

AUTOMOBILE INCIDENT/ACCIDENT REPORT

Complete this form at time of accident before leaving the scene

District Name: _____ Policy #: _____ District Report #: _____
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.**