



VEHICLE ACCIDENT CLAIM REPORT FORM

Date of Accident: _____ Time of Accident: _____ AM PM

Location of Accident: _____

Shop Location: _____

Vehicle Number: _____ Vehicle Drivable? Yes No

If Not Drivable, Name of Tow Company: _____

Driver: _____ Date of Birth: _____

Address: _____ Phone Number: _____

Date of Hire: _____ Occupation: _____

Detailed Description of Accident and damage to vehicle:

Was Anyone Injured? Yes No

If Yes, Please Describe Injuries:

Emergency Medical Respond? Yes No Anyone Taken to Hospital? Yes No

Police Respond/Report Made? Yes No

If Yes, Police Department and Report Number: _____

Signature of Person Completing Report:

Date: