AUTOMOBILE INCIDENT/ACCIDENT REPORT

Complete this form at time of accident before leaving the scene

District Name: _____ Policy #: **WSRMP0809-00** _____

Date of Accident: _____ Time: _____ am/pm

Accident Location: _____

Street *City* *County* *State*

DRIVER AND VEHICLE

Your Name: _____ Driver's License #: _____

Vehicle Year, Make & Model: _____ Vehicle License Plate #: _____

District VIN # _____

Damage to your vehicle or property: _____

Was a police report filed? Yes/No If so, submit with this report to the pool.

DESCRIPTION OF ACCIDENT

Describe what happened before and during the accident. Note direction you and other vehicle(s) were driving, speeds, unsafe conditions, or actions contributing to the accident. _____

OTHER DRIVER AND VEHICLE (Skip if no other vehicles were involved)

Name: _____ Phone: _____ (Home) _____ (Work)

Address: _____

Street *City* *State* *Zip*

Driver's License #: _____ Vehicle License Plate #: _____

Vehicle Owner's Name *(if different):* _____ Phone: _____ (Home) _____ (Work)

Address: _____

Street *City* *State* *Zip*

Vehicle insured? Yes/No By what company? _____

Insurance Policy Number: _____ Agent Name: _____

Vehicle Year, Make & Model: _____ Agent Phone: _____

Damage to other vehicle or property: _____

INJURED PERSONS (Skip if no one was injured)

Name - Injured Person #1: _____ Age: _____

Address: _____

Street *City* *State* *Zip*

Phone: _____ (Home) _____ (Work) In which vehicle? _____

Nature of injury: _____ Where treated? _____

Name - Injured Person #2: _____ Age: _____

Address: _____

Street *City* *State* *Zip*

Phone: _____ (Home) _____ (Work) In which vehicle? _____

Nature of injury: _____ Where treated? _____

SIGNATURE & DATE

Your signature _____ Date _____

IMPORTANT: Within 24 hours of the incident, fax this report to the Water & Sewer Risk Management Pool at (425) 452-9740.