



## VEHICLE LIABILITY INCIDENT REPORT

Driver or Employee: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_ DL #: \_\_\_\_\_

Department: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Specific Duty Being Performed: \_\_\_\_\_

**Incident Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Give:** Street, Highway, City, County

**Describe Incident:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Was Employee Aware of Incident? ☐ Yes ☐ No

### YOUR VEHICLE INFORMATION (#1):

Make	Year	Body Type
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Owned by: ☐ ORU/OREA ☐ Other VIN #: \_\_\_\_\_

Body type: \_\_\_\_\_ Vehicle Tag #: \_\_\_\_\_ ORU Vehicle #: \_\_\_\_\_

Amount Damage: \_\_\_\_\_ Location of Damage: \_\_\_\_\_

### OTHER PARTY INFORMATION (#2):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Other Party Vehicle: \_\_\_\_\_  
Make Year Body Type/Color

Was Other Vehicle Injured? ☐ Yes ☐ No

Insurance Company/Agency Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Continue Description on Page 2

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**PLEASE SEND ORIGINALS OF COMPLETED FORMS TO THE DEPARTMENT OF RISK MANAGEMENT**

REMARKS: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

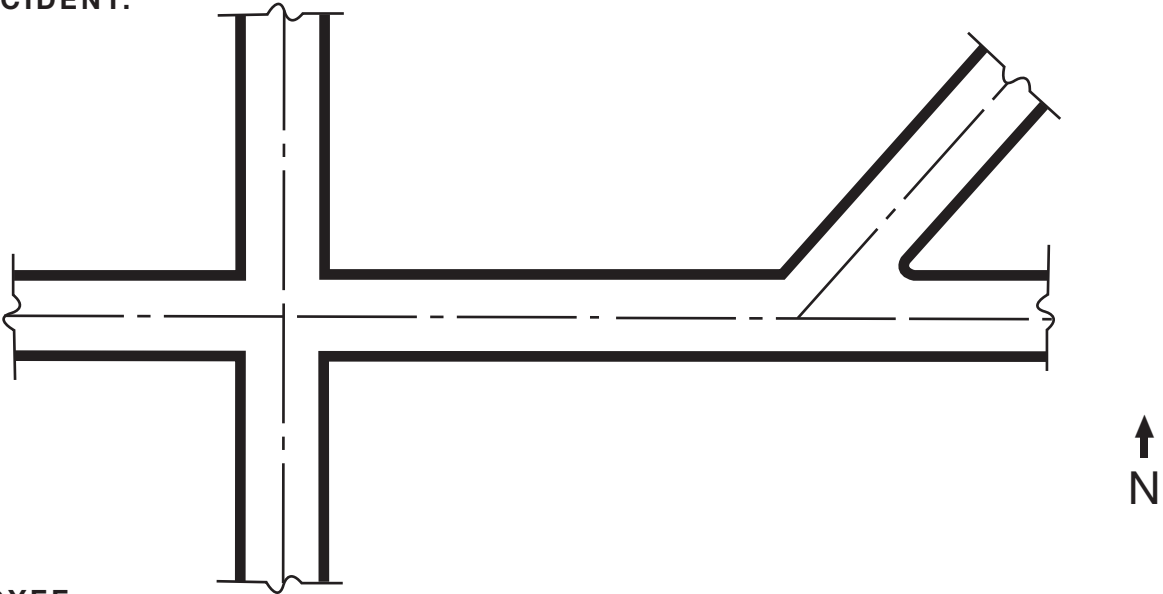
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\_\_\_\_\_

DIAGRAM OF ACCIDENT:



CAR #1 - EMPLOYEE  
CAR #2 - OTHER PARTY

WITNESSES:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

AUTHORITIES REPORTED TO: \_\_\_\_\_ Name: \_\_\_\_\_

Were there any citations?    ☐ Yes    ☐ No

Who \_\_\_\_\_ What \_\_\_\_\_

DRIVER’S SIGNATURE: \_\_\_\_\_ Driver’s License #: \_\_\_\_\_

Reported by: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_