

432
9/68

NORTHERN PACIFIC RAILWAY COMPANY - NORTHERN PACIFIC TRANSPORT COMPANY

REPORT OF VEHICLE ACCIDENT

DRIVER MUST REPORT ALL ACCIDENTS NO MATTER HOW SLIGHT

1. In ON-LINE TERRITORY, report accident immediately by wire to Superintendent, copy to nearest District Claim Agent.
2. In OFF-LINE TERRITORY, report accident to General Claim Department, St. Paul, by airmail so report will be received next morning, detailing circumstances and extent of injuries and property damage. Airmail copy to Fleet Manager.
3. Accidents involving company cars on which insurance is carried must be reported to insurance carrier. (See instructions on Automobile Insurance Service Card kept in vehicle at all times, and in line with 1 or 2 above.)
4. Driver must promptly prepare written report in triplicate on Form 432; original to General Claim Department, copy to Superintendent or head of his department, and copy direct to Fleet Manager.
5. All accident damage repairs must first be approved by Fleet Manager.

Time and Place of Accident	Date and Hour of Accident _____ 19____ A.M. _____ P.M.
	Exact Place _____

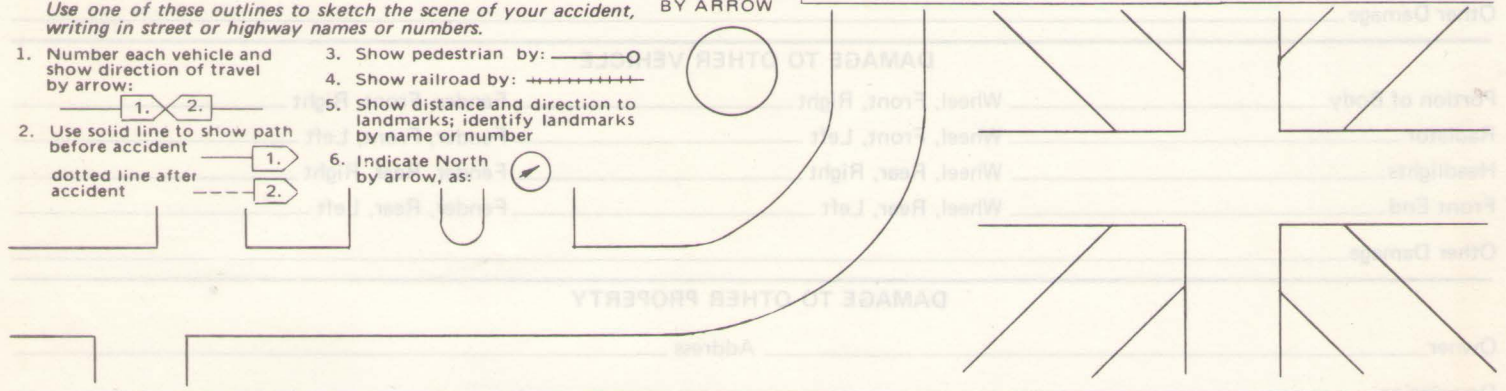
INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH BY ARROW

At what distance was danger first noticed? _____ feet

Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers.

1. Number each vehicle and show direction of travel by arrow:
 - 1.
 - 2.
2. Use solid line to show path before accident
 - 1.
 - 2.
3. Show pedestrian by: _____
4. Show railroad by: _____
5. Show distance and direction to landmarks; identify landmarks by name or number
6. Indicate North by arrow, as: _____



Company Vehicle (No. 1)	Driver _____ Age _____ Home Address _____	
	Occupation _____ Dept. _____ Stationed _____	
	Driver's Lic. No. _____ Chauffeur's Lic. No. _____ State _____	
	Unit No. _____ Veh. Make/Model _____ Lic. No. _____ State _____	
Speed _____ Direction _____ Lane _____	Seatbelts In Use? _____	Headlights-Tailights on? _____

Other Vehicle (No. 2)	Driver _____ Driver's License No. _____ State _____	
	Address _____ Occupation _____ Age _____	
	Name & Address of Veh. Owner _____	
	Veh. Make/Model _____ Lic. No. _____ State _____	
	Speed _____ Direction _____ Lane _____	Seatbelts In Use? _____
Insurance Company _____	Policy Number _____	

Weather	Circle One	Describe Visibility
	Clear _____ Cloudy _____ Misting _____ Raining _____ Snowing _____ Sleetting _____	

Highway	No. of Lanes _____ Straight or Curve _____ Cement, Asphalt, etc. _____
	Dry _____ Wet _____ Icy _____ Smooth _____ Rough _____

Signals Given	By Company Vehicle: _____	By Other Vehicle: _____
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Company Driver's Account of Accident (Refer to Vehicles by Number): _____

Did Police Make Report of this Accident: (If yes, indicate which.)

- Yes No City Police State Police Other (Specify) _____

Officer's Name: _____ Address: _____

DAMAGE TO COMPANY VEHICLE

Portion of Body _____ Wheel, Front, Right _____ Fender, Front, Right _____
Radiator _____ Wheel, Front, Left _____ Fender, Front, Left _____
Headlights _____ Wheel, Rear, Right _____ Fender, Rear, Left _____
Front End _____ Wheel, Rear, Left _____ Fender, Rear, Left _____
Other Damage _____

DAMAGE TO OTHER VEHICLE

Portion of Body _____ Wheel, Front, Right _____ Fender, Front, Right _____
Radiator _____ Wheel, Front, Left _____ Fender, Front, Left _____
Headlights _____ Wheel, Rear, Right _____ Fender, Rear, Right _____
Front End _____ Wheel, Rear, Left _____ Fender, Rear, Left _____
Other Damage _____

DAMAGE TO OTHER PROPERTY

Owner _____ Address _____
Description _____
Estimate of Damage \$ _____

PERSONS INJURED (Or Who Complained of Being Hurt)

	NAME	ADDRESS	AGE	SEX	DESCRIBE INJURIES
Driver Vehicle 1					
Driver Vehicle 2					
Passengers Vehicle 1					
Passengers Vehicle 2					
Others					

IMPORTANT!

NAMES AND ADDRESSES OF WITNESSES

IMPORTANT!

Be particular to secure the names and addresses of disinterested witnesses, bystanders, or persons in the immediate vicinity who may have seen the accident or heard any statement made by the person injured and/or damaged.

NAME	ADDRESS	REMARKS

SIGNATURE _____

(Signature of person submitting report is required)

(Address)

(Date of report)

- Driver
 Investigator
 Supervisor