



Winchester Fire and Rescue Department
VEHICLE ACCIDENT SUPPLEMENTAL

This form should be used in conjunction with the City of Winchester Vehicle Accident Form

Review of Circumstances at the scene: _____

Time: _____ Date: _____ Location: _____

Vehicle #1

Year: _____ Person Completing Form: _____
Make: _____ (Please Print)
Model: _____ Date Form Completed: _____
License Plate No.: _____
Driver License No.: _____
Address: _____
Phone: _____

Insurance Company: _____
Address: _____
Phone: _____

Description of Damage: _____

Injuries: _____

Vehicle #2

Year: _____ Person Completing Form: _____
Make: _____ (Please Print)
Model: _____ Date Form Completed: _____
License Plate No.: _____
Driver License No.: _____
Address: _____
Phone: _____

Insurance Company: _____
Address: _____
Phone: _____

Description of Damage: _____

Injuries: _____

Witnesses:

1. Name: _____
Address: _____
Phone: _____

2. Name: _____
Address: _____
Phone: _____

3. Name: _____
Address: _____
Phone: _____

4. Name: _____
Address: _____
Phone: _____

Other Property Damaged:

Description of Property Damaged: _____

Owner: _____
Address: _____
Phone: _____
Insurance Company: _____
Address: _____
Phone: _____

Other Property Damaged:

Description of Property Damaged: _____

Owner: _____
Address: _____
Phone: _____
Insurance Company: _____
Address: _____
Phone: _____

Was extent of damage enough to warrant taking the vehicle out of service? YES____ NO____

Station Officer Contacted: Name:_____

Police Report Attached? YES____ NO____ If no, explain why_____

What was the cause of the accident?_____

Was the driver operator at fault? YES____ NO____

Recommendation for a remedy to eliminate future accidents of this nature:_____

Drug and Alcohol Screening Conducted. YES____ NO____ If no, please list why_____

By: Occupational Health Services
607 E. Jubal Early Drive
Winchester, VA 22601
Telephone: 540-536-2200

Occupational Health Services is located inside the Urgent Care Center

Hours of Operation:
Monday thru Friday 7:30a.m. – 4:00p.m.

After hours report to Urgent Care Center weekdays until 9pm and on weekends 10:00a.m. – 7:00p.m.

All other times, report to the Winchester Medical Center Emergency Room

Submit within 24 hours one copy to:

Fire and Rescue Chief
Station Chief
Risk Manager