

## VEHICLE ACCIDENT REPORT FORM

I. Information regarding the employee and city owned vehicle involved in the accident:

Drivers Name \_\_\_\_\_ Drivers License # \_\_\_\_\_

\_\_\_\_\_  
Vehicle involved License # Registration #

Occupants of the city owned vehicle other than the driver

\_\_\_\_\_  
Name Address Phone

### II. Disinterested witnesses

Name Address Phone

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

III. Information regarding the other vehicle(s) involved

Drivers name \_\_\_\_\_ Address \_\_\_\_\_

Drivers License # \_\_\_\_\_ Car License \_\_\_\_\_

Registration # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Passengers Name Address Phone

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

IV. Nature of the incident and how it happened. (Use another sheet of paper if necessary)

Date \_\_\_\_\_