

**CITY OF FREDERICKSBURG
ACCIDENT/INCIDENT REPORT**

The purpose of this is to provide a means for reporting accident/incidents that could result in possible liability to the City. The form may be used by citizens or personnel to report such an incident. The City's insurance carrier, VML, requires the City to report all incidents in writing so that they can conduct an investigation. VML will inform you of their findings within 4-6 weeks, often times sooner.

Mail To: City of Fredericksburg
Loren Kato
P.O. Box 7447
Fredericksburg, VA 22404

Or Deliver To: City Hall
715 Princess Anne Street, Room 203

Date: _____

From: Name: _____ Claimant/Employee /Supervisor
(Circle one)

Address: _____

Telephone: _____

Date and Time of Alleged Accident/Incident: _____ A.M. / P.M.
(Circle one)

Location of Alleged Accident/Incident (Give a specific location such as a street address or intersection):

Details of Alleged Accident/Incident. (Please write down anything you believe is important or relevant).

Please list names, addresses, and telephone numbers of any injured person and description of injury and/or treatment:

Please list the names, addresses, and telephone numbers of any witnesses to the alleged incident:

City Vehicle Information:

Make _____ Model _____ Year _____ Last 4 VIN # _____

Other Vehicle Information:

Make _____ Model _____ Year _____ VIN # _____

Please have all parties involved fill out a separate form

The above information is true and accurate to the best of my knowledge and recollection. (The person filling out form, please sign below).

Claimant Name (please print): _____

Claimant Signature: _____

Employee Name (please print): _____

Employee Signature: _____

Please have all parties involved fill out a separate form