



GENERAL CONTRACTORS

FACT REPORT OF AUTO OR TRUCK INCIDENT

In the event of an Accident/Incident Call Safety Dept : 850-340-0348

CREWS - CHECK ON

Date of Loss: 02/07/2018

Time of Loss: 12:00 PM Am/Pm

Service/Repairs: _

Other: _

Forman: new 1

Driver: new 2

Location & Address of Accident: testing

Job Name: test

Job Number# UN1234587

Reported To: Sheriff: raw

Police: test

FHP: tset

Other: tset

Case# stet

Officer's Name: est

D N Higgins Vehicle 1 # set

Vin# est

Year Make & Model tset

Tag # tset

Driver: tset

Tele: 121-212-1212

Driver License number: DL1234

Issued Date: teat

Describe Damage: twta

Estimate: twat

Witness/Injured Person: twat

Vehicle 2 - Other Driver's Vehicle # tawt

Photo Taken: Yes _____ No No

Year Make & Model: test

Vin# test

License Plate # test

State # stet

Driver License # st

Issue State est

Name of Driver: tset

Home Address of Driver: tset

Work Address of Driver: tset

Insurance Company: tset

Policy # set

Injured Persons involved: tset

Witness Name: tset

Address: set

Tele Home: 121-212-1212

Cell: 121-212-1212

Work: 121-212-1212

Ambulance Called : Yes _____ No _____

Hospital Taken To: 21212

Name of Vehicle owner if different than Driver: tset

Phone: 123-456-7890

Cell: 121-212-1212

Home: 121-212-1212

Work: 121-212-1212

Superintendent's Signature: Signature here

Date: Date

All forms must be completed and turned in within 24 hours.