

Vehicle and Equipment Damage Supervisor's Report

The City's Third Party Administrator must be notified within 24 hours of an accident.

All incidents and/or accidents, regardless of severity, that result in property damage, injury to employees or others, or damages to City vehicles must be reported to EMD.

Date report completed: _____

Police accident report number/NOPD item number: _____

City vehicle asset number: _____

Is the vehicle still in use? (Yes/No): _____

Was the vehicle towed? (Yes/No): _____

Current location of the vehicle: _____

City Vehicle Information

Year: _____ Make: _____ Model: _____

License plate number: _____ Odometer reading: _____

Color: _____

Driver's name: _____

Department and Job classification: _____

From where were you coming before the incident?:

To where were you going when the incident occurred?

Fully describe the damage to the
vehicle/equipment: _____

List the names of any other passengers in the City vehicle at the time of the incident:

List the names and phone numbers of any witnesses to the incident:

Witness one: _____

Witness two: _____

Injured passenger(s) of the City vehicle (including the driver):

Name	Address	Telephone #	Injury
1.)			
2.)			
3.)			
4.)			
5.)			

Other Vehicle Information

Year: _____ Make: _____ Model: _____

License plate number: _____ Odometer reading: _____

Color: _____

Driver's name: _____

Driver's address (Street, City, and Zip Code):

Owner's name: _____

Owner's address (street, city, and zip code):

Fully describe the damage to the other vehicle:

Names of the occupants in the other vehicle:

Injured passengers in the other vehicle (including the driver):

	Name	Address	Telephone #	Injury
1.)				
2.)				
3.)				
4.)				
5.)				

Other Vehicle Insurance Carrier Information

Name of carrier: _____

Address of carrier (street, city, and zip code): _____

Carrier telephone number: _____ Policy number: _____

Accident Information

Date of accident (month, date, and year): _____

Time of accident (hour, minute, AM/PM): _____

Weather conditions: _____

Road conditions: _____

Head lights on? (Y/N): _____ Seatbelt worn? (Y/N): _____

Location (street address, city, state, and zip code): _____

Name of police agency: _____

Account of Accident

Additional comments:

Name & title of investigator/supervisor completing this report:

Signature: _____ Office phone number: _____ Fax number: _____

Draw a diagram of the scene of the accident (including street names) in the space provided. Make sure to clearly number each vehicle involved in the accident and to explain which drivers were driving and number each vehicle. The City vehicle should always be number one.