

# Franklin County Public Safety

## Accident Form



### REPORTING AGENCY'S INFORMATION

Agency Name:

Contact Person:

Address:

Cell Phone:

Business Phone:

Other Phone:

Agency Reference #:

E-Mail:

### ACCIDENT DETAILS

Accident Date:

Accident Time:

Accident Location:

Reported to State Police: Yes

No

Name of Police Department:

Police Report #:

Vehicle Driver:

Vehicle Driver's License #:

Vehicle Driver Contact Phone #:

Vehicle ID #:

Vehicle License Plate #:

Vehicle ID # (VIN):

Vehicle Current Location (For Inspection):

Accident Description And/Or Diagram

### OTHER DAMAGED PROPERTY:

OTHER VEHICLE - Driver's Name:

Driver's Phone:

Driver's License #:

Driver's Address:

Insurance Company:

Insurance Policy #:

OTHER PROPERTY- Owner's Name:

Property Location:

Owner's Address:

Extent of Property Damage:

**WITNESSES/PASSENGERS:**

Name: Phone: Witness Passenger Agency Veh Other Veh

Name: Phone: Witness Passenger Agency Veh Other Veh

Name: Phone: Witness Passenger Agency Veh Other Veh

**INJURED:**

Name: Phone: Agency Veh Other Veh Extent of Injury

Name: Phone: Agency Veh Other Veh Extent of Injury

Name: Phone: Agency Veh Other Veh Extent of Injury

**Reported by: (Name)**

**Reported To: (Name)**

**Date:**

*Note: When submitting form electronically, your typed name here will serve as your electronic signature.*