



AUTOMOBILE ACCIDENT REPORT

Return Via Fax: 703-778-9118

or Email: riskmanagement@arlingtondiocese.org

INSURED VEHICLE					
<i>Provide the following information for the vehicle owned or rented by a diocesan location</i>					
Location - Driving for which parish/school/office					
Address (No. Street)		City		State	Zip
Phone (Include Area Code)		Driver's Relationship to Diocesan location			
DIOCESAN DRIVER INFORMATION					
Name of Diocesan Driver			State of License	License Number (PRINT)	
Address (No. Street)		City		State	Zip
Phone (Include Area Code)		E-Mail Address (Required, please make it legible)			
ACCIDENT INFORMATION					
Was driver working at time of loss?	Date of Loss (mm/dd/yyyy)	Time of Loss	Police contacted?	If YES, Report #	
Yes No			Yes No		
Location of Loss - Address (No. Street)		City		State	Zip
Diocesan Vehicle:	Year	Make	Model	VIN	
Describe Damage to Diocesan or rented vehicle					
Is vehicle drivable?	If not, where was vehicle towed?			Were pictures taken?	
Yes No				Yes No	
Describe how the accident occurred: <i>(use 2nd page if more space is needed)</i>					
THIRD PARTY (other driver involved) INFORMATION <i>(use 2nd page to enter information if 3rd vehicle is involved)</i>					
Name of driver 3 rd party vehicle			State of License	License Number (PRINT)	
Address (No. Street)		City		State	Zip
Phone (Include Area Code)		Insurance Company			
3 rd party vehicle:	Year	Make	Model	VIN	
Is owner of 3 rd party vehicle same as driver?	If no, please provide the name of vehicle owner:			Phone (Include Area Code)	
Yes No					
Vehicle Owner Address (No. Street)		City		State	Zip
Describe Damage to vehicle				Is 3 rd party vehicle drivable?	
				Yes No	
Describe injuries (in either vehicle)					
WITNESES / PASSENGERS (include phone number)					
Name			Phone (Include Area Code)		
Name			Phone (Include Area Code)		
Name			Phone (Include Area Code)		

Reported By:

Name: _____ Date: _____

Phone #: _____ Email: _____



THIRD PARTY (other driver involved) INFORMATION (enter information if 3rd vehicle is involved)									
Name of driver 3 rd party vehicle						State of License		License Number (PRINT)	
Address (No. Street)				City				State	Zip
Phone (Include Area Code)				Insurance Company					
3 rd party vehicle:	Year	Make		Model		VIN			
Is owner of 3 rd party vehicle same as driver?			If no, please provide the name of vehicle owner:				Phone (Include Area Code)		
Yes	No								
Vehicle Owner Address (No. Street)				City				State	Zip
Describe Damage to vehicle								Is 3 rd party vehicle drivable?	
								Yes	No
Describe injuries (in either vehicle)									
WITNESSES / PASSENGERS (include phone number)									
Name					Phone (Include Area Code)				
Name					Phone (Include Area Code)				
Name					Phone (Include Area Code)				
ADDITIONAL INFORMATION									