



Vehicle Accident Report Form

Fill out immediately following an accident. Provide form to Executive Director no later than 24 hours after an accident.

Employee's name _____ Job title _____

Address _____

Employment status (check one): Full-time Permanent part-time Part-time Seasonal

Date of accident _____ Time of day _____ AM PM

INHA vehicle involved _____

Location of accident _____

Description of accident _____

Was a law enforcement agency involved? No Yes What agency? _____

Was a citation issued? No Yes

To whom and for what? _____

Number of accidents involving company vehicles while employed at INHA: _____

(Do not write in this space)
ACCIDENT REVIEW BOARD FINDINGS AND/OR ACTION: