

# CITY OF KINGS MOUNTAIN

704-734-0333

POST OFFICE BOX 429  
KINGS MOUNTAIN, NORTH CAROLINA 28086

## VEHICLE ACCIDENT REPORTING FORM

Please use this form to report all accidents involving vehicles owned by the City of Kings Mountain or vehicles operated for the purpose of City of Kings Mountain business.

During normal business hours (Monday-Friday 8 am to 5 pm), call Cathy Herring at (704) 734-4608 to report all vehicle accidents. Attach Police Report and any other additional information and forward to me within 24 hours. After hours and weekends, supervisor should call their Department Head to report serious bodily injury or serious property damage.

**DETAILS ARE IMPORTANT - ATTACH ADDITIONAL SHEETS IF NECESSARY**

<b>Total Number of Vehicles Involved in Accident</b>				<b>Police Report No.</b>			
<b>CITY OF KINGS MOUNTAIN - Driver Information</b>							
Name				Drivers License #			Phone #
Address				City			State
Department		Department Supervisor					
Passenger Name					Telephone #		
Address				City			State
Describe Drive/Passenger Injuries							
Treating Medical Facility							
<b>CITY OF KINGS MOUNTAIN - Vehicle Information</b>							
Year	Make			VIN #			
CITY Vehicle #	Tag #		Part Damaged		\$		
<b>Other Driver Information</b>							
Driver's Name				Drivers License #			Home Phone #
Address				City			State
Vehicle Owner (if different)		Home Phone #					
Address				City			State
Insurance Company		Policy #			Telephone #		
Passenger Name					Home Phone #		
Address				City			State
Describe Driver/Passenger injuries							
Taken to?							
<b>Other Vehicle Information</b>							
Year	Make			VIN #			
Tag	Drivabl		<input type="checkbox"/> Yes <input type="checkbox"/> No		Part		\$

#	e?	Damaged			
<b>Witness     Police officer took statement</b>					
Witness Name				Telephone #	
Address		City		State	Zip Code
<b>Accident Information</b>					
Accident Date		Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Location	
Driver's Description of Accident (see Employee Incident Statement)					
If applicable, were emergency lights and/or sirens in use?			<input type="checkbox"/> <b>Emergency Lights</b>	<input type="checkbox"/> <b>Sirens</b>	
Owner Description of Property Damage Other than Auto (Fence, Guardrail, etc.)					
Has Supervisor been notified?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Time		<input type="checkbox"/> <b>AM</b> <input type="checkbox"/> <b>PM</b>	