

VEHICLE ACCIDENT REPORT

Please report all accidents the day the accident occurred. The following details are required in order to submit a claim to the insurance carrier for quick resolution.

Named Insured: Sheedy Drayage Co.

Date of loss: _____ Time of accident _____

Location of accident: _____

Driver name: _____ DL #: _____

Vehicle make, model: _____ Equipment # _____

Description of accident: _____

Injuries (if any)

Name: _____ Name: _____

Phone number: _____ Phone number: _____

Owner of property damaged:

Name: _____

Phone number: _____

Year, make, model of vehicle: _____

License plate # _____ DL # _____

Ins. Carrier: _____ Policy# _____

Describe damage to vehicle: _____

Witness (if any)

Name: _____ Name _____

Phone number _____ Phone number _____

PLEASE TAKE SEVERAL PICTURES OF DAMAGE AND PROVIDE TO SAFETY DEPARTMENT ASAP!!!