

Vehicle Accident Report Form

IISD Driver's Name: _____ Employee #: _____

Phone #: _____ Email: _____

Day & Date of Accident: _____ Time of Accident: _____

Location of Accident (Be Specific): _____

Were Police Called? Yes ___ No ___ Time Called: _____ Police Report # _____

Date First Report of Injury Submitted to Risk Management: _____

In space below, describe how the accident happened.

Other Driver's Name and Address	Other Driver's Insurance Information
Name: _____	Auto Ins. Co.: _____
Address: _____	Phone#: _____
City/State/Zip: _____	Policy #: _____
Home#: _____	Policy Holder: _____
Work#: _____	

Description of Injuries to Other Driver/Passengers

IISD Vehicle	Other Vehicle
Vehicle #: _____	Vehicle Color: _____
Vehicle Make: _____	Vehicle Make: _____
Veh. Yer./Model : _____	Veh. Yer./Model: _____
Vehicle Vin #: _____	Vehicle Vin #: _____
License Plate #: _____	License Plate #: _____

