

HCDE VEHICLE INFORMATION

Department Owning Vehicle:		Phone No.
Driver's Name:		Phone No.
For What Purpose was the Vehicle Being Used?		
Plate No.	VIN No.	Make/Model/Year:
Location Where Vehicle May Be Seen (Address)?		Vehicle No.

OTHER VEHICLE INFORMATION

Plate No./State:	VIN No.:	Make/Model/Year:
Owner Name:		
Address:		Phone No.:
Driver's Name:		
Address:		Phone No.:
Insurance Co.:	Policy No.:	Phone No.:

OCCUPANTS:

Name:	Address:	Age	HCDE Veh.	Other Veh.	Injured Y - N	Describe Injury

WITNESSES:

Name:	Address:	Phone:

PERSONAL INJURY

Name of Injured:	Address:	Phone:
Nature of Injury:		
Describe clearly how accident/injury occurred:		

PROPERTY DAMAGE / OR LOSS

HCDE Property () Other ()

Describe clearly how property damage occurred:

Property Description (Give make, model, serial number when applicable)

Date	Reporting Person's Signature:
Date	Supervisor's Signature:
Date	Department Official's Signature: