

EMPLOYEES ACCIDENT REPORT TOWN OF DERRY, NEW HAMPSHIRE

- To be completed by employee directly involved in personal injury or equipment accident

NAME: DAVID BLANCHARD DEPARTMENT: PUBLIC WORKS

JOB TITLE: Engineering Technician HOW LONG EMPLOYED: 15 yrs.

DATE OF ACCIDENT: 5/23/11 DATE OF THIS REPORT: 5/23/11

ESTIMATED DAMAGE: \$_____ if over \$1,000 fill out a DMV Accident form.

WAS ANYONE HURT? No

IF YES: NAME: _____

DESCRIBE FULLY HOW ACCIDENT HAPPENED. WHAT WAS EMPLOYEE DOING, WHAT MACHINE, TO OR EQUIPMENT WAS BEING- USED; WHERE pm IT HAPPEN; ON GROUNDS, IN' BUILDING OPENTIFY). (IDENTIFY):

Driving DPW pick-up #546; I was stopped for a red light at / on Rt 102 (East Broadway @ Crystal Ave) when rear ended by a 2003 Honda Accord.

WHAT CAUSED ACCIDENT; GIVE CONTRIBUTING FACTORS, POOR LIGHTING, SLIPPERY SURFACE, FAILURE TO USE SAFETY EQUIPMENT, PROPER SAFETY, EQUIPMENT PROVIDED, ETC.

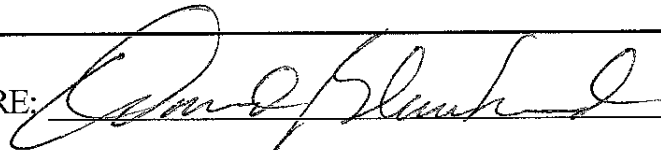
Driver of Honda Accord admitted fault due to his distraction while programming his Garmin GPS.

WHAT ACTION WILL YOU TAKE TO AVOID A RECURRENCE?

IS THIS YOUR FIRST ACCIDENT? yes IF NO, PLEASE GIVE DATES OF OTHERS.

DESCRIBE CORRECTIVE ACTION RECOMMENDED WHICH IS BEYOND YOUR AUTHORITY.

EMPLOYEE SIGNATURE:



IMMEDIATE SUPERVISOR:

DEPARTMENT HEAD:

PLEASE FORWARD ORIGINAL TO AFSCVIE SAFETY COIVIRITTEE FOR REVIEW.

*Without DESCRIPTION OF ACCIDENT, ESTIMATE OF REPAIR, or OPERATOR'S SIGNATURE, report will NOT be accepted.

SECTION D

YOUR VEHICLE				OTHER VEHICLE				BICYCLIST	
DRIVER LICENSE NO.				DRIVER LICENSE NO.				PEDESTRIAN	
05 BDD 60181 NH OPR-MC				03 WFR 70131 NH					
DRIVER'S NAME LAST, FIRST, MIDDLE				DRIVER'S NAME LAST, FIRST, MIDDLE					
Blanchard, David G.				Wycroft, Robert					
D.O.B.				D.O.B.					
5-18-60 M				03/13/70 M					
CURRENT ADDRESS, NUMBER AND STREET				CURRENT ADDRESS, NUMBER AND STREET					
14 Manning St 432-6144				18 Little Rob Rd					
CITY/TOWN STATE ZIP CODE				CITY/TOWN STATE ZIP CODE					
Derry NH 03038				Atkinson NH 03811					
PLATE NO. STATE TRAILER PLATE NO. STATE				PLATE NO. STATE TRAILER PLATE NO. STATE					
G 17768 NH - -				1931056 NH - -					
SAME AS DRIVER <input type="checkbox"/> OWNER NAME LAST, FIRST, MIDDLE				SAME AS DRIVER <input checked="" type="checkbox"/> OWNER NAME LAST, FIRST, MIDDLE					
Town of Derry									
CURRENT ADDRESS, NUMBER AND STREET				CURRENT ADDRESS, NUMBER AND STREET					
14 Manning St 432-6106									
CITY/TOWN STATE ZIP CODE				CITY/TOWN STATE ZIP CODE					
Derry NH 03038									
MAKE YEAR COMMERCIAL VEHICLE ACCIDENT				MAKE YEAR COMMERCIAL VEHICLE ACCIDENT					
Ford F-150 2004 <input type="checkbox"/>				Honda Accord 2003 <input type="checkbox"/>					
V.I.N.				V.I.N.					
1FTRF14W14NC38877				1HGCM56363A076970					
VEHICLE TOWED <input type="checkbox"/> BY TO				VEHICLE TOWED <input type="checkbox"/> BY TO					
DESCRIBE DAMAGE TO VEHICLE				DESCRIBE DAMAGE TO VEHICLE					
Rear Bumper bent downward				Damage to front end; hood bumper etc.					
*ESTIMATED COST TO REPAIR				*ESTIMATED COST TO REPAIR					

