VEHICLE ACCIDENT REPORT

MURRAY CITY CORPORATION

Complete Report For Any Vehicle Accident Involving a City Vehicle.
***** Photograph Accident Scene & Vehicle Damages. Submit to Risk Management Within 24 Hours of Accident. *****

Employee Information

Employee Involved _____ Title _____

Phone _____ Supervisor _____ Dept _____

Accident Information

Accident Date _____ Accident Time _____

Accident Location *(Address)* _____

Investigating Agency & Case # *(Should not be MCPD)* _____

Detailed Description of Accident *(Attach additional pages if needed)* _____

_____

_____

_____

Injuries: ❑Yes ❑No Nature & Extent of Injuries *(Be as specific as possible)* _____

_____

City Vehicle Involved

Make _____ Model _____ Year _____ VIN _____

Description of Damages to City Vehicle _____

_____

Other Parties Involved

How Many Other Vehicles Were Involved in Accident *(Provide information for all)* _____

Name	Address	Phone

Witnesses

Name	Address	Phone

Report Prepared by _____ **Title** _____

Signature _____ **Date** _____

*** Murray City Auto Insurance: *"Self Insured" – (Contact Murray City Risk Manager: 801-264-2644) ****

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