

Vehicle/Equipment Damage Incident Report

DATE OF OCCURRENCE: _____ TIME: _____ AM PM

DESCRIPTION OF ACCIDENT: _____

CAR DAMAGE: _____

WHO WAS DRIVING? _____

VEHICLE: MAKE _____ MODEL _____ YEAR _____

LICENSE PLATE NUMBER: _____ STATE: _____

INSURANCE COMPANY: _____ POLICY NO.: _____

OWNERS NAME: _____ PHONE: _____

ADDRESS: _____

DRIVERS LICENSE NUMBER: _____ STATE: _____

PLANT DAMAGE: _____

EMPLOYEE INVOLVED: NAME _____

ADDRESS: _____ HOME PHONE: _____ SS #: _____

CLOSEST RELATIVE: _____

ADDRESS: _____ PHONE: _____

NON-EMPLOYEE WITNESSES:

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE: _____ PHONE: _____

WERE POLICE CALLED: YES NO WHICH DEPT. PREPARED REPORT? _____

OFFICER: _____ BADGE #: _____

COMMENTS: _____

REPORTED BY:

NAME: _____ JOB: _____ DATE: _____