

# Incident Report Form (Auto Only)

**For Member Agency Use Only**

Member Agency: (name and address)		Mail To: ACWA JPIA P. O. Box 619082 Roseville, CA 95661-9082	
Phone No:		Previously Reported:    Yes                      No	
Date Accident: MM/DD/YYYY:	Time of Accident	Reported by:                                      Reported to:	
Location of Accident (including city, state & zip):		Authority Contacted & Report No:	
Description of accident:			
<b>MEMBER AGENCY'S VEHICLE</b>			
Vehicle No:	Year/Make/Model:	V.I.N. (Vehicle Identification):	Plate No:
Driver's Name:		Primary Phone No:	Secondary Phone No:
Address (including city, state & zip):			
Date of Birth:	Driver's License No:	Estimate Amount:	Where can vehicle be seen:
Describe Damage:			
<b>OTHER PARTY'S DAMAGE</b>			
Describe Property (If Auto – Year, Make, Model, Plate No.)		Insurance Company/Agent & Phone No:	Insurance Policy No:
Owner's Name:		Primary Phone No:	Secondary Phone No:
Address (including city, state & zip):			
Driver's Name & Address (if other than owner):		Primary Phone No:	Secondary Phone No:
Describe Damage:			
<b>INJURED</b>			
Name & Address (including city, state & zip):		Phone No:	Date of Birth:
Extent of Injury			
<b>WITNESSES OR PASSENGERS</b>			
Name & Address (including city, state & zip):		Phone No:	
Name & Address (including city, state & zip):		Phone No:	
This report prepared by:		Date:	Time:

**Please keep a copy of this form for your files.**

Revised - July 2019