

Rowan County Automobile Accident Report

Date of Report: _____

Date & Time of Accident: _____ / _____ AM _____ PM

Location of Accident (Include Street/ HWY names, City, State)

Were Authorities contacted: ___ Yes ___ No (If yes who responded i.e. Sheriff Dept, City of Salisbury, Hwy Patrol)

_____] _____

Were and Violations / Citations Issued: _____ Yes _____ No

Description of Accident:

County Vehicle Information: Year: _____ Make: _____ Model: _____

Body Type: _____ VIN#: _____

Plate# & State: _____

Driver Name & Address

Drivers License # & State _____

Purpose of Use: _____

Property Damage: Describe property (if auto, year, make, model, plate#)

(Other Party) Vehicle / Property Insurance? Yes ___ No ___ Policy # _____

Insurance Company Name: _____

Owner(s) Name & Address: _____

Owner(s) Phone# (HM) _____ (Business) _____

Other Driver Name & Address:

Describe Damage

Bodily Injuries: _____ Yes _____ NO

Injured Name(s): _____

Describe Injuries _____

Witness or Passenger Name(s) _____

Contact Numbers: _____

Employee Signature: _____