



| Employee Bata. | | | | | | | |
|----------------------------|---------------------------------|-------------------------------|------------|----------------|-----------------|-----|----|
| Employee Name: | ee Name: Store Location/Number: | | | | | | |
| Employee Phone #: | | | | | | | |
| Accident Details | | | | | | | |
| Accident Location: Stree | et | City | | State | County | | |
| Accident Date | Accide | nt Time | AM | PM | | | |
| Date Reported to Manag | ger | Safety Belt O | n? Yes | No | Unknown | | |
| Employee Injured? | Yes No | If yes, fill out Emp | loyee acci | dent injury r | eport. | | |
| Accident Description (W | hat Happened) | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Witness Information | | | | | <u> </u> | | |
| Witness Name: | Address street: | | | | | | |
| City: | | State: | Z | p: | | _ | |
| Bus. Tel. # | Cell # | Is W | /itness an | employee? | Yes No | | |
| Company Motor Vehicle | Accident Infor | mation | | | | | |
| Reported to the Police? | Yes No | Police Dep | partment (| Contact | | | |
| Police Report Number _ | | No. OF Citation | s Issued _ | Vehi | cle Damage | Yes | No |
| Light Conditions (i.e. day | wn, dusk) | F | Road Cond | itions (i.e. w | et, dry, icy) _ | | |
| Weather conditions (i.e. | cloudy, rainy) _ | | Approx. Sp | oeed | | | |
| # employees injured | # Non- | employee injured ₋ | ; | # of other ve | hicles involve | ed | |
| License Plate | Registrati | on State | Vin # | | | | |
| Make | _ Model | Year | | | | | |
| Damage Description | | | | | | | |



Company Motor Vehicle Report

| where can | the ver | iicie be | located? Stree | ອເ | | | | | | | |
|-------------|---------|----------|----------------|---------|----|----------|---------|--------|------|-------|---|
| City | | | | Stat | :e | _Tel. No | | | | | |
| Drivable? | Yes | No | Drive's | License | No | | Lic | ense S | tate | _ | |
| Insured? | Yes | No | Insur. | Policy | No | | Insur. | Co. | Name | | _ |
| Address: St | reet | | | _ City | | | _ State | | Zip | | |





Other Vehicle Driver/Owner Information

| License plate | Registration State _ | VIN | | |
|---|-----------------------|-------------------|------------|------|
| Make Mo | del | Year | | |
| Damage Description | | | | |
| | | | | |
| | | | | |
| Duis saula Norma | Ш | man Addungan Chun | | |
| Driver's Name | | | | |
| City | State | <u> </u> | Zip | |
| Bus. Tel. No | Cell Tel. No |) | | |
| Driver's License No. | Driv | er's License Stat | e | |
| If Driver is not the owner, The | n enter: Owner's Name | <u></u> | | |
| Home Address: Street | City | | State | Zip |
| Insured Yes No Insuran | ce Policy No | | Ins. Co. N | lame |
| Address: Street | City | State | | Zip |
| If injured, Injury Description | | | | |
| | | | | |
| | | | | |
| | | | | |
| Passenger Information | | | | |
| Passenger's Name | | | | |
| City State _ | | Zip | | |
| Home Tel. No | Cell T | el. No | | |
| If Injured, Injury Description | | | | |
| | | | | |
| | | | | |
| \square Our Vehicle \square Other Vehic | :le | | | |





Pedestrian Injury Information

| Pedestrian's Name | | Address: Stree | t |
|--|----------------------|--|---|
| City | _ State | Zip | |
| Home Tel. No | lome Tel. No Cell Te | | Date Of Birth |
| If Injured, Injury Description | | | |
| | | | |
| Non-Company Property Dan | nage Other Thei | n Vehicle (Example | e: Traffic Signs, Guardrails, etc.) |
| Owners Name | | Address: Stre | eet |
| City | State | Zip | |
| Bus. Tel. No | Cell Tel. N | 0 | |
| Property Location | | Address: Stree | et |
| City 9 | State | Zip | |
| Insured \square Yes \square No Insura | nce Policy No | | Ins Co. Name |
| Address: Street | Cit | ty | Zip |
| Damage Location and Descri | otion | | |
| | | | |
| Check if more then o completed. | ne other vehicle | e, Passenger, etc. v | was involved. Additional forms must be |
| Show how the accident occu | rred by filling ou | ut of these diagran | ns. |
| Complete the diagram showing direction & position of automobiles involved. Designate point of contact clearly. | | IVE STREET NAMES AND DIRECTIONS Indicate North | INSTRUCTIONS 1) Show vehicles and direction of travel. YOUR VEH. 1 OTHER VEH's 2 3 2) Use solid line to show path of each vehicle before accident dotted line after accident 2 3) Use circles to represent pedestrians |