**Motor Vehicle Incident Report**

**This report is to be filled out by the employee involved in a motor vehicle incident. An incident is defined as damage done by a vehicle to another vehicle, human or to property.**

**This report & any attachments must be submitted to Risk & Legal within 24 hours.**

(Please Print Clearly)

Department: Date & Time of Incident: **A.M. P.M**.

Name of Employee: \_\_\_\_\_\_ Phone#

Any passengers Name, Address & Phone #:

License # Date of Birth: / /

Location/Address of Incident:

**Vehicle Information**

Police Case / Complaint #:

Year: Make: Model: Vehicle ID #

Registration/Plate # State: Was Vehicle Towed? Yes / No

List any damage to vehicle: \_\_\_\_\_\_\_

**Second Vehicle Information (If applicable)**

Is Second Vehicle another City Vehicle? Yes / No

Year: Make: Model: Color:

Registration/Plate # State: Was Vehicle Towed? Yes / No

Operator’s Name: Date of Birth: / /

Address: Phone#:

Owner’s Name & Address if different:

Any passengers: Name, Address & Phone #:

List damage to vehicle:

Insurance carrier’s Name & Address:

Policy #: Phone #:

Description of Incident:

Diagram of Incident:

Did Waterbury Fire Dept. respond? Yes / No If yes: Truck/Engine #

**Alleged Injuries**

Was employee injured? Yes / No If yes please list:

Transported by ambulance? Yes / No If yes to where?:

Anyone in other vehicle injured? Yes / No Transported by ambulance? Yes / No

Any others injured? Yes / No Transported by ambulance? Yes / No

Other person’s name, address & phone #:

Property damaged if any (**Other than Auto**):

Any Witnesses: Names, Addresses & Phone #: \_\_\_\_\_\_\_\_\_\_\_

Employee Signature: Date & Time: **A.M. P.M.**

Supervisor Name (Printed Clearly): Dept.

Supervisor Signature: Date & Time: **A.M. P.M.**

**Department Head/Designee Signature**: Date & Time:

**Motor Vehicle Incident Form Submission Check List**

**(Check All That Apply)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vehicle sent to CVM for inspection.****□** | **Submit a copy to:** **Risk Manager, 235 Grand Street, 2nd Floor,****Waterbury, CT 06702** **Include all attachments.****□** | **Submit a copy to:****Department Head. Include all attachments.****□** | **Submit a copy to:** **Human Resources, 236 Grand St. - Room 202****Waterbury CT 06702. Include all attachments.****□** | **Submit a copy to:****Legal, 235 Grand Street, 3rd Floor,****Waterbury, CT 06702.****Include all attachments.****□** |

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