

Immediately after an accident fill out this form and send to:

# Arkansas Public Entities Risk Management Association

## ACCIDENT REPORT, AUTO AND TRUCK (FOR BODILY INJURY OR DAMAGE TO ANOTHER'S PROPERTY OR FOR DAMAGE TO YOUR VEHICLE)

LOCATION CODE
THIS ACCIDENT RESULTED IN: <input type="checkbox"/> BODILY INJURY <input type="checkbox"/> PROPERTY DAMAGE ONLY

<b>CLIENT</b>																	
NAME				PHONE		DRIVER NAME				PHONE		DATE OF BIRTH					
ADDRESS						ADDRESS						NUMBER OF YEARS WITH COMPANY					
CITY			STATE		ZIP		CITY		STATE		ZIP		DRIVER'S LICENSE NO.				
<b>VEHICLE</b>																	
MAKE OF YOUR VEHICLE			YEAR		MODEL			VIN NUMBER			LICENSE NUMBER		WHERE VEHICLE CAN BE SEEN				
TRAILER (IF APPLICABLE)			YEAR		MODEL			AREA OF DAMAGE			USED FOR BUSINESS <input type="checkbox"/> YES <input type="checkbox"/> NO		ESTIMATED COST TO REPAIR \$				
<b>ACCIDENT</b>																	
DATE OF LOSS			TIME OF LOSS			LOCATION (STREET OR HIGHWAY)				CITY			STATE				
WERE POLICE CALLED TO SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO			POLICE DEPT. CALLED			DRIVER			ARRESTED		TICKETED		VIOLATION				
NAME OF OFFICER			BADGE NUMBER														
STATION ADDRESS																	
<b>CLAIMANT 1</b>																	
OWNER OF OTHER VEHICLE				AGE		ADDRESS				CITY		STATE		ZIP		PHONE	
DRIVER, IF OTHER THAN ABOVE				AGE		ADDRESS				CITY		STATE		ZIP		PHONE	
MAKE OF VEHICLE		YEAR		MODEL			LICENSE NO.		AREA OF DAMAGE			ESTIMATE OF DAMAGE \$		WHERE CAN VEHICLE BE SEEN			
<b>CLAIMANT 2</b>																	
OWNER OF OTHER VEHICLE				AGE		ADDRESS				CITY		STATE		ZIP		PHONE	
DRIVER, IF OTHER THAN ABOVE				AGE		ADDRESS				CITY		STATE		ZIP		PHONE	
MAKE OF VEHICLE		YEAR		MODEL			LICENSE NO.		AREA OF DAMAGE			ESTIMATE OF DAMAGE \$		WHERE CAN VEHICLE BE SEEN			
<b>PROPERTY DAMAGE-OTHER THAN AUTO (ie. FENCE, CANOPY)</b>																	
OWNER OF PROPERTY				ADDRESS				CITY		STATE		ZIP		PHONE			
DESCRIBE DAMAGED PROPERTY				LOCATION OF PROPERTY				CITY		STATE		EXTENT OF DAMAGE					
<b>WITNESS INFORMATION</b>																	
NAME				ADDRESS				CITY		STATE		ZIP		PHONE			
NAME				ADDRESS				CITY		STATE		ZIP		PHONE			

NOTE: PLEASE COMPLETE REVERSE SIDE

**PERSONS INJURED**

(USE ADDITIONAL SHEET IF NECESSARY)

NAME	AGE	NAME	AGE
ADDRESS	PHONE	ADDRESS	PHONE
CITY	STATE	ZIP	CITY
	STATE	ZIP	
OCCUPATION	WHERE TAKEN	OCCUPATION	WHERE TAKEN
<input type="checkbox"/> FATALITY <input type="checkbox"/> BLEEDING OR DISTORTED WOUND <input type="checkbox"/> UNCONSCIOUSNESS <input type="checkbox"/> NO VISIBLE INJURY-COMPLAINED OF PAIN <input type="checkbox"/> OTHER _____	<input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> IN YOUR VEHICLE <input type="checkbox"/> IN CLAIMANT VEHICLE	<input type="checkbox"/> FATALITY <input type="checkbox"/> BLEEDING OR DISTORTED WOUND <input type="checkbox"/> UNCONSCIOUSNESS <input type="checkbox"/> NO VISIBLE INJURY-COMPLAINED OF PAIN <input type="checkbox"/> OTHER _____	<input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> IN YOUR VEHICLE <input type="checkbox"/> IN CLAIMANT VEHICLE

ADDITIONAL REMARKS

**DESCRIBE ACCIDENT**

		VEHICLES → 1 ← 2 ← PEDESTRIAN ○ INDICATE NORTH BY ARROW	
WHAT STREET WERE YOU ON?	CLAIMANT 1	CLAIMANT 2	
WHAT DIRECTION WERE YOU TRAVELING?	CLAIMANT 1	CLAIMANT 2	
WEATHER CONDITIONS <input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> ICY <input type="checkbox"/> FOGGY <input type="checkbox"/> SNOWY	TRAFFIC CONDITIONS <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		
SPEED LIMIT	WERE YOU FAMILIAR WITH AREA <input type="checkbox"/> YES <input type="checkbox"/> NO	TRAFFIC CONTROLS	

**THIS SECTION MUST BE COMPLETED BY SUPERVISOR**

1. DO YOU THINK A CLAIM WILL BE MADE AGAINST YOU?	YES	NO
2. IN MY OPINION WE ARE AT FAULT FOR THIS ACCIDENT?	YES	NO
<b>IMPORTANT:</b> HAS THIS ACCIDENT BEEN REPORTED TO OUR LOCAL EMERGENCY ADJUSTER?	YES	NO
IF REPORTED, NAME OF FIRM	_____	
ADDRESS	_____	
DATE ASSIGNED	_____	
DATE OF THIS REPORT	SIGNATURE AND TITLE	