



Date/Time of Accident: _____

Vehicle Identification Number: _____

Number of Passengers: _____

If yes, please describe injuries in the narrative section of this form.

Other Vehicle Involved (Yes/No): _____

Vehicle Identification Number: _____

Reported to Police (Yes/No): _____

If yes, please attach a copy of the police report

If yes, please attach a copy of the incident report

Narrative (Describe your account of what happened): _____

[illegible]

Report the accident to the Risk Manager at (203) 396-8046 within 24 hours of the accident.