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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** | | | | | | | | | | | | | | | | | | |