

## MOTOR VEHICLE ACCIDENT FORM

| Date/Time of Accident:  |
|---|
| Year/Make/Model of Vehicle:   |
| Vehicle Identification Number:  |
| Driver Name/Title:  |
| Number of Passengers:   |
| Injuries (Yes/No): If yes, please describe injuries in the narrative section of this form |
| Rental Car Needed (Yes/No):   |
| Other Vehicle Involved (Yes/No):  |
| Year/Make/Model of Vehicle:   |
| Vehicle Identification Number:  |
| Driver's Name/Address/Phone Number:   |
| Reported to Police (Yes/No):  If yes, please attach a copy of the police report           |
| Reported to Public Safety (Yes/No):  If yes, please attach a copy of the incident report  |
| Narrative (Describe your account of what happened):                                       |
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Report the accident to the Risk Manager at (203) 396-8046 within 24 hours of the accident.