

AUTOMOBILE ACCIDENT REPORT

COMPANY NAME: _____

DATE: _____

YOUR NAME: _____

PHONE: _____

POSITION: _____

ACCIDENT INFORMATION:

DESCRIPTION OF OUR VEHICLE INVOLVED (VEHICLE I.D.# , MAKE, MODEL):

VEHICLE I.D.# : _____

MAKE: _____

MODEL: _____

DRIVER'S NAME: _____

DRIVER LIC. #: _____

DATE OF ACCIDENT: _____

ACCIDENT LOCATION: _____

DID POLICE RESPOND? Y/N

WHICH POLICE DEPARTMENT? _____

** Please send a copy of the Police Rept. As soon as possible.*

DESCRIPTION OF ACCIDENT, DAMAGES, INJURIES:

NAME OF WITNESS: _____

PHONE: _____

IF ANOTHER VEHICLE WAS INVOLVED, NAME OF OWNER/ DRIVER:

DESCRIPTION OF VEHICLE: _____

DESCRIPTION OF ACCIDENT; ARE THERE ANY INJURIES TO ANY PERSON(S):

Please fax this form to Conlon Company at (843) 883-5299