

Weather Condition(if outdoors): _____

Witness Name(s): _____ Contact Info: _____

Witness Name(s): _____ Contact Info: _____

WAS INJURY A RESULT OF THE USE A MOTOR VEHICLE: YES NO (If yes, complete Section C)

SECTION C AUTO ACCIDENT ONLY

DRIVER/VEHICLE INFORMATION

Name of Insured (for the reporting party): _____

Department: _____

Driver's License Number: _____

DOB: ____/____/____ State: _____

Description of Vehicle: License Plate Number: _____

Make: _____ Model: _____ Year: _____ Color: _____

Owner: _____

Any Injuries?: _____

Name of Other Driver: _____

Driver's License Number: _____

DOB: ____/____/____ State: _____

Description of Vehicle: License Plate Number: _____

Make: _____ Model: _____ Year: _____ Color: _____

Insurance Carrier: _____

Policy Number: _____ Phone Number: _____

Auto Accident Location Type:

- Intersection
- City Street
- Highway
- Parking Lot
- Other

Type of Accident:

- Collision Involving Other Vehicle
- Collision With Stationary Object
- Collision With Animal
- Roll Over
- Collision With Bicycle/Pedestrian

- Loss of Control
- Backing Accident
- Comp/Collision
- Other: _____

Section D Property Damage

Cause of Damage(s):

- Vandalism
- Water
- Fire/Smoke

- Wind
- Arson
- Other Acts of Nature

Other _____

Building/Property Secured: Yes No

Was Building Occupied: Yes No

Was anyone injured: Yes No

Facility Manager: _____ Contact Info: Primary: _____ Secondary: _____

Witness Name(s): _____ Contact Info: _____

Witness Name(s): _____ Contact Info: _____