

## Rowan County Automobile Accident Report

Date of Report: \_\_\_\_\_

Date & Time of Accident: \_\_\_\_\_ / \_\_\_\_\_ AM \_\_\_\_\_ PM

Location of Accident (Include Street/ HWY names, City, State)

Were Authorities contacted: \_\_\_ Yes \_\_\_ No (If yes who responded i.e. Sheriff Dept, City of Salisbury, Hwy Patrol)

\_\_\_\_\_ ] \_\_\_\_\_

Were and Violations / Citations Issued: \_\_\_ Yes \_\_\_ No

Description of Accident:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

County Vehicle Information: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Body Type: \_\_\_\_\_ VIN#: \_\_\_\_\_

Plate# & State: \_\_\_\_\_

Driver Name & Address

\_\_\_\_\_

\_\_\_\_\_

Drivers License # & State \_\_\_\_\_

Purpose of Use: \_\_\_\_\_

Property Damage: Describe property (if auto, year, make, model, plate#)

(Other Party) Vehicle / Property Insurance? Yes \_\_\_ No \_\_\_ Policy # \_\_\_\_\_

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

Owner(s) Name & Address: \_\_\_\_\_

Owner(s) Phone# (HM) \_\_\_\_\_ (Business) \_\_\_\_\_

Other Driver Name & Address:

\_\_\_\_\_

\_\_\_\_\_

Describe Damage

\_\_\_\_\_

Bodily Injuries: \_\_\_ Yes \_\_\_ NO

Injured Name(s): \_\_\_\_\_

Describe Injuries \_\_\_\_\_

Witness or Passenger Name(s) \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Employee Signature: \_\_\_\_\_