



Supplemental Vehicle Form

Incident Number: _____

Incident Date/Time: _____ Location: _____

City Repair Contact: _____ Dept./Division: _____

- | | | |
|--|------------------------------|--|
| Was an Incident Analysis Form (IAF) Completed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No, but will soon. |
| Was a Supplemental Medical Form Completed? | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A (no employee injuries) |
| Was a DMV form Completed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No, but will soon. |
| Repair/Replacement Estimate Attached? | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A (repair estimate <\$1000) |
| Are photos attached? | <input type="checkbox"/> Yes | <input type="checkbox"/> No, but will soon. |

Accident Type

- Two Vehicles More than two vehicles Backing Property/Fixed Object

Environmental Conditions *(check all that apply)*

- | | | | | |
|------------------|-----------------------------------|------------------------------------|---|---|
| Weather: | <input type="checkbox"/> Clear | <input type="checkbox"/> Raining | <input type="checkbox"/> Snowing | <input type="checkbox"/> Fog |
| Road Surface: | <input type="checkbox"/> Dry | <input type="checkbox"/> Wet | <input type="checkbox"/> Snowy | <input type="checkbox"/> Icy |
| Light Conditions | <input type="checkbox"/> Daylight | <input type="checkbox"/> Dawn/Dusk | <input type="checkbox"/> Dark (lighted) | <input type="checkbox"/> Dark (unlighted) |
| | | <input type="checkbox"/> Cloudy | <input type="checkbox"/> Hazy | <input type="checkbox"/> Light in eyes |

City Vehicle Information

Driver's Full Name: _____ Driver License Number: _____

Year/Make/Model: _____ City Vehicle Number: _____

VIN: _____ Plate Number: _____

Description of Damage: _____

Other Vehicle/Property Information

Driver's Full Name: _____ License Number: _____

Contact Address: _____ Phone: _____

VIN: _____ Plate Number: _____ Year/Make/Model: _____

Description of Damage: _____

Witnesses

Name: _____

Contact Address: _____ Phone: _____

Name: _____

Contact Address: _____ Phone: _____

Form Completed By: _____ Signature: _____ Date: _____

Supervisor: _____ Signature: _____ Date: _____

HR/Risk Use:

Date HR/Risk Notified: _____ Incident Number: _____