#### **Describe Accident in Detail**

river's Signature	Address		
elephone No		 	
hauffeur License No.			



# Motor Vehicle Accident Report

DRIVERS: Use this form to report all accidents. Submit it immediately to your employer.

## Important!

If an accident is serious, telephone your employer *immediately*.

#### The Accident

Date	Time		A.M P.M		
Place					
Our Vehicle No.	o Trailer No				
Weather	Road Co	onditions			
No. of Lanes	Marked	Divided	Dry, Icy, Etc.		
W			<u>E</u>		
I Was TravelingN	ES	W at	MPH		
Other Vehicle Traveling					
Damage to Our Vehicle					
		Approx. \$			
Damage to Other Vehicle					
		Approx. \$			
Damage to Other Property					
		Approx. \$			
Other Driver's Name and Address	SS				
Driver's License No		Age	Sex		
Other Vehicle: Make		Year Mode	el		
Other Vehicle: License No		State	Year		
Owner's Name and Address					
		Telephone No.			
Insured? Name of Ins	. Co				
Police Report? Name	e or Badge No				
Police Department		Citatio	ons?		

### **Persons Injured**

1.	Where Taken After Accident?		
	Home Doctor	Hospital	Police Station
	Name		Age
	Address		Sex
	Nature of Injury		
2.	Where Taken After Accident? Home Doctor	Hospital	Police Station
	Name		
	Address		
	Nature of Injury		
3.	Where Taken After Accident?  Home Doctor	Hospital	Police Station
	Name		
	Address		
	Nature of Injury		
	Wi	tnesses	
1.	Name and Address		
			Tel
2.	Name and Address		
			Tel
3.	Name and Address		
			Tel
4.	Name and Address		
			Tel. (Ove