

AUTO ACCIDENT REPORT — KNOX COUNTY

ACCIDENT DATE	TIME OF ACCIDENT	TODAY'S DATE	DEPT. INVOLVED	REPORTED BY
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KNOX COUNTY VEHICLE INFORMATION

VEHICLE TAB #	YEAR - MAKE - MODEL	LICENSE #	VIN-VEHICLE IDENTIFICATION	
DRIVER - NAME AND ADDRESS		AGE	DRIVER'S LICENSE #	HOME PHONE
DRIVER'S JOB TITLE		SUPERVISOR	WORK LOCATION	WORK PHONE
DESCRIBE AUTO DAMAGE	ESTIMATED AMOUNT \$	MILEAGE	WHERE IS VEHICLE LOCATED	

OTHER VEHICLE (IF MORE THAN ONE, USE A SECOND FORM)

YEAR - MAKE - MODEL OF VEHICLE	IS IT INSURED	NAME & ADDRESS OF INSURANCE CO.		
DRIVER'S NAME AND ADDRESS	AGE	DRIVER'S LICENSE #	HOME PHONE	WORK PHONE
OWNER'S NAME AND ADDRESS	HOME PHONE		WORK PHONE	
DESCRIBE DAMAGE TO VEHICLE	ESTIMATED AMOUNT \$	WHERE IS VEHICLE LOCATED		

DESCRIBE HOW ACCIDENT HAPPENED

ACCIDENT DESCRIPTION — (USE BACK SIDE IF NEEDED)

LOCATION OF ACCIDENT (ROADS - STREETS - CITY)			POLICE INVESTIGATE?	CHARGES MADE?
YOUR SPEED	OTHER VEHICLE SPEED	WEATHER CONDITIONS	SPEED LIMIT	TYPE TRAFFIC CONTROL

INJURED — LIST ALL PERSONS INJURED INCLUDING THOSE COMPLAINING OF INJURY

NAME AND ADDRESS	AGE	HOME PHONE	WORK PHONE
DESCRIBE INJURY	IN WHICH VEHICLE	WHERE INJURED TAKEN (IF KNOWN)	
NAME AND ADDRESS	AGE	HOME PHONE	WORK PHONE
DESCRIBE INJURY	IN WHICH VEHICLE	WHERE INJURED TAKEN (IF KNOWN)	

WITNESSES

NAME AND ADDRESS	HOME PHONE	WORK PHONE
NAME AND ADDRESS	HOME PHONE	WORK PHONE

***NOTE** — COOPERATE WITH THE INVESTIGATING OFFICER, BUT DO **NOT** GIVE STATEMENTS OR INFORMATION TO ANYONE OTHER THAN THE INVESTIGATING OFFICER, YOUR SUPERVISOR, OR AN AUTHORIZED KNOX COUNTY EMPLOYEE.

***NOTE** — COMPLETE THE DIAGRAM ON THE BACK SIDE OF THIS FORM.

DRIVER'S SIGNATURE

SUPERVISOR'S SIGNATURE