

SECA ACCIDENT REPORT FORM

Driver: _____ Van #: _____ Date of Accident: _____

Location of Accident: _____

Road Conditions: _____

Describe Accident: _____

What action will be taken by the driver to prevent this type of accident in the future (prevention)?

Signature of Driver

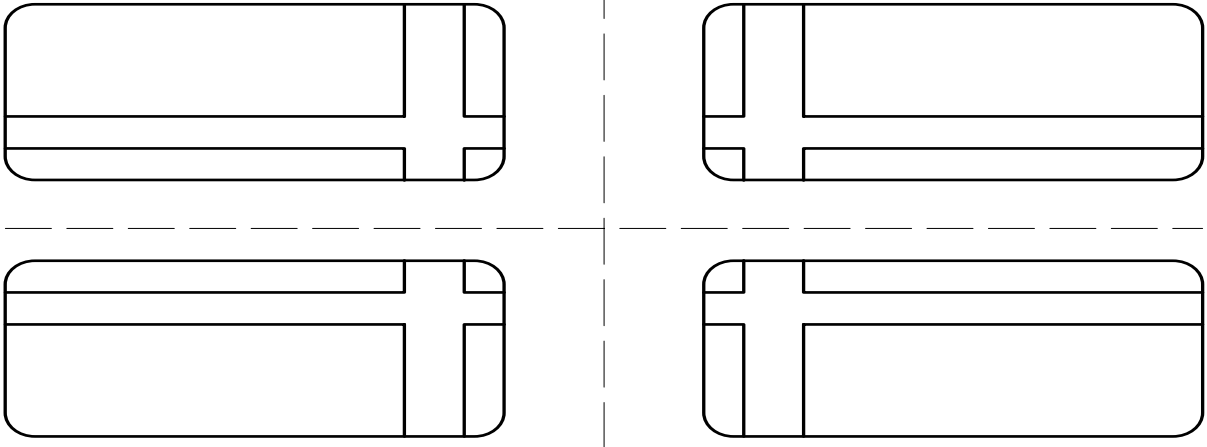
Signature of Witness\

Date

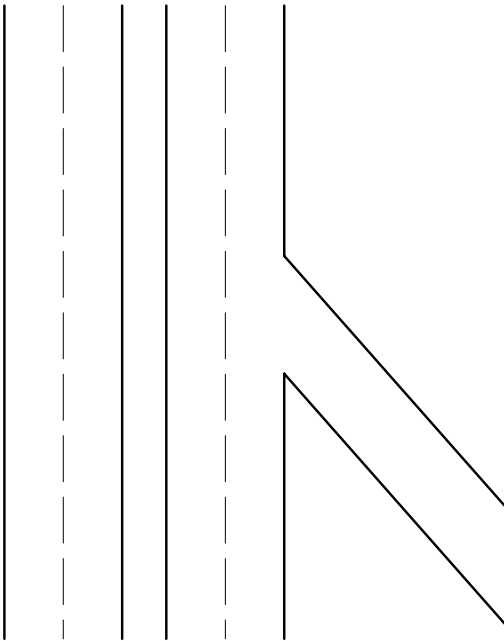
Date

Draw vehicles involved. Indicate direction of travel, speed, other objects struck (such as a tree, light pole, guard rail, etc.)

Intersection



Interstate



Curve

