

APPENDIX 1.2, ATTACHMENT 7.2

REPORTING OCCUPATIONAL INJURIES & ILLNESSES

Vehicle Accident Information Form
(Fill Out at scene of Accident)

Date:	Time:
Street or Highway Number	
City:	County:

Weather Conditions:
Road Conditions:

Driver of Other Vehicle:
Address of Driver:
License Number & State:
Make & Model of Vehicle:
Damage to other vehicle or property:

Name and Address of Agent and Insurance Company of other vehicle:

Name of Investigating Officer:
Court Citation Given:
Court Citation Number: