

20. VEHICLE ACCIDENT REPORT

Date of Accident: _____ Vehicle #: _____

Place of Accident (Street and City): _____

Road Condition: _____ Weather: _____

COMPANY VEHICLE INFORMATION:

Year: _____ Make: _____ Model: _____ Plate #: _____

VIN: _____

Driver Name: _____

Driver's Address:

Street City State Zip Code

License Number: _____

Any Damage to company vehicle? _____ Is Vehicle Drivable?: _____

Damage Explained:

OTHER VEHICLE INFORMATION

Year: _____ Make: _____ Model: _____ Plate#: _____

VIN: _____

Driver's Name: _____

Address:

Street City State Zip

Drivers License #: _____ Vehicle damaged? _____

Vehicle Drivable? _____ Tow Company Name, Phone Number: _____

Damage Explained:

OTHER PARTY INSURANCE INFORMATION:

Insurance Company: _____ Policy#: _____

Address:

Street City State Zip

Agent's Name: _____ Phone Number: _____

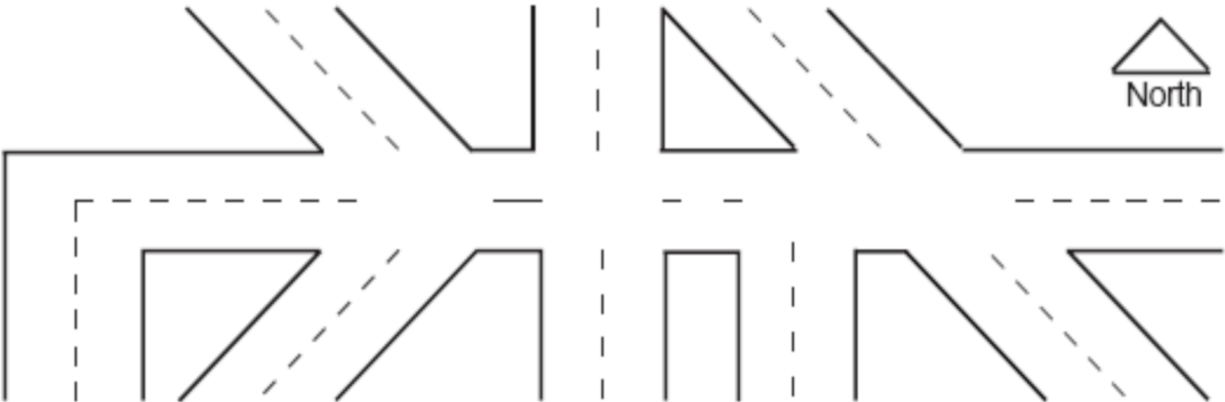
IF ANY INJURIES OR OTHER PROPERTY DAMAGE OCCURRED, ALSO FILL OUT AN INCIDENT REPORT.

Describe what happened:

Witnesses Name: _____
Number: _____

Phone

Please draw the Accident on the diagram below: Use directional arrows to show path of vehicles. Identify Vehicles by letters "A" "B" "C"- "A" being the company Vehicle. Insert street names where applicable



Signature of Preparer: _____
Date: _____