

Attorney/Client Privileged Document

Form 02

1	Agency name			Today's date				
2	Date of incident (mm/dd/yyyy)			Time of incident (hh/mm, a.m./p.m.)				
3	Name of person completing the report			Title of person completing report				
4	Business phone			Busines	s email			
5	How did the incident occur? (Provide a brief factu	al summ	nary.)					
6	Name of the location (street/road/highway) or nea	f the location (street/road/highway) or nearest intersection where the incident occurred.						
7	Is there an address for incident location? If yes, please provide the following:							
Street address								
	City State			Zip code				
8	Location							
	Offsite (non-agency owned)  []		On agenc	y property	[]			
9	Primary location							
		ng lot	[]		Other [ ]			
10	Was the agency vehicle occupied?		[	] Yes	[ ] No	[ ] Unknown		
11	Agency driver last name				First name			
	Address							
	City State	State Work phone #			Zip code  Cell phone #			
	Home phone #							
	Email							
	Is this driver an employee?		[	] Yes	[ ] No	[ ] Unknown		
	If Yes, enter job title of employee							
	Identify the type of driver							
	Full-time employee [ ] Intern		[ ] Non-agency employee ]			=		
	Part-time employee [ ] Volun Seasonal employee [ ]	teer	[]	Spouse/	family member	[ ]		
12	Agency vehicle VIN Make		Model		License numbe	r		



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no, provide current location	of vehicle						
rea of damage							
stimated repair cost							
Vas a trailer involved?	[ ] Yes	[ ] Unknov	vn				
f yes, provide the following information.							
railer year	Make	Model		License number			
railer area of damage							
current location of trailer							
stimated repair cost of trailer							
las a police agency conducted	d an investigation?	Yes [ ] No I	f yes, provide t	ne following information.			
What police agency investigated the incident?							
olice report number							
Nas the agency driver ticketed, arrested or cited for violation(s)? [ ] Yes [ ] No [ ] Unknown f yes, provide details of the ticket, arrest or violation(s).							
	CLAIMANT	INFORMATION					
dentify other people involved in the accident. (Make additional copies of this section if needed.)							
Oriver of other vehicle [ ]  Owner of other vehicle [ ]  Pedestrian [ ]	· · · · · · · · · · · · · · · · · · ·	= =		nvolved property [ ] r of other vehicle [ ]			
ast name or business name		Firs	st name (not ne	cessary for business)			
Address							
ity State			Zip code				
lome phone #	Work p	hone #	Cell phone #				
	Vas a trailer involved?  Tyes, provide the following information are a of damage  Furrent location of trailer  Stimated repair cost of trailer  It as a police agency conducted  What police agency investigate  Folice report number  Vas the agency driver ticketed  Tyes, provide details of the tick  Stimated repair cost of trailer  Was the agency driver ticketed  Tyes, provide details of the tick  Stimated repair cost of trailer  Was the agency investigate  Type of other vehicle [1]  Pedestrian [1]  Type ast name or business name  Address  Sity	Vas a trailer involved?  I yes, provide the following information.  I yes, provide damage  I yes a police agency conducted an investigation?  I yes a police agency investigated the incident?  I yes, provide details of the ticket, arrest or violation(s).  I yes, provide details of the ticket, arrest or violation(s).  I yes, provide details of the ticket, arrest or violation(s).  I yes, provide details of the ticket, arrest or violation(s).  I yes, provide details of the ticket, arrest or violation(s).  I yes, provide details of the ticket, arrest or violation(s).  I yes a police agency diverticketed, arrested or cited for violating yes, provide details of the ticket, arrest or violation(s).  I yes a police agency diverticketed, arrested or cited for violating yes, provide details of the ticket, arrest or violation(s).  I yes a police agency diverticketed, arrested or cited for violating yes, provide details of the ticket, arrest or violation(s).  I yes a police agency diverticketed, arrested or cited for violating yes, provide details of the ticket, arrest or violation(s).  I yes a police agency diverticketed, arrested or cited for violating yes, provide details of the ticket, arrest or violation(s).	As a trailer involved?  [] Yes [] No [] Unknown (yes, provide the following information.  railer year Make Model  railer area of damage  furrent location of trailer  stimated repair cost of trailer  las a police agency conducted an investigation? [] Yes [] No []  What police agency investigated the incident?  olice report number  Vas the agency driver ticketed, arrested or cited for violation(s)? [] Yes  yes, provide details of the ticket, arrest or violation(s).  CLAIMANT INFORMATION  dentify other people involved in the accident. (Make additional copies of this solow was the person involved in the accident? (Check all that apply.)  briver of other vehicle [] Injured person []  Pedestrian []  ast name or business name First address  stity State	Vas a trailer involved?  [ ] Yes [ ] No [ ] Unknown  I yes, provide the following information.  I railer year Make Model  I railer area of damage  I wrrent location of trailer  I stimated repair cost of trailer  I stimated repair cost of trailer  I yes [ ] No If yes, provide the incident of the incide			



