

PACT FOR WEST CENTRAL ILLINOIS  
VEHICLE ACCIDENT REPORT

DATE OF ACCIDENT: \_\_\_\_\_ TIME ACCIDENT OCCURRED: \_\_\_\_\_ a.m./p.m.

NAME OF DRIVER: \_\_\_\_\_

AGENCY OWNED VEHICLE INVOLVED: \_\_\_\_ YES \_\_\_\_ NO  
If agency vehicle was involved, indicate the bus number and vehicle identification number (VIN)

PERSONAL VEHICLE INVOLVED: \_\_\_\_ YES \_\_\_\_ NO  
If personal vehicle was involved, indicate the make, model, and year of automobile: \_\_\_\_\_

PASSENGERS IN VEHICLE: (List all passengers in vehicle at the time of the accident)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WITNESS(ES) TO ACCIDENT:(List witness(es) to accident that are 16 years of age or older)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LOCATION OF ACCIDENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIPTION OF ACCIDENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INJURIES THAT MAY HAVE OCCURRED DUE TO ACCIDENT (Include name(s) type and extent of injuries; PACT's employee and/or child accident report should also be completed for individuals injured )

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIPTION OF DAMAGE TO VEHICLE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POLICE WERE CONTACTED: \_\_\_\_ YES \_\_\_\_ NO  
(If police were contacted, attach police report to this form)

MEDICAL EMERGENCY SERVICES WERE CONTACTED: \_\_\_\_ YES \_\_\_\_ NO  
(If medical emergency services were needed, use the back of this form to indicate who and why, and if they were removed from the accident scene in an emergency vehicle where were they sent)