



City of Lincoln Vehicle Accident Report

Return this report to
Risk Management within one business
day of the first notice of loss.

VEHICLE # 1 City Information

Day/Date/Time of Accident		License Plate #	
Where can vehicle be seen?		Fleet #	
Damage to Vehicle		VIN #	
Year/Make/Model of Vehicle		Posted Speed Limit	
Investigating Agency <input type="checkbox"/> Lincoln Police <input type="checkbox"/> Other Agency		Weather	
Date Reported		Road Surface	
Investigating Officer/Badge #		Traffic: Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/>	
Location of Accident	Describe Accident		
Traffic Control Device at Location? Yes <input type="checkbox"/> No <input type="checkbox"/> What type?			
Employee Name		Driver's License #	
Department	Division	State	Exp. Date
Employment Classification		Were you ticketed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what for?	
Home Address		Phone Number ()	
Does driver have a CDL license <input type="checkbox"/> Yes <input type="checkbox"/> No		Did driver take drug/alcohol test <input type="checkbox"/> Yes <input type="checkbox"/> No	

VEHICLE # 2 Other Vehicle or Property Involved *(Use additional report/s if more than two vehicles involved)*

Year/Make/Model of Vehicle or Other Property	Owner's Name	License Plate #	State
	Owner's Address	Work Phone #	Home Phone #
Damage	Driver's Name/Address/License #	Insurance Co. Policy #	
		Work Phone #	
		Home Phone #	
Ticketed or Arrested <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what for?			

WITNESSES OR PASSENGERS

Name/Address	Phone No.	Pedestrian/ Passenger	Age	Veh. #	Other (specify)

INJURED

Name/Address	Phone No.	Pedestrian/ Passenger	Age	Veh. #	Other (specify)

PREPARED BY

Department/Division/Section		
Employee Reporting Damage	Date	
Supervisor	Phone	Date

Risk Management, 555 S. 10th St., Suite 302, Lincoln, NE 68508
Phone 402-441-7671, FAX 402-441-6800

City of Lincoln

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Additional information from page 1.

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