

# Report of Accident Involving City Vehicle



Date of Accident

Date Submitted

Submit to Personnel within 24 hrs.

## Department

- Police Department
- Fire Department
- Public Works Department
- City Clerk's Office
- Legal
- Mayor's Office
- Commissioners' Office
- Other \_\_\_\_\_

Supervisor's Signature

Name of City Driver

Name of Other Driver

Vehicle Year	Make	Model

Vehicle Year	Make	Model

Driver License Number

Telephone Number

Job Title

Address

Social Security Number

/ /

City State Zip

Address

Insurance Company

City State Zip

Telephone Number

( )

Describe Accident

## Accident Diagram

- Vehicle 1 was headed
- North
  - South
  - East
  - West

on \_\_\_\_\_ street.

- Vehicle 2 was headed
- North
  - South
  - East
  - West

on \_\_\_\_\_ street.

For additional vehicles, please complete page 2 of this document.

Indicate all involved vehicles with a circle on the diagram. Number each vehicle beginning with City vehicle labeled 1. Label streets.

Location of Accident

Were Police Notified Immediately?

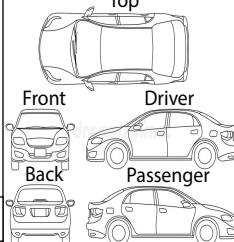
YES

NO

If no, please explain:

Describe Damage to Vehicle 1

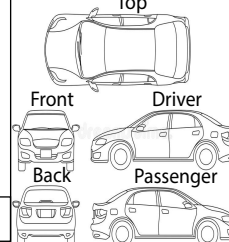
Circle Areas Damaged  
Top



Estimated Cost of Repairs

Describe Damage to Vehicle 2

Circle Areas Damaged  
Top



Estimated Cost of Repairs

I hereby certify that I have supplied all the facts pertaining to this accident and the above information is true and correct to the best of my knowledge.

Employee Signature

Date