

# City of Philadelphia – Vehicle Crash Report Form



**Employees must complete a Vehicle Crash Report (VCR) Form for all crashes, accidents or incidents regardless of severity involving City owned, leased or personal vehicles used for City-related business. In the event of a vehicle crash involving a personal vehicle used for City-related business, notification to Fleet Management is not required. All crashes must be immediately reported to, in this order:**

1. **Philadelphia Police Department (9-1-1)** – A Police Department report form must be completed by an Officer
2. **Risk Management** – Phone: (215) 683-1700 / Fax: (215) 683-1705 / Address: 1515 Arch Street, 14th Floor
3. **Office of Fleet Management** – Phone: (215) 685-1854 / Address: 11th and Reed Sts. – Body Shop
4. **Employee's Department** – Supervisor, Safety Officer, Crash Review Officer

In addition, a completed copy of this report should be sent within 24 hours, but no later than 48 hours of the crash to the: Safety Officer, Crash Review Officer, Office of Fleet Management (except personal vehicles for City-related business) and Risk Management. For crashes involving multiple vehicles or multiple passengers use the Vehicle Crash Report (VCR) - Supplemental Information Form or separate sheets to identify driver, vehicle and passenger information for other vehicles involved.

## Part 1: Vehicle Crash Information

1.City Driver Name:		2.Payroll #:		3.Date of Birth: / /		4.Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
5.Driver's License #:		6.Phone # : Work: ( ) - Cell: ( ) - Home: ( ) -					
7.Job Title:		8.Job Title at Time of Crash:			9.Supervisor Name:		
10.Department / Agency:				11.Division/Unit:			
12.Date of crash: / / Time of crash: ____ : ____ AM <input type="checkbox"/> PM <input type="checkbox"/>		13.Date reported: / / Time reported: ____ : ____ AM <input type="checkbox"/> PM <input type="checkbox"/>					
14.Location of vehicle crash:							
15.Weather Conditions when vehicle crash occurred: Clear <input type="checkbox"/> / Rain <input type="checkbox"/> / Fog <input type="checkbox"/> / Snow <input type="checkbox"/> / Cloudy <input type="checkbox"/> Other (specify):							
16.Road Conditions when vehicle crash occurred: Dry <input type="checkbox"/> / Wet <input type="checkbox"/> / Ice <input type="checkbox"/> / Snow <input type="checkbox"/> Other (specify):							
17.Route when vehicle crash occurred: Routine Route <input type="checkbox"/> / Non-Routine Route <input type="checkbox"/> / Emergency <input type="checkbox"/>							
18.Crash occurred during: <input type="checkbox"/> usual /normal work hours <input type="checkbox"/> overtime				19.Straight Shift: <input type="checkbox"/> Y <input type="checkbox"/> N		20.Rotating Shift: <input type="checkbox"/> Y <input type="checkbox"/> N	

### My Vehicle Struck or Was Struck By (Select all that apply):

21.Passenger Vehicle <input type="checkbox"/>		22.Pedestrian <input type="checkbox"/>		23.Parked / Standing Vehicle <input type="checkbox"/>		24.Construction Vehicle <input type="checkbox"/>	
25.Commercial Vehicle <input type="checkbox"/>		26.Animal <input type="checkbox"/>		27.Building / Fixed Object <input type="checkbox"/>		28.Hit and Run <input type="checkbox"/>	
29.Other (specify):							

### Type of Vehicle Crash from City Vehicle (CV) Perspective (Select one)

30.Head On <input type="checkbox"/>		31.Side Collision <input type="checkbox"/> (Drv <input type="checkbox"/> Psgr <input type="checkbox"/>		32.Side Swipe <input type="checkbox"/> (Drv <input type="checkbox"/> Psgr <input type="checkbox"/>			
33.(CV) Was Rear Ended <input type="checkbox"/>		34.(CV) Was Backed into <input type="checkbox"/>		35.(CV) Was Backing Up <input type="checkbox"/>			
36.Overtaken Vehicle <input type="checkbox"/>		37.Other (specify):					

