



## Atlantic Cape Community College Vehicle Accident Report

Print or Type Only

<b>Accident Date</b>	<b>Day of Week</b>	<b>Time</b>	AM	<b># Vehicles</b>	<b># Injured</b>	<b># Fatalities</b>	<b>Name of Police Dept or Investigating Agency</b>
/ /			PM				
<b>Location of Accident (Municipality)</b>		<b>Route # or Name of Street</b>			If not an intersection, collision was between: Road 1 _____ Road 2 _____ Distance from Road _____		Check here for accidents involving specialized equipment such as bulldozers, graders, backhoes, street sweepers, lawn mowers, fork lifts and other similar equipment
<b>County</b>		<b>Intersecting Street, Road or Railroad</b>					
<b>Environmental Conditions</b> (Circle One): ADD SUPPLEMENTAL SHEETS AS NECESSARY  <b>Weather:</b> Clear Rain Snowy Fog Other (Explain) _____  <b>Surface Condition:</b> Dry Wet Snow Icy Other (Explain) _____  <b>Light Condition:</b> Daylight Dawn/Dusk Dark (w/street lights on) Dark (w/o streetlight or streetlights off) Other (Explain) _____  <b>Collision Involved With:</b> Pedestrian Other motor vehicle bicycle Moped/Motorcycle Animal Other (Explain) _____							
<b>College Vehicle 1</b>		<b>Was a Citation Issued?</b> (Circle One) Yes No		<b>To Whom?</b>			
<b>College Driver</b> (Last Name) (First Name) (Middle Initial) (Home Phone Number)							
<b>Home Address</b> (Number) (Street) (City) (State) (Zip)							
<b>Driver's License #</b>				<b>State</b>		<b>Department</b>	
<b>Vehicle Make</b>				<b>License Plate #</b>		<b>(Circle One)</b> College Owned/Leased Vehicle Personal Vehicle	
<b>Employee's Assigned Work Location</b> (Circle One): Mays Landing Atlantic City Cape May All Campuses					<b>Employee's Supervisor</b> (Name) (Work Phone Number)		



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<b>Other Vehicle 2</b>	<b>Insurance Company</b>	<b>Policy #</b>			
<b>Other Driver</b> (Last Name) (First Name) (Middle Initial) (Home Phone Number)					
<b>Home Address</b> (Number) (Street) (City) (State) (Zip)					
<b>Make of Vehicle 2</b>	<b>Model of Vehicle 2</b>	<b>Year</b>	<b>License Plate #</b>	<b>State</b>	<b>Driver's License #/State</b>
<b>Vehicle 2 Owner:</b> Complete if other than driver (Last Name/Company) (First Name) (Middle Initial) (Phone Number)					
<b>Owner's Address</b> (Number) (Street) (City) (State) (Zip)					
<b>Persons Injured</b> (Other than College Driver)  ADD ADDITIONAL SHEETS IF NECESSARY	Name & Address	Phone #	Passenger in:	Extent of Injury: (Circle One)	
				Extent of Injury:	Was emergency aid provided?
				Severe Slight	No Yes Ambulance
				Extent of Injury: :	Was emergency aid provided?
				Severe Slight	No Yes Ambulance
Vehicle Use (circle one):  1. Normal job-related operations    2. Attendance at Athletics Events    3. Commuting to from breakfast, lunch or dinner and place of work/event  4. Other: _____					

