# Vehicle Accident Summary

I. Driver: _____ Department: _____

Job Title: _____ City Vehicle #: _____

Date of Accident: _____ License Plate #: _____

Location of Accident: _____

II. Description in employee's own words of what happened:

_____

_____

_____

_____

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_____

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_____

Signed _____
Employee

Signed _____
Department Head

III. Other documents attached:

Exchange of information slip _____

DMV accident report _____

Other _____

IV. Distribution:

White ☐ City Attorney

Yellow ☐ Fleet Maintenance Superintendent

Pink ☐ Employee

Golden Rod ☐ Risk Management