

**Onondaga County
Motor Vehicle Accident Report Form
ID-10 FORM**

Department: _____
Date: _____

(Please Print)


**Forward to: Onondaga County, Department of Law
421 Montgomery Street, 10th Floor, Syracuse, NY 13202 Ph. (315) 435-2170**

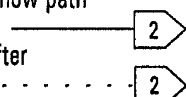
Operator's Vehicle #1	Date of Accident	Time of Accident (check one) <input type="checkbox"/> Dawn <input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Dark		Time: a.m./p.m.	Vehicle Identification Number:		
	Unit Number	Trailer Number	Owned by:		Vehicle Plate Number:		
	Name of Driver (Last, First, Middle Initial)			Age	Occupation	Operator's License Number	
	Home Address			City		State	Zip Code
	Dept. Vehicle Assigned		Work Location Address			Supervisor's Name	
	Make of Vehicle		Year & Type of Vehicle		Damage to County Vehicle		
	Estimated Damage		Police Notified <input type="checkbox"/> Yes <input type="checkbox"/> No	Name & Rank of Officer			Agency
	Accident location (Street address)			City		County	State
	Other Vehicle (if involved) #2	Year	Make	License Plate Number and State		Estimated Damage	
		Name of Driver (Last, First, Middle Initial)		Age	Address		Phone Number (w/ area code)
Name of Owner (Last, First, Middle Initial)		Address			Phone Number (w/ area code)		
Company in which liability insurance is carried		Insurance Code/Policy #		Address			
Names of Passengers		Age	Address		Phone Number (w/ area code)		
Persons Injured	Names		Age	Address		County Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Extent of Injuries
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Witnesses	Names		Address			Phone Number (w/ area code)	
Other Damage	Identification of Damaged Property Other than Vehicle						
	Owner's Name		Address			Phone Number (w/ area code)	
Conditions	Weather Conditions (Check one) <input type="checkbox"/> Clear <input type="checkbox"/> Snowing <input type="checkbox"/> Raining <input type="checkbox"/> Foggy <input type="checkbox"/> Other (explain):						
	Road Conditions (Check one) <input type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Wet <input type="checkbox"/> Other (explain):						


Describe Accident in Detail

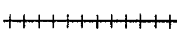
Use one of these outlines to sketch the scene. Write in street or highway names or numbers.

a. Number County vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.

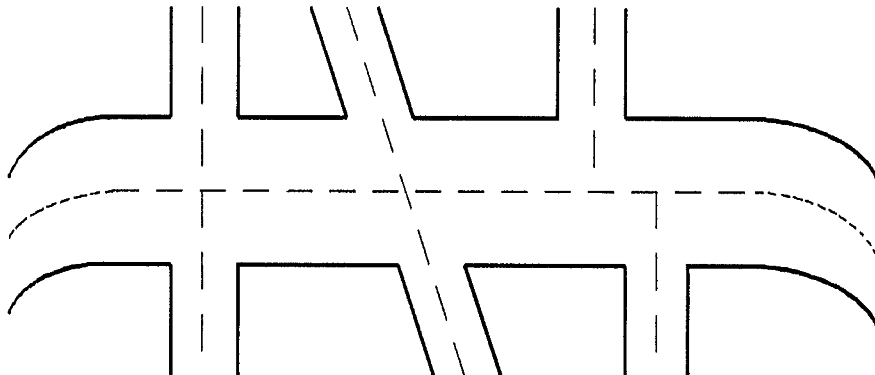
Example: 

b. Use solid line to show path before accident and broken line after the accident 

c. Show pedestrian by 

d. Show railroad by 

e. Place arrow in this circle to indicate NORTH 



Driver's Description

Complete the following diagram showing Directions and positions of automobiles involved, giving a clear account of accident.

Driver's Signature	Title	Date
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Driver has completed his/her portion of this report? Yes No - explain:

Condition of vehicle after accident: Usable Out of Service Use of Vehicle: On Duty Off Duty

Will repairs be made to our Vehicle? Yes No - explain:

Supervisor Section

Supervisor's Signature	Title	Phone Number (w/ area code)	Date
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**Must Be Returned within 48 Hours
with 2 estimates**