

**SOUTHEASTERN PENNSYLVANIA TRANSPORTATION AUTHORITY**  
**DEPARTMENT OF ACCIDENT INVESTIGATION**

Date.....19 .....

Name in Full..... Time..... M.

Residence..... Married or Single..... Age.....

Occupation..... Working No..... Earnings.....

Employer ..... Address.....

If married, give husband's name, his occupation, and the name and address of his employer. If minor, give parents' names, father's occupation; name and address of father's employer:

Date of Accident..... Place..... Time..... M.

CAR\*\* { Route..... Block No..... Direction..... Operator .....

BUS { No..... License No..... Conductor .....

T.T.\* { Description of Auto: Make..... Year..... Mfg. No..... License No..... State .....

Owner of Auto..... Address.....

Name of Driver..... Address..... Age.....

Number of Passengers..... List Names and Addresses (if under 21 years give passenger's age and names of parents).....

What Parts of Your Auto were Damaged?.....

Where can Auto be Examined during the day?.....

Have You Had an Estimate of Damage to Your Property?..... If so, Attach Estimate. If Repairs Made, Attach Bill.

Was the Driver of Your Auto on Business of the Owner?.....

Were You Injured?..... Was Anyone Injured?.....

If Anyone Was Injured Please Give Name, Address, Age and Nature of Injuries .....

Where Were Injured Taken?..... Attended By .....

In What Direction Was Your Auto Going?..... Rate of Speed.....

In What Direction Was Our Vehicle Going? ..... Rate of Speed.....

Did You Observe Our Vehicle Before Accident? .....

Was There Anything To Obstruct Our Operator's View? .....

If You Did Observe It, What Distance Was It Away From Your Vehicle When First Seen By You? .....

How Far from Intersection Were You?..... { CAR\*\*

In What Portion of the Street Was Your Auto Traveling?..... { BUS

If Intersection Accident, Which Vehicle Reached Intersecting Curb Line First?..... { T.T.\*

What Signal If Any Did You Give?..... { CAR\*\*

Was It Daylight?..... If Not Daylight was Place of Accident Well Lighted?..... { BUS

What Lights Were Burning on Your Auto?..... { T.T.\* ..... Weather.....

Signature in Full .....

Telephone No.....

\*TRACKLESS TROLLEY  
\*\*STREET CAR

State How Accident Happened .....

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Signature in Full .....

Give Names and Addresses of All Persons Who Witnessed or Can Furnish Information Regarding the Accident :

Name .....	{	Address..... (HOME)..... Phone.....
		Address..... (BUSINESS)..... Phone.....
Name .....	{	Address..... (HOME)..... Phone.....
		Address..... (BUSINESS)..... Phone.....
Name .....	{	Address..... (HOME)..... Phone.....
		Address..... (BUSINESS)..... Phone.....

Remarks .....

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**IMPORTANT**—Please Fill in Diagram Printed Below, Showing Position of Automobiles and Any Injured Persons, With Directions in Which Any Were Proceeding.

