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| Report must be completed and sent to:**RISK MANAGEMENT PROGRAM****THE NAVAJO NATION****Post Office Box 1690****Window Rock, Arizona 86515****Phone: (928) 871-6335****Fax: (928) 871-6087** | **THE NAVAJO NATION****EMPLOYEE VEHICLE ACCIDENT/ INCIDENT REPORT FORM** |  |
| **COMPLETE FOR TRIBAL LEASED / DEPARTMENT OWNED / GSA VEHICLES** |
| **Date of Incident:** | **Time:**  | **[ ]  AM****[ ]  PM** | **Location of Incident (Be Specific):** | **RMP File #:** |
| **Make:** | **Model:** | **Year:** | **Vehicle #:** | **Vin #:** | **License Plate # & State:** |
| **Drivers Department:** | **Department Address:** | **Business Telephone:** |
| **Drivers Name:** | **AB / Social Security #:** | **Sex:** **[ ]  Female** **[ ]  Male** | **Age:** | **Permit #:** |
| **Drivers Address:** | **Where can this vehicle be seen?** | **Date Supervisor aware of accident?** |
| **Purpose for utilizing the vehicle:** | **From what place were you bound?** |
| **Describe the extent of damage:** |
| **Investigating Officers Name:** | **Police Report #:** | **District of Enforcement Agency:** |
| **COMPLETE THE FOLLOWING ON OTHER VEHICLE** |
| **Make:** | **Model:** | **Year:** | **Vin #:** | **License Plate # & State:** |
| **Registered Owner:** | **Owners Address:** | **Telephone #:** | **Place of Employment:** |
| **Other Drivers Name:** | **Drivers Address:** | **Telephone #:** | **Place of Employment:** |
| **Describe extent of damage:** | **Liability Insurance?** **[ ]  Yes** **[ ]  No** |
| **COMPLETE THE FOLLOWING IF INJURY OCCURRED** |
| **Injured taken to:** |
| **Name of Injured Person:** | **Address:** | **Sex:** **[ ]  Female** **[ ]  Male** | **Age:** | **Extent of Injuries:** |
|  |  | **[ ]  Female** **[ ]  Male** |  |  |
|  |  | **[ ]  Female** **[ ]  Male** |  |  |
| **Name of Witness:** | **Address:** | **Telephone #:** | **Place of Employment:** |
| **DESCRIPTION OF INCIDENT & SIGNATURES** |
| **Describe the Incident:** |
|  |
|  |
| **Draw the Incident** | **Drivers Signature:** | **Date** |
| **Drivers Supervisor Signature:** | **Date** |
| **Supervisors Name:** | **Supervisors Phone #:** |
| **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** |