

City of Richmond, Virginia  
**VEHICLE LOSS NOTICE/ ACCIDENT REPORT**

Date of Accident	Date of Report	Vehicle Number	Year, Make & Model	VIN Number		
Exact Location of Accident (including City and State, if not in City of Richmond)						
City Driver's Name		Home Address			Home Telephone	
Department	Bureau	Division	Supervisor's Name	Supervisor's Telephone		
Police/Authority Contact	Investigating Officer			Report Number		
Description of Event						
Description of Damage to City Vehicle		Damage Estimate		Location of Damaged Vehicle		
Other Property/Vehicle Damaged			Insured?	Name of Insurance Company		
Owner's Name and Address		Home Telephone		Business Telephone		
Other Driver's Name and Address		Home Telephone		Business Telephone		
Description of Damage		Damage Estimate		Location of Damaged Property/Vehicle		
Name and Address of Injured		Age	Home Telephone	Business Telephone	Extent of Injury	
Name and Address of Witnesses		Home Telephone	Business Telephone	City Veh.	Other Veh.	Other
Reported by		Signature			Date	
Supervisor's Signature			Safety Officer's Review			