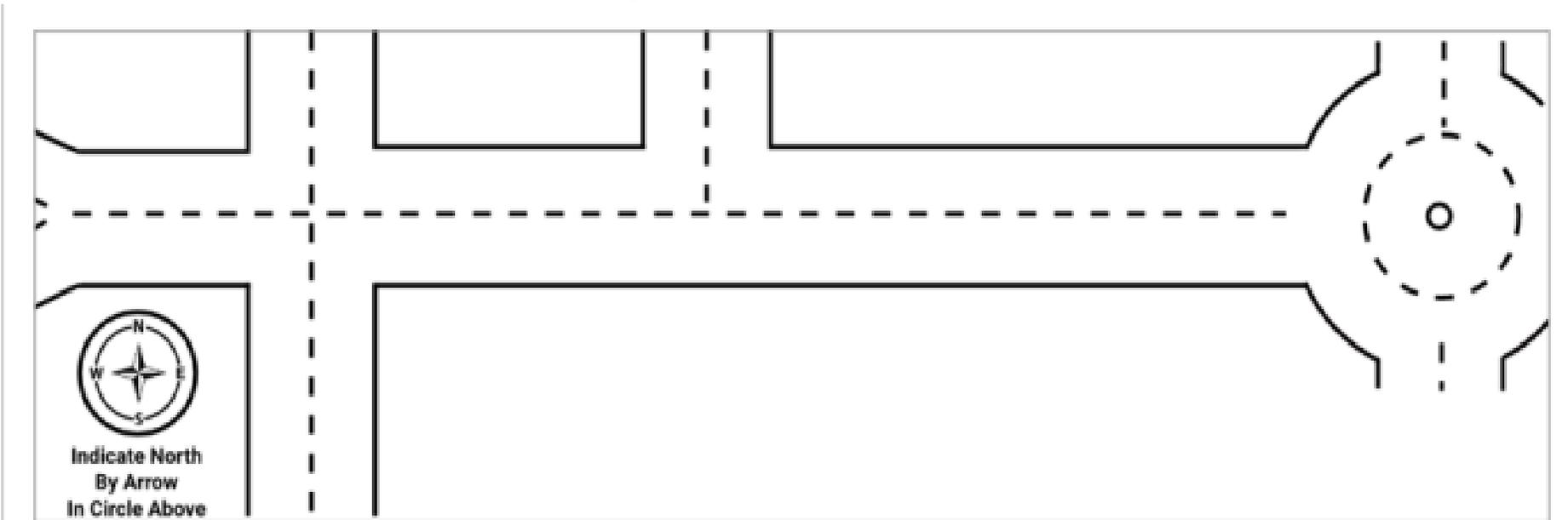


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THIS DIAGRAM MUST BE COMPLETED FOR EVERY ACCIDENT

Use the portion of the diagram that most closely resembles the roadway where the accident took place.



Instructions: Give street names or route numbers, direction and location of objects involved.

1. Number each vehicle and show direction of travel by arrows →
2. Use solid lines to show path of each vehicle before accident
3. Show motorcycle → , Pedestrian →

**Description of Accident.** Print Clearly. Add supplemental sheets if needed



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<p><b>DESCRIPTION OF THE LEVEL OF DAMAGE TO EACH VEHICLE-</b></p> <p>MINOR, MODERATE OR MAJOR</p> <p>PRINT CLEARLY.</p>	<p><b>Minor Damage</b> - Small scratches, scrapes, small dents, damaged headlight or tail lights w/o the need for body repair, mostly cosmetic in nature</p> <p><b>Moderate Damage</b> - Large dents, deep scratches, deployed airbags, damage that requires the replacement of fiberglass parts/glass/tires or that prevents the opening of doors and hoods etc.</p> <p><b>Severe Damage</b> - Broken/bent frames, broken/bent axels, missing pieces of the vehicle, significant part(s) of the vehicle have been crushed, most likely airbags have been deployed</p>
<p><b>VEHICLE 1</b> (College Vehicle)</p>	
<p><b>VEHICLE 2</b></p>	

