

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION EQUIPMENT ACCIDENT AND PROPERTY DAMAGE REPORT

Safety & Loss Control
Registration Number

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| 1 | List of all divisions, units or sections involved _____ Location of accident _____ , _____ , _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (County) (Hwy. No.) (City or Miles) </div> _____ , _____ Date _____ , _____ AM/PM <div style="display: flex; justify-content: space-between; font-size: small;"> (East, West, No., So.) (of City or Intersection) </div> _____ Roadway _____ MPH _____ , _____ , _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (Day of Week) (Speed Limit) (No. of Lanes) (Lane Width) (Surface Material) </div> |
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| 2 | Veh. No. 1: Name _____ Beacon # _____ Dept. Code _____ Co. No. _____ Age _____ Address _____ Bus. Phone _____ Home Phone _____ Driver Lic. No. _____ Class (A, B, C) _____ Driving Experience _____ Classification _____ Temporary Service (Yrs.) _____ Permanent Service (Yrs.) _____ Dates of previous accidents while driving state equipment _____ Veh. No. 2: Name _____ Beacon # _____ Dept. Code _____ Co. No. _____ Age _____ Address _____ Bus. Phone _____ Home Phone _____ Driver Lic. No. _____ Class (A, B, C) _____ Driving Experience _____ Classification _____ Temporary Service (Yrs.) _____ Permanent Service (Yrs.) _____ Dates of previous accidents while driving state equipment _____ |
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| 3 | State Veh. No. 1: Equip No. _____ Lic. No. _____ Make & Type _____ Year _____ Equip. Damage: (describe fully) _____ Est. Cost of Repair _____ Who made estimate _____ Speed at time of accident (mph) _____ Injuries (describe fully, include names) _____ _____ State Veh. No. 2: Equip No. _____ Lic. No. _____ Make & Type _____ Year _____ Equip. Damage: (describe fully) _____ Est. Cost of Repair _____ Who made estimate _____ Speed at time of accident (mph) _____ Injuries (describe fully, include names) _____ _____ |
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NOTE: FORM 19 MUST BE COMPLETED FOR EACH EMPLOYEE INJURED

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| 4 | Veh. No. _____ Name _____ Address _____ Home Phone _____ Business Phone _____ Age _____ Driver Lic. No. _____ Veh. Make/Type/Year _____ Veh. Lic. No. _____ State _____ Speed at time of accident (mph) _____ No. of other occupants _____ Liability insurance company (name, address & policy number) _____ _____ Owners name and address (if different from driver) _____ Est. damage to veh. _____ Describe injuries to all occupants (identify by name and age) _____ _____ _____ |
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| 5 | Property Damage _____ _____ _____ _____ Estimated value of property before accident _____ Estimated cost to repair or replace _____ (Note: Complete items 4 and 5 on persons involved in property damage) |
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| 6 | Description and cause of accident _____ _____ _____ |
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I have investigated this accident and answered all questions fully and accurately

Supervisor's Name Typed Here

Supervisor's Signature

Date

Dept. Name and Address

FILL IN THE FOLLOWING SPACE SHOWING DIRECTION & POSITIONS OF AUTOMOBILES INVOLVED, DESIGNATING CLEARLY POINT OF CONTACT.

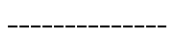
INDICATE BY ARROW
 DIRECTION OF NORTH



7

INSTRUCTIONS

(1) USE SOLID LINE TO SHOW PATH OF VEHICLE BEFORE ACCIDENT



DOTTED LINE AFTER ACCIDENT



(2) NUMBER EACH VEHICLE & SHOW DIRECTION OF TRAVEL



8

Witnesses and remarks (provide witnesses names & addresses)

9

Travelers Insurance Company notified (if applicable): Date: _____ How _____ Time _____ AM/PM

10

Traffic citations (X if applicable): Driver of Veh. No. 1 Driver of Veh. No. 2 Driver of Veh. No. _____
 Violations charged _____ Name and address of investigating officer _____

11

**Thrown
 Objects by
 Trucks/Mowers**

When did claimant advise operator of alleged accident? At scene _____ Other Location _____
 Distance from scene _____ Was operator aware his equipment caused the damage? _____
 Was load or mower inspected by supervisor following the accident? _____ If so, when? _____
 Truck: Was truck properly loaded to avoid spillage? _____
 Was object reported to have thrown by wheel? _____
 Was there evidence of stone or dirt on body or chassis rails? _____
 Mower: Condition of area being mowed – Rocky Rough & Uneven High Grass Normal Intersection
 Other _____ Were safety shields in place? _____ At what height was mower set to cut? _____
 Was mower traveling with flow of traffic? _____ Against flow of traffic? _____
 Distance of mower from claimant's vehicle _____ Comments _____