NVC ACCIDENT REPORT

Driver's Name: _____
Driver's Address: _____
_____
Driver's DOB: _____ Driver's Phone Number:_____
Driver's License #:_____
Driver Volunteer's for Northwest Valley Connect.
What was vehicle being used for at the time of the accident? _____
Date and time of the accident: _____ Location: _____
On what street and in what direction were you traveling? _____
On what street and in what direction was other vehicle traveling? _____
Describe condition of weather: _____ Road: _____Visibility:_____
How many people were in your vehicle? _____ In other vehicle?_____
Exact point of contact of your vehicle with other vehicle: _____
Exact point of contact of other vehicle with your vehicle: _____
What authorities were notified of accident? _____ Report #: _____
Were you cited by police? _____ If yes, what violation? _____
Was anyone else cited by police? _____ If yes, what violation? _____
Name of owner of other vehicle; _____ Driver's license: _____
Address: _____
Year and make of other vehicle: _____ License #: _____
Estimated Damage to your vehicle: _____Other vehicle: _____
Name of Company insuring other parties: _____
Policy #: _____

In your own words, please describe in detail everything that happened just before the accident, and the accident itself. Include any statements you may have made, or statements from others concerning the accident:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Driver's Signature: _____Date: _____

Names of Witnesses, address, and phone numbers:

_____
_____

_____
_____
_____

Were personal injuries sustained by any person or persons? _____

If so, explain in detail:

_____
_____
_____
_____
_____

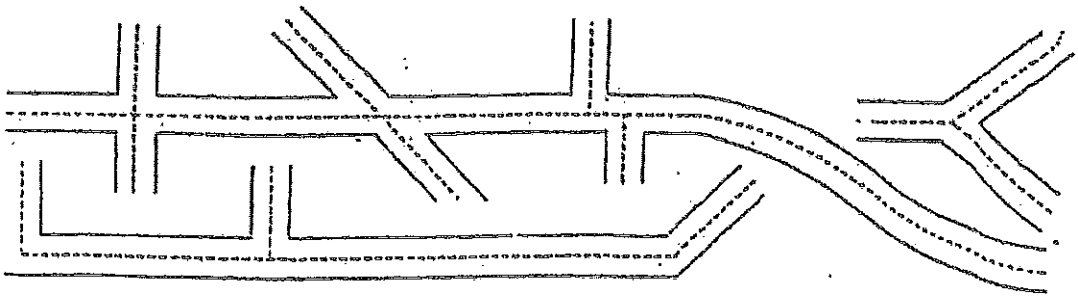
Names and addresses of occupants of your vehicle:

_____
_____
_____
_____
_____

Names and addresses of occupants of other vehicles:

_____
_____
_____
_____
_____

Draw a diagram of the accident. Show your vehicle as #1 and other vehicle as #2.



Driver's Signature: _____Date: _____

Supervisor's Signature: _____Date: _____