

Report must be completed and sent to:
Risk Management Department
 THE NAVAJO NATION
 Post Office Box 1690
 Window Rock, Arizona 86515
 (928) 871-6335 or 6475

THE NAVAJO NATION EMPLOYEE VEHICLE ACCIDENT REPORT



COMPLETE FOR TRIBAL LEASED / DEPARTMENT VEHICLE

Date of Accident	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Location of Accident (Be Specific)			
Make	Model	Year	Tribal Vehicle No.	License Plate No. & State	
Driver's Department		Department Address			
Driver's Name		Social Security No.	Sex	Age	Business Telephone No. / Permit No.
Driver's Address:		Where can the vehicle be seen?			
Purpose for utilizing the Tribal vehicle			From what place were you bound?		
Describe the extent of damage					
Investigating Officer's Name:		Police Report Number	District of Enforcement Agency		

COMPLETE THE FOLLOWING ON OTHER VEHICLE

Make	Model	Year	Vehicle Serial No.	License Plate No. & State	
Registered Owner	Social Security No.	Owner's Address		Telephone No.	Place of Employment
Other Driver's Name	Social Security No.	Driver's Address		Telephone No.	Place of Employment
Describe extent of damage				Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

COMPLETE THE FOLLOWING IF INJURY OCCURRED

Injured taken to _____

Name of Injured Person	Address	Sex	Age	Extent of Injuries
Name of Witness	Address	Telephone No.		Place of Employment

DESCRIBE THE ACCIDENT

Draw the Accident _____

Driver's Signature _____

Noted by Immediate Supervisor _____

Supervisor's Phone No. _____

Body Shop Estimate Attached?: Yes No

COMPLETE THE FOLLOWING ON OTHER DAMAGES

Property	Describe:	Person to Contact:
Animal	Describe:	Person to Contact:
Other	Describe:	Person to Contact:

SUBMIT WITHIN 24 HOURS TO RISK MANAGEMENT