

CITY OF PITTSBURGH VEHICLE ACCIDENT REPORT**FORM 50
REVISED 10-19**

TO BE COMPLETED FOR ALL VEHICLE INCIDENTS REGARDLESS OF DAMAGES*

Instructions following incident:

IMMEDIATELY: Complete form neatly in ink or type. Must include signature of driver and supervisor.
1 copy to Driver's Supervisor, 1 copy to the Department of Human Resources & Civil Service Commission's Office of Risk Management, 1 copy to Public Safety's O.M.I.
Call Fleet Maintenance Garage (412-255-2770) to make appointment for estimate/repairs.*

WITHIN 24 HRS: One copy to City Law Department, Third Floor, City-County Building.

WITHIN 48 HRS: Attach one copy to Supervisor's Form 51 (and all other related documents). Send to Fleet Maintenance Contract Manager, Fleet Maintenance Garage.

***MANDATORY:** Include one copy in-vehicle to Fleet Maintenance Garage. Vehicle will not be accepted for repairs or estimate without accompanying Form 50.

TIME	DATE	TOTAL # VEHICLES INVOLVED	TOTAL # INJURED	VEHICLES DAMAGED? CITY / OTHER	TOWED? CITY / OTHER	WAS POLICE REPORT TAKEN? (CCR #)	WAS AMBULANCE CALLED?
NUMBER INJURED CITY / OTHER # / #	NUMBER OF FATALITIES CITY / OTHER # / #	PROPERTY DAMAGE (NON VEHICLE)? CITY / OTHER		NON-VEHICLE DAMAGE INFORMATION			
INCIDENT INVOLVED 1. OTHER MOVING VEHICLE 3. PEDESTRIAN 5. BICYCLE 7. NON-COLLISION 2. FIXED OBJECT/STOPPED VEHICLE 4. TRAIN 6. ANIMAL 8. OTHER				PROPERTY OWNER'S NAME & PHONE: DESCRIBE DAMAGED PROPERTY:			
INCIDENT LOCATION / STREET(S):							
CITY VEHICLE I.D. #	CITY VIN. # (7 DIGIT)	CITY MAKE/MODEL/YEAR	VEH TYPE	CITY LICENSE PLATE #	DRIVER'S DEPARTMENT	DIVISION	DISTRICT/ZONE/BUREAU
CITY VEHICLE	CITY DRIVER PA. LICENSE NO.	LICENSE CLASS #:	EXPIRATION DATE:	CITY DRIVER D.O.B.	NO. OF HOURS ON DUTY:		
	CITY DRIVER'S NAME	SAFETY BELTED? / INJURED?	DRIVER'S JOB TITLE	SUPERVISOR'S NAME	CITY PHONE NO.		
	CITY PASSENGER NAMES	SAFETY BELTED? / INJURED?	WITNESS NAME(S) ADDRESS PHONE NO.				
1.		1.					
2.		2.					
3.		3.					
OTHER VEHICLE	MAKE EVERY EFFORT TO COPY LICENSE PLATE NO. EVEN IF THE INFORMATION BELOW IS UNATTAINABLE.				REFER ALL OTHER INQUIRIES TO CITY LAW DEPT, CLAIMS DIVISION.		
	OTHER VEHICLE DRIVER'S NAME	ADDRESS	PHONE NO.	SAFETY BELTED?	INJURED?		
	OPERATOR'S LICENSE	STATE	CLASS	RESTRICTIONS	EXPIRATION DATE	D.O.B.	TOWED TO:
	OWNER NAME	ADDRESS	PHONE NO.	TOWED BY:			
	OTHER VEHICLE MAKE/MODEL/YEAR	VEH TYPE	REGISTRATION #	LICENSE PLATE #	INSURANCE CO NAME	POLICY NO.	
PASSENGER NAME(S) INJURED? ADDRESS & PHONE NO.						SAFETY BELTED?	INJURED
1.							
2.							
PEDESTRIANS INJURED?	NAME:	ADDRESS:	APPROX. AGE:	PHONE NO.			
ANY INJURED TAKEN TO HOSPITAL? CITY OTHER	NAME: NAME: NAME:	TAKEN TO	MEDICAL FACILITY NAME: MEDICAL FACILITY NAME: MEDICAL FACILITY NAME:	(IF EMS, GIVE UNIT NO.)	TRANSPORTED BY: TRANSPORTED BY: TRANSPORTED BY:		
FOR EMERGENCY VEHICLES ONLY	1. Routine/Non Emergency/Returning	3. Pursuit Situation	5. Driver Training	7. At Emergency Scene			
	2. Responding - Lights & Siren in use	4. Roadblock	6. Drilling				
IF MORE SPACE NEEDED ATTACH AND COMPLETE ADDITIONAL FORM 50				THIS FORM CONTINUED - SEE SIDE 2			

