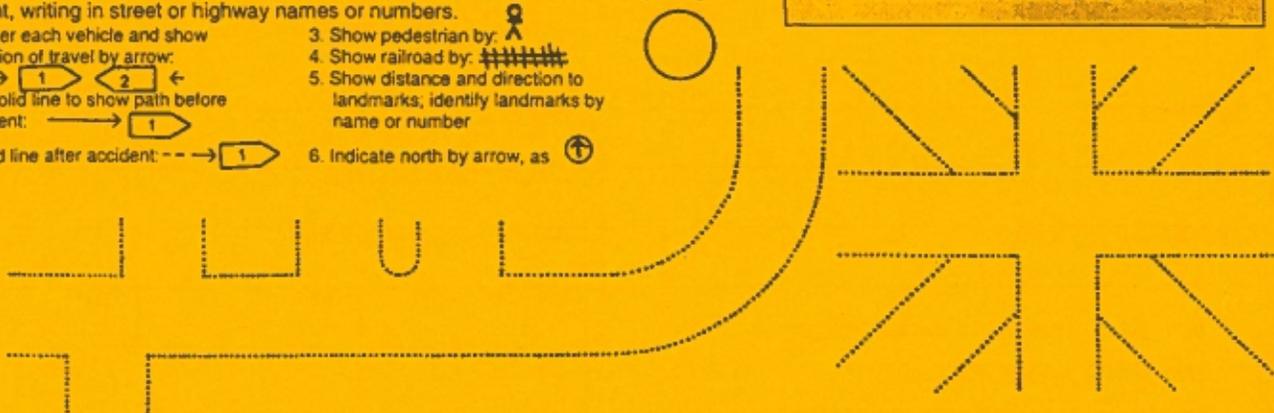
1. Number each vehicle and show direction of travel by arrow:

2. Use solid line to show path before accident:

3. Show pedestrian by: 
4. Show railroad by: 
5. Show distance and direction to landmarks; identify landmarks by name or number
6. Indicate north by arrow, as 

INDICATE NORTH BY ARROW

ACCIDENT DESCRIPTION



DRIVER'S ACCOUNT OF ACCIDENT:

Signature: _____ Dept. Name: _____ Date: _____ Driver Supervisor