SECTION E

YOUR INSURANCE CO.		ESTIMATED PROPERTY DAMAGE (OTHER THAN VEHICLE)	
AGENT		IDENTIFY DAMAGED PROPERTY OTHER THAN VEHICLE(S)	
ADDRESS			
POLICY NUMBER	EFFECTIVE DATE		

ACCIDENT DIAGRAM

Check one of the diagrams if it adequately describes the accident, OR draw your own diagram on a separate sheet and attach. Number the vehicles, with your vehicle being No. 1.

Rear	Passing	Lt. Turn	Intersection	Rt. Turn	Rt. Turn	Head On	Sideswipe
1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>

* DESCRIBE THE ACCIDENT

stopped at a red light on Rt 102, (E. Broadway @ Crystal Ave) truck was rear ended by other operator of Honda Accord.

OPERATOR'S SIGNATURE	DATE OF REPORT
	5/23/11
DAY MON YEAR	

SECTION F

VEHICLE TYPE		YOUR Vehicle	16
1. Automobile 2. Pick-Up/Light Truck 3. Panel/Van 8. Motorcycle		Other Vehicle	17
9. Moped 10. Motor Home 11. Passenger Light Van 12. Utility Vehicle (4X4)		Other Vehicle	18
13. Other/Unknown Light Truck 97. Motor Carrier 98. Other**		Other Vehicle	19
VEHICLE DIRECTION		YOUR Vehicle	20
1. North 2. East 3. South 4. West 99. Unknown		Other Vehicle	21
PRE-ACCIDENT ACTION		YOUR Vehicle	22
VEHICLE: (Box 20 and/or 21) 1. Following Roadway 2. Right Turn on Red 3. Making Right Turn 4. Making Left Turn 5. Making U-Turn 6. Starting From Parked 7. Starting in Traffic 8. Slowing or Stopping 9. Stopped in Traffic 10. Entering Park Position 11. Parked Properly 12. Parked and Rolled 13. Changing Lanes/Merging 14. Overtaking/Passing 15. Passing on Right 16. Backing 17. Parked Improperly		Other Vehicle or Ped/Bike	23
18. Avoid Something in Road 19. Wrong Way on a 1-Way 97. OTHER Action in Road (Box 21 only) 41. Crossing with Signal 42. Crossing against Signal 43. Crossing at Crosswalk No Signal 44. Crossing No Signal/Crosswalk 45. Walk/Ride with Traffic 46. Walk/Ride against Traffic 47. Emerge from Front/Rear of Parked Vehicle 48. Get On/Off School Bus 49. Get On/Off Vehicle 50. Pushing/Working on Vehicle 51. Playing/Jogging 52. Standing/Walking 98. OTHER Pedestrian/Bicyclist Action			

Derry Police Department

Derry, New Hampshire 03038

(603) 432-6111

Driver's Exchange Form

Date: 5/23/11

Time: 1420

Call #: 11-10153

Accident #: 11-276-AC

DRIVER #1

Operator's Name: Blanchard, David G
Drivers Lic #: 05BND60181
Date of Birth: 5/18/60
Current Address: 11 Hpl. Ave.

Derry, NH 03038

Telephone #: 432-6144 (work)

Make / Model of Vehicle: Ford F150

Year / Color of Vehicle: 04 GLD

VIN #: 1ETKE14W14NC38877

Registration #: G 17768 State: NH

Owner of Vehicle: Town of Derry

Address: 14 Manning St.

Insurance Company: Primex

Insurance Policy Number: _____

Towing Service: N/A

Describe Damage: dent d/s rear bumper

Passenger Name: N/A

DOB: _____

Address: _____

Telephone #: _____

Location of Accident: E Broadway

DRIVER #2

Operator's Name: Wyckoff, Robert
Drivers Lic #: 03WFR70131
Date of Birth: 03/13/70
Current Address: 18 Little Rob Rd.

Atkinson, NH 03811

Telephone #: 362-4376

Make / Model of Vehicle: Hond Accord

Year / Color of Vehicle: 03 Blk

VIN #: 1HGCM56363A076970

Registration #: 193/056 State: NH

Owner of Vehicle: _____

Address: _____

Insurance Company: Peerless Ins. Co.

Insurance Policy Number: PLPW067836

Towing Service: N/A

Describe Damage: d/s front hood, bumper

damaged

Passenger Name: _____

DOB: _____

Address: _____

Telephone #: _____

Location of Accident: E Broadway

Brief Gist

See Report

