

## Office of Risk Management

200 North Glebe Road, Suite 630 • Arlington, VA 22203 Office (703) 841-2503 • Fax (703) 778-9118 riskmanagement@arlingtondiocese.org

## AUTOMOBILE ACCIDENT REPORT

Return Via Fax: 703-778-9118 or Email: riskmanagement@arlingtondiocese.org

INSURED VEHIC	CLE												
Provide the followi	ing information for	the vehicle	owned or r	ented by a	diocesan	location							
Location - Driving	for which parish/sch	nool/office											
Address (No. Street)				City						State		Zip	
Phone (Include Area Code)				Driver's Relationship to Diocesan location									
DIOCESAN DRIV	VER INFORMATION	ON											
Name of Diocesan								State of I	License	License 1	Number (PRI	NT)	
Address (No. Street)				City						State		Zip	
Phone (Include Area Code)					E-Mail Address (Required, please make it legible)								
ACCIDENT INFO	ORMATION												
Was driver working		Date of Lo	oss	Time of L	oss	Police contacted?		If YES, F	Report #				
Yes	No	(mm/dd/yy	уу)			Yes	No						
	Address (No. Street)	)			City	100					State		Zip
Diocesan Vehicle:	Year	Make		Model			VIN						
Describe Damage to	to Diocesan or rented	l vehicle											
Is vehicle drivable?		If not, who	ere was veh	nicle towed	1?						Were pictures taken?		
Yes	No accident occurred: (u.	L.,									Ye	èS .	No
THIRD PARTY (or Name of driver 3 <sup>rd</sup> )  Address (No. Street		ed) INFOR	MATION (	(use 2 <sup>nd</sup> p	City	er information if 3°	<sup>rd</sup> vehicle is inv	State of I	License	License 1	Number (PRI		Zip
Phone (Include Are					Insurance Company								•
Filone (flictude Are		T											
3 <sup>rd</sup> party vehicle:	Year	Make		Model			VIN						
Is owner of 3 <sup>rd</sup> party Yes	1 2					the name of vehicle owner:				Phone (Include Area Code)			
Vehicle Owner Add	dress (No. Street)				City						State		Zip
Describe Damage to	o vehicle										Is 3 <sup>rd</sup> party Ye		drivable?
Describe injuries (in	n either vehicle)										10	25	NO
WITNESES / PAS	SENGERS (includ	e phone nu	mber)										
WITNESES / PASSENGERS (include phone number) Name							Phone (Include Area Code)						
Name						Phone (Include Area Code)							
Name							Phone (Include	e Area Code)					
<u> </u>							<u> </u>						
Reported By: Name:									Date:				
Phone #:					]	Email:							
					_			-					



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THIRD PARTY (other driver involved) INFORMATION (enter information if 3 <sup>rd</sup> vehicle is involved)										
Name of driver 3 <sup>rd</sup> party vehicle		State of	License	License N	lumber (PRII	NT)				
Address (No. Street)		City				-1-	State	3	Zip	
Phone (Include Area Code)			Insurance Company							
3 <sup>rd</sup> party vehicle: Year	Make	Model		VIN						
Is owner of 3 <sup>rd</sup> party vehicle same as dri Yes No	ver? If no, plea	ase provde tl	he name of vehicle owner:			Phone (In	nclude Area	Code)		
Vehicle Owner Address (No. Street)	•		City			•		State		Zip
Describe Damage to vehicle								Is 3 <sup>rd</sup> party Yes		drivable? No
Describe injuries (in either vehicle)									-	- 10
WITNESES / PASSENGERS (include	phone number)									
Name	Phone (Include Area Code)									
Name		Phone (Include Area Code)								
Name		Phone (Include Area Code)								
ADDITIONAL INFORMATION										