



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: 02/12/2018

Time of Loss: 12:00 PM Am/Pm

Service/Repairs:   

Other:   

Forman: test

Driver: test

Location & Address of Accident: tset

Job Name: set

Job Number# UN1234587

Reported To: Sheriff:

Police:

FHP:

Other:

Case#

Officer's Name:

D N Higgins Vehicle 1 #

Vin#

Year Make & Model

Tag #

Driver:

Tele:

Driver License number:

Issued Date:

Describe Damage:

Estimate:

Witness/Injured Person:

Vehicle 2 - Other Driver's Vehicle #

Photo Taken: Yes      No    No   

Year Make & Model:

Vin#

License Plate #

State #

Driver License #

Issue State

Name of Driver:

Home Address of Driver:

Work Address of Driver:

Insurance Company:

Policy #

Injured Persons involved:

Witness Name:

Address:

Tele Home:

Cell:

Work:

Ambulance Called : Yes      No     

Hospital Taken To:

Name of Vehicle owner if different than Driver:

Phone:

Cell:

Home:

Work:

Superintendent's Signature: Signature here

Date: Date

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