

# 3. AUTO ACCIDENT REPORT

Check all that apply:  Equipment  Vehicle  Damage  Theft  Rental

DIVISION \_\_\_\_\_  
(MD Construction, VA Construction, Owings Mills, Cumberland, Service)

## DRIVER INFORMATION:

Driver Name: \_\_\_\_\_ Driver Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State, Zip\_

Phone Number: \_\_\_\_\_ Driver's License Number \_\_\_\_\_

## ACCIDENT INFORMATION:

Date: \_\_\_\_\_ Time Of Accident: \_\_\_\_\_ Were Police Called? \_\_\_\_\_ (Y/N)

Location of Accident: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State, Zip\_

## DESCRIPTION OF INCIDENT:

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Direction Traveling: \_\_\_\_\_ Traffic Conditions: \_\_\_\_\_  
(North, South, East, West) (Light, Moderate, Heavy)

Weather Conditions: \_\_\_\_\_ Speed: \_\_\_\_\_  
(Wet, Dry, Icy, Foggy, Rainy, Snowy)

**VEHICLE INFORMATION:**

Equipment/vehicle #: \_\_\_\_\_ Year: \_\_\_\_\_ Make/model: \_\_\_\_\_

Vin #: \_\_\_\_\_ Tag#: \_\_\_\_\_

Area of Damage: \_\_\_\_\_

Location Of Vehicle Now \_\_\_\_\_

**OTHER VEHICLE INFORMATION:**

Operator or Driver Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Vehicle year: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Tag#: \_\_\_\_\_ State: \_\_\_\_\_

Area of Damage: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Ins. Co. Phone #: \_\_\_\_\_

**Police Department Called:** \_\_\_\_\_  
(Station Name)

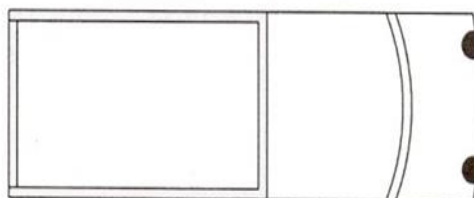
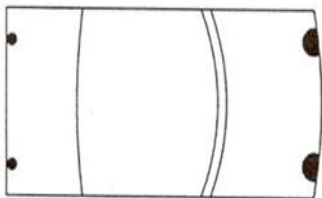
Police Dept. Address \_\_\_\_\_  
(Street Address)




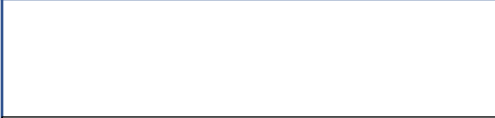




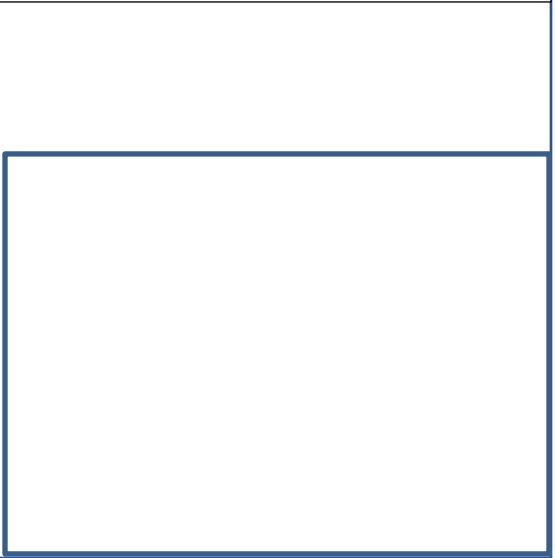
City \_\_\_\_\_ State/Zip \_\_\_\_\_

Officer Name/Badge No: \_\_\_\_\_ Ticket Issued? \_\_\_\_\_

Arrested? \_\_\_\_\_ Violation: \_\_\_\_\_

**SHADE DAMAGED AREA**



**PLEASE DRAW DESCRIPTION OF ACCIDENT**  
**1=INSURED VEHICLE**  
**2=OTHER VEHICLE**

**WITNESS INFORMATION:**

WITNESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

WITNESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

WITNESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

WITNESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_