

Company Motor Vehicle Accident Report Form 084

Employee Data

Employee Name _____ UPI or HRID _____ Department Code _____
 Contract Employee? ☐ Yes ☐ No If yes, Name of Company _____
 Work Address: Street & Rm _____ City _____ State _____ Zip _____
 Home Address: Street & Rm _____ City _____ State _____ Zip _____
 Bus. Tel. No. (_____) _____ Beeper Tel. No. (_____) _____
 Beeper PIN/ID No. _____ FAX No. (_____) _____ Home Tel. No. (_____) _____
 Supvr. Name _____ Work Address: Street & Rm _____
 City _____ State _____ Zip _____ Bus. Tel. No. (_____) _____

Accident Details

Accident Location: Street _____ City _____ State _____ County _____
 Accident Date ____/____/____ Accident Time _____ AM/PM Date Reported to Supvr ____/____/____
 Safety Belt On? ☐ Yes ☐ No ☐ Unknown Employee Injured? ☐ Yes ☐ No If yes, fill out Form IAA003840008 (i.e., E-083)
 Accident Description (What Happened?) _____

Witness Information

Witness Name _____ Address: Street _____
 City _____ State _____ Zip _____
 Bus. Tel. No. (_____) _____ Home Tel. No. (_____) _____ Is witness an employee? ☐ Yes ☐ No

Company Motor Vehicle Accident Information

Reported to Police? ☐ Yes ☐ No Police Department Contacted _____
 Police Report Number _____ No. of Citations Issued _____ Vehicle Damaged? ☐ Yes ☐ No
 Company Motor Vehicle Ownership ☐ Co. Owned ☐ Co. Rented ☐ Co. Leased ☐ Empl. Owned MV Used on Co. Business
 If vehicle is leased or rented, name of leasing/renting company _____
 Light Conditions (e.g., dawn, dusk) _____ Road Conditions (e.g., wet, dry, icy) _____
 Weather Conditions (e.g., cloudy, rainy) _____ Approx. Speed Co. Vehicle was Going _____
 No. Employees Injured _____ No. Non-Employees Injured _____ No. of other vehicles involved _____
 License Plate _____ Registration State _____ Vehicle ID Number (VIN) _____
 Make _____ Model _____ Year _____
 Vehicle Type ☐ Passenger Car ☐ Ride Sharing Van ☐ Mini/Full Size Van ☐ Sport Utility (4x4)
☐ High-Cube/Cut Away Van ☐ Truck ☐ Tractor Trailer ☐ Pickup Truck
☐ Other (Specify) _____

Damage Description _____

Customer No. _____ Unit No. _____
 Where can vehicle be located? Street _____
 City _____ State _____ Tel. No. (_____) _____
 Driveable? ☐ Yes ☐ No Driver's Licensed No. _____ License State _____
 Insured? ☐ Yes ☐ No Insur. Policy No. _____ Insur. Co. Name _____
 Address: Street _____ City _____ State _____ Zip _____

Generic Vehicle Accident Report Form

CO Houle

A red circular graphic with a gradient, appearing as a semi-circle or a partial circle, located to the right of the 'CO Houle' text.

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