

**VEHICLE ACCIDENT REPORTING SHEET**

**Arkansas Municipal League**

**P.O. Box 38**

**North Little Rock, Ar. 72115**

**Ph. 501-978-6123 – Fax 501-978-6562- Linda Montgomery or Sabra Bland**

**Date of accident**\_\_\_\_\_

**Location of accident**\_\_\_\_\_

**City' Name**\_\_\_\_\_ **Phone number**\_\_\_\_\_

**Contact person with the City**\_\_\_\_\_

**City Driver's Name**\_\_\_\_\_ **Phone** \_\_\_\_\_

**City vehicle: Year**\_\_\_\_ **Make**\_\_\_\_ **last 5 # of the VIN**\_\_\_\_\_

**What Happened?**\_\_\_\_\_

**Where it the damage on the City vehicle ?**\_\_\_\_\_

**Is it drivable? If not where is the vehicle located?**\_\_\_\_\_

**Phone number and address of the facility where the vehicle is**\_\_\_\_\_

**Other party involved.**

**Claimant/ Drivers name**\_\_\_\_\_ **Phone numbers**\_\_\_\_\_

**Claimant /Owner's name**\_\_\_\_\_ **Phone numbers**\_\_\_\_\_

**Claimant's vehicle : Year**\_\_\_\_ **Make**\_\_\_\_\_ **last 5 # of VIN**\_\_\_\_ **Tag#**\_\_\_\_\_

**What Happened?**\_\_\_\_\_

**Where is the damage located on the claimant's vehicle?**\_\_\_\_\_

**Is it drivable? If not where the vehicle located ?**\_\_\_\_\_

**Name and phone number of where the vehicle is?**\_\_\_\_\_