

**CITY OF PITTSBURGH VEHICLE ACCIDENT REPORT**

TO BE COMPLETED FOR ALL VEHICLE INCIDENTS REGARDLESS OF DAMAGES\*

**FORM 50  
REVISED 9-07****Instructions following incident:**

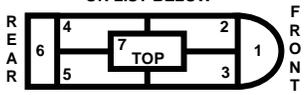
**IMMEDIATELY:** Complete form neatly in ink or type. Must include signature of driver and supervisor.  
1 copy to Driver's Director, Driver's Division Supervisor, and Safety Officer. 1 copy to the Department of Personnel and Civil Service Safety Officer. 1 copy to Public Safety's O.S.I.  
Call Fleet Maintenance Garage (255-2770) to make appointment for estimate/repairs.\*

**WITHIN 24 HRS:** One copy to City Law Department, Third Floor, City-County Building.

**WITHIN 48 HRS:** Attach one copy to Supervisor's Form 51 (and all other related documents). Send to Fleet Maintenance Contract Manager, Fleet Maintenance Garage.

**\*MANDATORY:** Include one copy in-vehicle to Fleet Maintenance Garage. Vehicle will not be accepted for repairs or estimate without accompanying Form 50.

TIME	DATE	TOTAL # VEHICLES INVOLVED	TOTAL # INJURED	VEHICLES DAMAGED? CITY / OTHER	TOWED? CITY / OTHER	TOWED? CITY / OTHER	WAS POLICE REPORT TAKEN?	WAS AMBULANCE CALLED?
NUMBER INJURED CITY / OTHER # / #	NUMBER OF FATALITIES CITY / OTHER # / #	PROPERTY DAMAGE (NON VEHICLE)? CITY / OTHER		<b>NON-VEHICLE DAMAGE INFORMATION</b>				
INCIDENT INVOLVED 1. OTHER MOVING VEHICLE 3. PEDESTRIAN 5. BICYCLE 7. NON-COLLISION 2. FIXED OBJECT/STOPPED VEHICLE 4. TRAIN 6. ANIMAL 8. OTHER				PROPERTY OWNER'S NAME & PHONE:  DESCRIBE DAMAGED PROPERTY:				
INCIDENT LOCATION / STREET(S):								
CITY VEHICLE I.D. #	CITY VIN. # ( 7 DIGIT)	CITY MAKE/MODEL/YEAR	VEH TYPE	CITY LICENSE PLATE #	DRIVER'S DEPARTMENT	DIVISION	DISTRICT/ZONE/BUREAU	
<b>C I T Y  V E H I C L E</b>	CITY DRIVER PA. LICENSE NO.	LICENSE CLASS #:	EXPIRATION DATE:	CITY DRIVER D.O.B.	NO. OF HOURS ON DUTY:			
	CITY DRIVER'S NAME	SAFETY BELTED? / INJURED?	DRIVER'S JOB TITLE	SUPERVISOR'S NAME	CITY PHONE NO.			
	CITY PASSENGER NAMES	SAFETY BELTED? / INJURED?	<b>WITNESS NAME(S)</b>		<b>ADDRESS</b>	<b>PHONE NO.</b>		
1.			1.					
2.			2.					
3.			3.					
<b>O T H E R  V E H I C L E</b>	MAKE EVERY EFFORT TO COPY LICENSE PLATE NO. EVEN IF THE INFORMATION BELOW IS UNATTAINABLE.				REFER ALL OTHER INQUIRIES TO CITY LAW DEPT, CLAIMS DIVISION.			
	OTHER VEHICLE DRIVER'S NAME	ADDRESS	PHONE NO.	SAFETY BELTED?	INJURED?			
	OPERATOR'S LICENSE	STATE	CLASS	RESTRICTIONS	EXPIRATION DATE	D.O.B.	TOWED TO:	
	OWNER NAME	ADDRESS	PHONE NO.	TOWED BY:				
	OTHER VEHICLE MAKE/MODEL/YEAR	VEH TYPE	REGISTRATION #	LICENSE PLATE #	INSURANCE CO NAME	POLICY NO.		
	TELRRPHONE:							
PASSENGER NAME(S) INJURED? ADDRESS & PHONE NO.				SAFETY BELTED?	INJURED			
1.								
2.								
PEDESTRIANS INJURED?	NAME:	ADDRESS:	APPROX. AGE:	PHONE NO.				
ANY INJURED TAKEN TO HOSPITAL? CITY OTHER	NAME: NAME: NAME:	TAKEN TO	MEDICAL FACILITY NAME: MEDICAL FACILITY NAME: MEDICAL FACILITY NAME:	(IF EMS, GIVE UNIT NO.)		TRANSPORTED BY: TRANSPORTED BY: TRANSPORTED BY:		
FOR EMERGENCY VEHICLES ONLY	1. Routine/Non Emergency/Returning	3. Pursuit Situation	5. Driver Training	7. At Emergency Scene				
	2. Responding - Lights & Siren in use	4. Roadblock	6. Drilling					
<b>IF MORE SPACE NEEDED ATTACH AND COMPLETE ADDITIONAL FORM 50'S</b>				<b>THIS FORM CONTINUED - SEE SIDE 2</b>				

