

Company's Name _____

Company Address: _____

Description of Accident: Date _____ Time _____ Place _____

Address of accident: _____

Describe what happened: _____

**USE A SEPARATE PAGE TO DRAW DIAGRAM
SHOW VEHICLES AND INCLUDE STREET OR HIGHWAY NAMES OR NUMBERS**

Type of Damage: Property Damage Only Bodily Injury Both Property Damage & Bodily Injury

Police at scene: Yes No

Report made? Yes No Report No.: _____

Vehicle Ownership: Company Owned Vehicle Employee Owned Vehicle

COMPANY DRIVER INFORMATION

Driver Name: _____

Vehicle Info: (Year, Make, Model & VIN): _____

Address: _____

Home Phone: _____ Cell Phone: _____

OTHER VEHICLE (Year, Make & Model): _____

Driver Name: _____

Address: _____

Home Phone: _____ Office Phone: _____

Drivers License Number: _____ State: _____

Describe Damage: _____

Insurance Company/Policy No.: _____

LIST OF ALL OCCUPANTS OF OTHER VEHICLE

1. _____ Phone: _____

If injured, describe: _____

2. _____ Phone: _____

If injured, describe: _____

NAMES AND ADDRESSES OF WITNESS:

1. _____ Phone: _____

2. _____ Phone: _____