

## ACCIDENT/INCIDENT REPORT FORM

**Report number**

A Goff Limousine & Bus 18 New Life Drive Ruckersville, VA 22968 877-463-3227	Carrier: Protective Policy: TG-000084 Agent: P.A. Post, LLC (877-727-6959)	Date Reported	Time Reported
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**ACCIDENT INFORMATION**

Date of accident	Time of accident
Location of accident (address, if known; highway, street, intersection; city; zip code)	

Circle:      Intersection      Freeway      Boulevard      Residential      School zone

Please circle in each column

Weather	Light	Surface	Roadway	Type	Insure vehicle	Other vehicle
cloudy	daylight	paved	controlled	intersection	Going straight ahead	Going straight ahead
rain	dawn	unpaved	uncontrolled	boulevard	turning- left right	turning- left right
clear	dusk	wet	lighted	freeway	stopped	stopped
dust	night	dry	dark	residential	backing	backing
other	other	other	other	other	other	other

Police department	Report number	Were any citations issued?
		If yes, to whom?      IV      OV
Officers name	Badge	Any vehicles towed?      IV      OV

**OUR DRIVER INFORMATION (INSURED)**

Driver name & address	Phone	SSN	Start
Drivers license	State	Expiration	Date of birth
			Gender
			Marital status
Owners name & address	Phone	INJURY?      YES      NO	
		Medical attention (circle) on scene      hospital	

**OUR VEHICLE INFORMATION (INSURED)**

Year	Make	Model	Color	Vehicle Identification Number (VIN)	Plate	Unit
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**OTHER DRIVER INFORMATION (CLAIMANT)**

Driver name & address	Phone	SSN	Start
Drivers license	State	Expiration	Date of birth
			Gender
			Marital status
Owners name & address	Phone	INJURY?      YES      NO	
		Medical attention (circle) on scene      hospital	

Insurance Company	Policy Number	Expiration date	Phone
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**OTHER VEHICLE/PROPERTY INFORMATION (CLAIMANT)**

Year	Make	Model	Color	Vehicle Identification Number	Plate
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Location of damage(if property)				
Description of damage			Was vehicle towed?      Y   N	
			Estimated amount of damage	
Insurance company	Policy number	Expiration	Phone	
<b>OUR VEHICLE PASSENGERS</b>				
Name & address	Phone	INJURY?	YES	NO
		Medical attention (circle) on scene      hospital		
Name & address	Phone	INJURY?	YES	NO
		Medical attention (circle) on scene      hospital		
Name & address	Phone	INJURY?	YES	NO
		Medical attention (circle) on scene      hospital		
Name & address	Phone	INJURY?	YES	NO
		Medical attention (circle) on scene      hospital		
Name & address	Phone	INJURY?	YES	NO
		Medical attention (circle) on scene      hospital		
Name & address	Phone	INJURY?	YES	NO
		Medical attention (circle) on scene      hospital		
<b>OTHER VEHICLE PASSENGERS</b>				
Name & address	Phone	INJURY?	YES	NO
		Medical attention (circle) on scene      hospital		
Name & address	Phone	INJURY?	YES	NO
		Medical attention (circle) on scene      hospital		
Name & address	Phone	INJURY?	YES	NO
		Medical attention (circle) on scene      hospital		
<b>WITNESSES (other than passengers)</b>				
Name & address	Phone	statement?		
Name & address	Phone	statement?		
<b>OTHER</b>				
Were the following involved?(circle)                      Pedestrian      Motorcyclist                      Bicyclist      Animal				
Were there any fuel spills?				
Description of Event/Statement of Driver (please use <b>IV</b> = your vehicle; <b>OV</b> = other vehicle)				
