

# REPORT OF AUTOMOBILE ACCIDENT

## (Diocesan-Owned Vehicles)

\* = Required Information

MEMBER NAME: Diocese of Houma – Thibodaux

\* PARISH/SCHOOL: \_\_\_\_\_

\* ADDRESS: \_\_\_\_\_

\* CITY: \_\_\_\_\_ \* ZIP: \_\_\_\_\_

\* PHONE NUMBER: \_\_\_\_\_ PARISH E-MAIL: \_\_\_\_\_

\* DATE OF LOSS: \_\_\_\_\_ TIME OF LOSS: \_\_\_\_\_

LOCATION OF LOSS: \_\_\_\_\_

*(Include complete address)*

AUTHORITY CONTACTED: \_\_\_\_\_ REPORT #: \_\_\_\_\_

DIOCESAN VEHICLE INVOLVED:

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ VIN #: \_\_\_\_\_

DRIVER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DRIVER'S RELATIONSHIP TO INSURED: \_\_\_\_\_

WAS DRIVER WORKING AT TIME OF LOSS? \_\_\_\_\_

DESCRIBE DAMAGE TO INSURED VEHICLE:

\_\_\_\_\_

\_\_\_\_\_

WHERE CAN VEHICLE BE SEEN? \_\_\_\_\_

OWNER OF OTHER VEHICLE: *(Include Name, complete address and Phone #)*

\_\_\_\_\_

\_\_\_\_\_

DRIVER OF OTHER VEHICLE: \_\_\_\_\_

DESCRIBE DAMAGE TO OTHER VEHICLE:

\_\_\_\_\_

\_\_\_\_\_

INJURIES: \_\_\_\_\_

WITNESSES/PASSENGERS: *(Include Name, complete address and Phone #)*

\_\_\_\_\_

\_\_\_\_\_

\* REPORTED BY: \_\_\_\_\_

\* PHONE #: \_\_\_\_\_ DATE: \_\_\_\_\_