



CITY OF CORONA

VEHICLE ACCIDENT AND PROPERTY DAMAGE REPORT

To be filled out by driver of city vehicle.

PLEASE PRINT

CITY VEHICLE INFORMATION	Date _____ Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Location _____
	Driver _____ Dept. _____ Vehicle # _____ Seatbelt? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____
	Passenger _____ Dept. _____ Vehicle # _____ Seatbelt? <input type="checkbox"/> Yes <input type="checkbox"/> No
Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____	
List additional passengers on separate page	Indicate location of damage

OTHER VEHICLE INFORMATION	Driver _____ License # _____ State Issued _____
	Address _____ Phone _____
	(Street) (City) (State)
	Insurance Carrier _____ Policy # _____
	Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____
	Passenger _____ Phone _____
Address _____	Indicate location of damage
(Street) (City) (State)	List additional passengers on separate page

PROPERTY DAMAGE	Name of Owner _____
	Address _____ Phone _____
	(Street) (City) (State)
Describe Property _____	
Describe Damage _____	

WITNESSES	#1. Witness Name _____
	#2. Witness Name _____
	#3. Witness Name _____
	#4. Witness Name _____

Police Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Report Number _____
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ACCIDENT DESCRIPTION	ACCIDENT DIAGRAM
	Complete the following diagram showing direction and position of automobiles or property involved. Designating clearly point of contact. Select the street group that best represents the location of your accident. Identify the streets.
	<p style="text-align: center;">Give street names, directions and locations of objects involved.</p>
Instructions:	1. City vehicle is Other vehicles are , etc. 2. Indicate direction of travel and point of impact.
ACCIDENT DESCRIPTION (Use additional sheet if necessary)	

Employee Signature _____	Supervisor Signature _____	Dept. Head Signature _____
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TO BE FILED FOR ALL INCIDENTS INVOLVING CITY VEHICLES