THE ACCIDENT / INCIDENT

INJURED PERSONS

Date of Accident: Time: AM _ F	M Were there any injuries reported? Yes No
Location of Accident:	_ If yes, you MUST call Risk Management Division immediately
Town/City:	at 1-800-525-1252.
Nearest Landmark:	Name of injured moreon.
weather Conditions:	A 11
Road Conditions:	
Police Dept:	Location in Accident:
Investigating Officer:	Description of injury: Date of Birth: Phone #
	Date of Birth: Phone #
	Name of injured person:
CTATE VEHICLE (#1)	Address:
STATE VEHICLE (#1)	Location in Accident:
Driver:	Location in Accident:
Home Address:	Description of injury: Date of Birth: Phone #
Home Address: Town: State: Zip: Date of Birth: Driver's License #:	Date of Birth: Phone #
Date of Birth: Driver's License #:	
Dept:Bureau/Division:	
Direct Supervisor: Vahicle Veer, Mark, Model:	
Vehicle Year, Mark, Model:	
Description of Damage:	
Description of Damage:Estimate of Damage \$	
Is this an authorized emergency vehicle? Yes No	<u></u>
THEM AS SOON AS POSSIBLE AT 1-800-300-7013 WITH MAINE OR 207-287-5521 OTHER VEHICLE (#2)	
Driver:	
Street Address:	Use additional space on back to complete description or draw a diagram.
Town: State: Zin:	Photos are helpful, even if there is no damage.
Town: State: Zip: Phone #Email:	
Driver's Date of Birth: License #	PASSENGERS OR WITNESSES
Owner:	Name:
Town: State: Zin:	Address:
Phone # Email:	Location in accident:
Vehicle Year, Make, Model:	
Plate #	Tame:
Plate #	Address:
Insurance Agent or Company:	Tiiii.1
Address:	
Address: Policy #	 I HAVE READ AND COMPLETED THIS ACCIDENT /
Γυπομε # Γυπου #	— INCIDENT REPORT. THIS STATEMENT IS
Were other vehicles/drivers involved? ☐ Yes ☐ No	CORRECT TO THE BEST OF MY KNOWLEDGE.
	CORRECT TO THE BEST OF MY KNOWLEDGE.
Any other property damage?	
	CORRECT TO THE BEST OF MY KNOWLEDGE. X

If yes, please provide information on the back or a separate form.