



CITY OF CLEVELAND  
Mayor Frank G. Jackson

City of Cleveland  
Motor Vehicle  
Driver

Police Report Filed? Yes \_\_\_ No \_\_\_  
Seat Belts Worn Y \_\_\_ N \_\_\_

Emp. ID/Pay./Badge # \_\_\_\_\_ Accident Report

Date of Accident \_\_\_\_\_ Time \_\_\_\_\_ AM/PM Type of Vehicle \_\_\_\_\_

Location \_\_\_\_\_ License Plate # \_\_\_\_\_ Code \_\_\_\_\_

Dept. Safety Division Police Classification \_\_\_\_\_

Name of Driver \_\_\_\_\_ Drivers License Number \_\_\_\_\_

Type of License/Endorsement \_\_\_\_\_ Employee Injured? No \_\_\_ Yes \_\_\_ (If yes, file OWC3&4)

EXPLAIN IN DETAIL WHAT OCCURRED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

N

**Other Vehicle or Property Damage:**

License No. \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Year \_\_\_\_\_

Owners Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Drivers Name \_\_\_\_\_

Drivers Address \_\_\_\_\_ Phone \_\_\_\_\_

**Occupants of Other Vehicle:** Yes \_\_\_ No \_\_\_

Name (1) \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

(2) \_\_\_\_\_ Injuries Yes \_\_\_ No \_\_\_

Witness (es) Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

(Make Note of License Numbers of Other Occupied Vehicles Near Scene)

Driver Name (Print) & Signature: \_\_\_\_\_

(E-Mail Address) \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Reviewed by Supervisor Yes \_\_\_ No \_\_\_

Supervisor Name (Print) & Signature w/Title \_\_\_\_\_

Supervisor Phone/E-Mail \_\_\_\_\_