WRITE # IN BOX FOR CITY VEHICLE <b>MOTION/DIRECTION</b> 1. Forward      4. Drifting 2. Stopped      5. Reverse 3. Parked	WRITE # IN BOX FOR OTHER VEHICLE <b>CONDITIONS – WRITE # IN BOX</b>	
WRITE # IN BOX FOR CITY VEHICLE <b>ACTIVITY</b> 1. Parking/Exiting Parking Space 2. Pulling from curb 3. Passing/Being Passed 4. Merging/Entering Traffic 5. Exiting Traffic 6. U Turn/turning around 7. Changing lanes 8. Other – Explain in description	WRITE # IN BOX FOR OTHER VEHICLE <b>LIGHT</b> 1. Dawn/Dusk 2. Daylight/Sunny 3. Overcast 4. Dark (with street lighting) 5. Dark (no street lighting)	<b>WEATHER</b> 0. Clear 1. Raining 2. Sleet/Hail 3. Snowing 4. Fog/Smog
WRITE # IN BOX FOR CITY VEHICLE <b>MANEUVERING-NEGOTIATING</b> 1. Right turn 2. Left turn 3. Curve 4. Proceeding straight	WRITE # IN BOX FOR OTHER VEHICLE <b>ROAD</b> 1. Dry 2. Wet 3. Muddy 4. Snowy 5. Icy 6. Other - Explain	<b>NON COLLISION DAMAGE</b> 1. Vandalism/Mischief 2. Flying Objects (stones, etc...) 3. Passenger/Bystander 4. Prisoner/Patient 5. Police Suspect 6. Other – Explain Below
WRITE # IN BOX FOR CITY VEHICLE <b>CONTRIBUTING CIRCUMSTANCE</b> 1. Congested traffic 2. Defective road surface 3. Low/narrow clearance 4. Obstruction 5. Unusual distraction – Explain in description 6. None of the above – Explain in description	WRITE # IN BOX FOR OTHER VEHICLE <b>TRAFFIC CONTROLS</b> 1. Green light. 2. Yellow light – flashing/solid 3. Red light – flashing/solid 4. Stop sign 5. Yield sign 6. Flashing school zone 7. Police/flagman 8. No controls 9. Other – Explain in description	<b>OCCURRED ON</b> 1. Street 2. Alley/Secondary Road 3. Dirt/Grass 4. Highway/Parkway 5. Indoors – Garage/Station, etc. 6. Parking Lot/Driveway
<b>-INSTRUCTIONS-</b> Show clearly point of initial impact and exact position of vehicles upon contact. Always label City vehicle # 1 (additional City vehicles label 1B, 1C, 1D, etc...) Use solid line to show direction and path of vehicles <b>BEFORE IMPACT</b> . Use broken line to show direction and path of vehicles <b>AFTER IMPACT</b> .		
<b>SYMBOLS TO USE</b> CITY VEHICLES: # 1, # 1B, # 1C OTHER VEHICLES: # 2, # 3, # 4		
If above diagram does not conform to this incident situation – OR – if <u>additional</u> illustration will help clarify, use space provided below. (BE SURE TO LABEL ACCURATELY).		
WRITE # IN BOX FOR CITY VEHICLE <b>TRAVELING ON</b> Initial impact to City vehicle. Write # in box.	WRITE # IN BOX FOR OTHER VEHICLE Initial impact to Other vehicle. Write # in box.	<b>DRIVER'S DESCRIPTION OF THIS INCIDENT:</b>
<b>CHOOSE # FROM DIAGRAM OR LIST BELOW</b> 		
0 – NO DAMAGE 8 – UNDERCARRIAGE      11 – TIRES/WHEELS 9 – WINDOW              12 – VEH. BEING TOWED 10 – WINDSHIELD        13 - UNKNOWN		
Show below, all damages to City vehicle.      Show below, all damages to Other vehicle.		
Chose #s from diagram or list. Write #s in box.      Chose #s from diagram or list. Write #s in box.		
Declaration of accuracy and completeness of information contained in this report to the best of my knowledge		
<b>DRIVER'S SIGNATURE:</b> _____		<b>DATE:</b> _____
Supervisor's Signature: _____		<b>DATE:</b> _____