Add supplemental sheets if needed

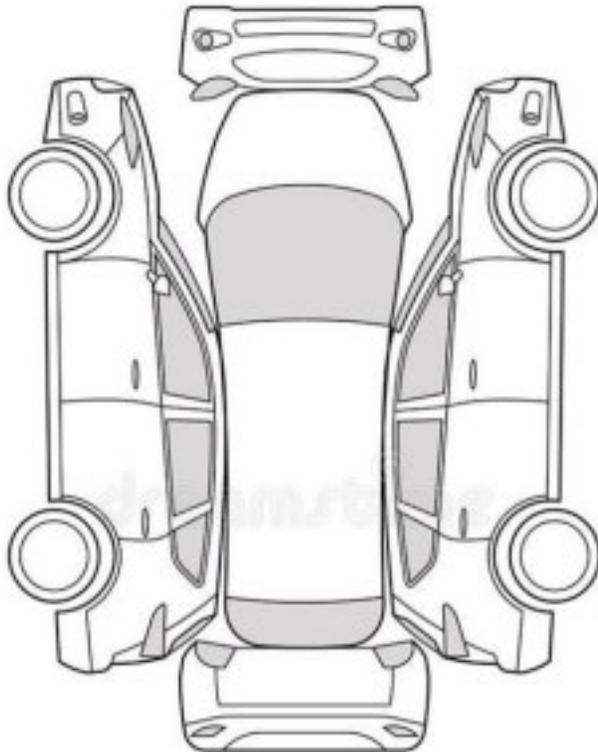


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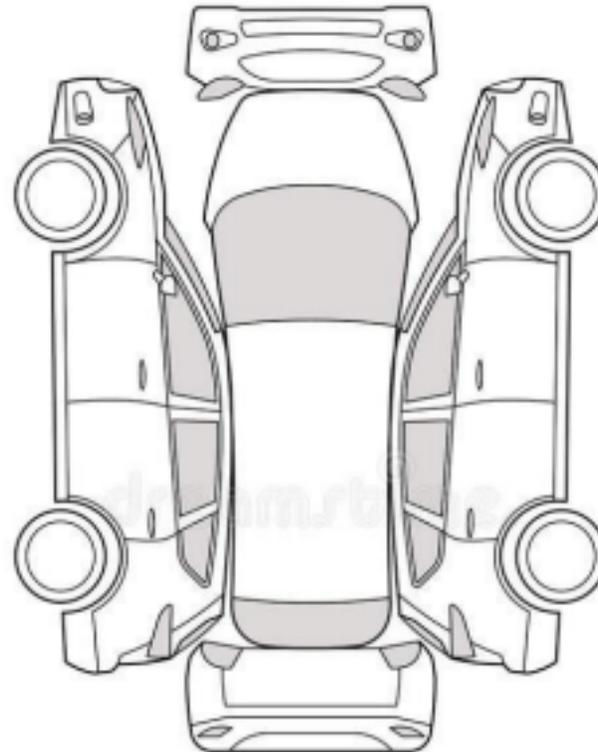
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Indicate Initial Impact Damage					
V1 Did airbags deploy? (Circle one)	Y	N	V2 Did airbags deploy?	Y	N
Undercarriage Damage	Y	N	Undercarriage Damage	Y	N
Overturned	Y	N	Overturned	Y	N
None or Unknown	Y	N	None or Unknown	Y	N
Other:			Other:		

Use X's to mark areas of damage



V1



V2

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ADD SUPPLEMENTAL SHEETS AS NECESSARY



W I T N E S S E S	NAME	ADDRESS		PHONE #
	#1			
	#2			
A P P R O V A L	SIGNATURE OF COLLEGE DRIVER COMPLETING THIS FORM	DATE	TITLE/DEPARTMENT	PHONE #
	SIGNATURE OF DRIVER'S SUPERVISOR	DATE	TITLE/DEPARTMENT	PHONE #
	SIGNATURE OF DIRECTOR, SECURITY AND PUBLIC SAFETY	DATE		

- THIS FORM MUST BE SUBMITTED TO THE DRIVER'S SUPERVISOR WITHIN 24 HOURS OR 1 BUSINESS DAY OF A MOTOR VEHICLE ACCIDENT.
- THE DRIVER'S SUPERVISOR MUST SUBMIT THE FORM TO THE DIRECTOR OF SECURITY AND PUBLIC SAFETY WITHIN 24 HOURS OR 1 BUSINESS DAY OF RECEIPT FROM THE EMPLOYEE
- POLICE REPORT MUST BE FORWARDED AS SOON AS POSSIBLE



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**Supplemental Information**