## Part 2: Vehicle, Driver, Passenger and Witness Information

### Vehicle (City Vehicle)

38.Year/Make/Model/Color:		39.Personal Auto Program: <input type="checkbox"/> Y <input type="checkbox"/> N		40.Property #:		41.License Plate #:	
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### Non-City Vehicle # 1

### Driver's Information – Non-City Vehicle #1

42.License Plate #:		43.State of Issue		47.Name:		48.Date of Birth: / /	
44. Year/Make/Model/Color:		49.Phone #: Home: ( ) - Cell: ( ) -					
45. Owner:		46.VIN:		50.Driver's License #:		51.State of Issue	

### Passenger Information - (City Vehicle)

### Passenger Information - Non-City Vehicle #1

52.Name:		53.Date of Birth: / /		57.Name:		58.Date of Birth: / /	
54.Address (City / State/ Zip): / /				59.Address (City / State/ Zip): / /			
55.Phone #: H: ( ) - C: ( ) -		56.Payroll #:		60.Phone #: Home: ( ) - Cell: ( ) -			

Witness #1 Information	Witness #2 Information
61.Name:	64.Name:
62.Phone #: Home: ( ) - Cell: ( ) -	65.Phone #: Home: ( ) - Cell: ( ) -
63.Address (City / State/ Zip): / /	66.Address (City / State/ Zip): / /

**Add additional vehicles or passengers on the VCR Supplemental Information form and witnesses on separate sheets as needed.**

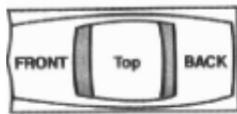
67. Did anyone receive medical treatment? City Vehicle  # Injured \_\_\_\_\_ Other Vehicle  # injured \_\_\_\_\_  
 Pedestrian  # Injured \_\_\_\_\_ None

**Part 3: Police Report Information** *Obtain information for all crashes reported to Police*

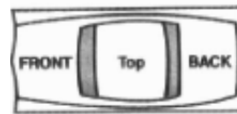
68.Officer's Name:	69.Badge Number:
70.Police Report District Control #:	71. AID Case #:

**Part 4: Written Vehicle Damage and Crash Description**

**72.Vehicle Damage:** Circle the damaged areas of each vehicle.



City Vehicle

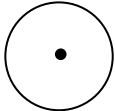


Non-City Vehicle

**73.Diagram of Vehicle Crash:** Draw a diagram as clearly as you can. Show your vehicle as City Vehicle. Make sure to label all landmarks, streets and highways. Use additional Crash Diagram form as needed.

**74. Description of Vehicle Crash:** Give a detailed description of the vehicle crash, including estimated speed and refer to vehicles by number. Drivers are also encouraged to take pictures. Print and attach any pictures with the completed form. Use additional sheets as needed.

Indicate North  
By Arrow



**Part 5: Signatures and Review**

75.Driver's Signature:	76.Date: / /	77.Supervisor Signature:	78.Date: / /
79.Crash Review Officer Signature:	80.Date: / /	81.Crash review: Preventable <input type="checkbox"/> Reportable <input type="checkbox"/>	Non-Preventable <input type="checkbox"/> Non-Reportable <input type="checkbox"/>
82.Safety Belt Worn By Driver: Yes <input type="checkbox"/> / No <input type="checkbox"/>		83.Post Accident Drug / Alcohol Testing: Yes <input type="checkbox"/> / No <input type="checkbox"/>	
84.Preventable Recommendations:		<i>Note: Employees must be sent to Post Accident Drug/Alcohol Testing if ANY of the following apply</i> A: Loss of human life or bodily injury requiring hospitalization for medical treatment or observation B: Crash requiring any vehicle to be towed C: Any occurrence involving the operation of a motor vehicle that results in an employee's citation for driving under the influence	
85.Safety Officer's Signature:	86.Date: / /		

**IMPORTANT: A false statement can result in dismissal.**