

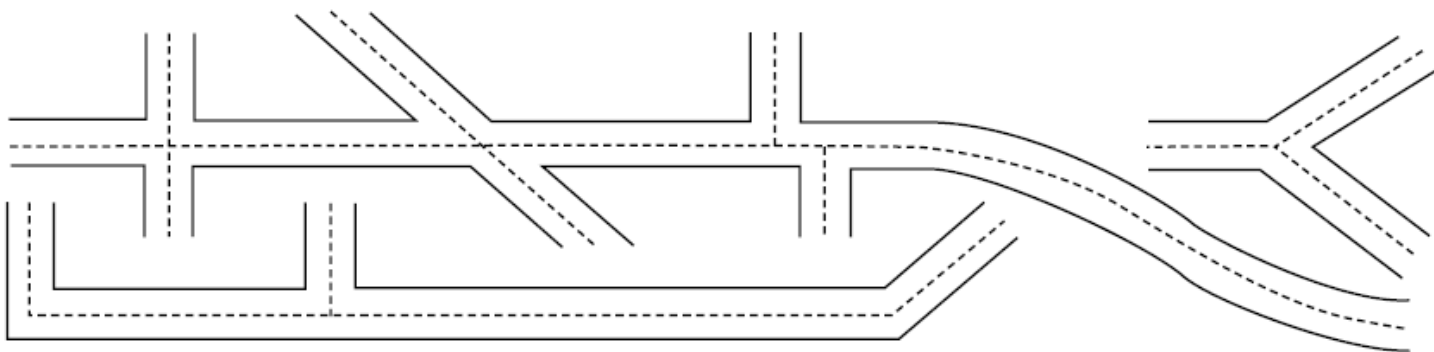
VEHICLE INCIDENT REPORT
Public Entity

FACTS	ACCIDENT LOCATION										
	Street Address										
	Intersecting Street or Highway No. and Mile Post No.							<input type="checkbox"/> Intersection <input type="checkbox"/> Non-intersection			
	City <input type="checkbox"/> Inside <input type="checkbox"/> Outside				Borough			Weather			
	Date of Accident			Day of Week			Hour	No. of Vehicles Involved		No. Persons Injured	
MOTOR VEHICLE INVOLVED WITH 1. <input type="checkbox"/> Pedestrian 2. <input type="checkbox"/> Other Motor Vehicle 3. <input type="checkbox"/> Other Insured Vehicle 4. <input type="checkbox"/> Fixed Object 5. <input type="checkbox"/> Other _____											
INSURED VEHICLE	Year		Make			Model			License No.		
	Motor Pool Vehicle? (yes or no)		Vehicle No.			Removed To			Removed By		
	DRIVER	Last Name		First Name		MI	Point of Impact on Vehicle			Est. Cost Repair	
		Address					City, State, Zip			Phone H W	
		Job Classification		Department		Drivers License No.	<input type="checkbox"/> Operator <input type="checkbox"/> Chauffeur		Exp. Date	State	
OTHER VEHICLE (more than 1 attach sheet)	Year		Make			Type	License No.			State	Vehicle No.
	Vehicle Removed To			Removed By			Point of Impact on Vehicle			Est. Cost Repair	
	OWNER Last Name, First Name MI				Address			City, State		Phone H W	
	DRIVER	Last Name, First Name MI			Address			City, State		Phone H W	
		Insured By				Driver License No.			Exp. Date	State	
PROPERTY DAMAGE	To Property Other Than Vehicles								Est. Cost Repair		
	Name and Address of Owner of Property										
INJURIES (attach sheet for more)	Last Name, First Name MI			Address				Phone H W			
	Description of Injuries										
	Last Name, First Name MI			Address				Phone H W			
	Description of Injuries										
	Last Name, First Name MI			Address				Phone H W			
Description of Injuries											

WITNESSES	Name	Address	Phone
	Name	Address	Phone
POLICE REPORT	Agency		
	Officer and I.D. No.	Report No.	

Describe how accident occurred :

DRAW ROUGH DIAGRAM OF ACCIDENT: Show your car as 2 ; other car as 1 as the collision occurred. Show direction and distance traveled before crash by solid line thus: _____ . Then at point of crash; third, positions and distances traveled after collision. Show distance and direction traveled after crash by dotted line thus: _____



Completed by: (Name and position)	Phone Number:	Completion Date:
Supervisor Name and Signature:	Phone Number:	Date:

Instructions: Complete form in detail, take pictures if possible, and submit form immediately with attached photos and any additional information to the office of the City Manager or Superintendent.
City Manager/Superintendent: Email form to claims@akpei.com or call APEI, Brad Thompson (877) 587-2734 and fax to APEI (907) 586-2008.