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9 Vehicle make	Model		Year				
Area of damage							
Is vehicle driveable? [ ] Yes	[ ] No	If no, current lo	cation of vehicle				
Extent of damage [ ] Moder	ate [ ] Nothing vi	isible [ ] Se	vere [ ] Slight				
Describe the property damage (other than vehicle)							
Extent of damage to property other	Extent of damage to property other than vehicle [ ] Moderate [ ] Nothing visible [ ] Severe [ ] Slight						
Age of injured person		Sex of injured p	erson [ ] Male	[ ] Female			
Was the injured person transported	by paramedics?	[ ] Yes	[ ] No				
If yes, where was the injured person	If yes, where was the injured person taken?						
Do you expect the injured person to	file a claim?	[ ] Yes	[ ] No				
Describe the injury							
ADDITIONAL CLAIMANT INFORMATION							
Identify other people involved in the	accident. <i>(Make add</i>	ditional copies of t	his section if needed.)				
How was the person involved in the accident? (Check all that apply.)							
Driver of other vehicle [ ] Owner of other vehicle [ ] Pa	Injured p Issenger of agency v		Owner of invol Passenger of o				
Pedestrian [ ]	seeinger er ageney t	omore [ ]	. uooongo: or o	and remote [ ]			
Last name or business name			First name (not necess	ary for business)			
Address							
City	State		Zip code				
Home phone #	Work	phone #	Cell p	hone #			
Vehicle make	Model		Year				
Area of damage							
Is vehicle driveable? [ ] Yes	[ ] No	If no, current lo	cation of vehicle				
Extent of damage [ ] Moder	ate [ ] Nothing vi	isible [ ] Se	vere [ ] Slight				
Describe the property damage (other than vehicle)							
Extent of damage to property other	than vehicle [ ] M	oderate [ ] No	thing visible [ ] So	evere [ ] Slight			



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19	Age of injured person	Sex of injured person [ ] Male [ ] Female				
	Was the injured person transported by paramedics?	[ ] Yes				
	If yes, where was the injured person taken?					
	Do you expect the injured person to file a claim?	[ ] Yes	[ ] No			
	Describe the injury	[ ] 100				
20	Identify witnesses of the accident. (Provide the following information for each witness. Make additional copies of this					
	page if needed.)					
Last name First			First name	15t Hame		
	Address					
	City State		Zip cod	le		
	Harrowhous #	-b#	Coll chara #			
	Home phone # Work p	phone #	Cell phone #			
	Witness to accident? [ ] Yes [ ] No	[ ] Unknown	If yes, provide the following information.			
Relation to injured person or property owner:						
	Agency employee or volunteer [ ] Another progra Other [ ] Passerby	nm participant or p	oark user [ ] [ ]	Friend Relative	[]	
	Did witness make any statements? [ ] Yes	[ ] No	[ ] Unknown			
	If yes, provide the following information.					
	What did witness say?					
	Where was witness when the accident occurred?					
	where was whiless when the accident occurred?					
21	Was the driver of the agency vehicle conducting agency business at the time of the accident?					
	[]Yes []No []Unknown					
22	What street was the agency driver on? What street was the other			the other driver	driving on?	
23	What direction was the agency driver traveling?	[ ] North	[ ] South	[ ] East	[ ] West	
	What direction was the other driver traveling?	[ ] North	[ ] South	[ ] East	[ ] West	
24	Weather conditions	[ ] North	[ ] 00000	[ ] Last	[ ] West	
<b>4</b> 4	Dry [ ] Fog [ ] Ice	[ ]	Snow [ ]	Wet	[ ]	
25	Accident diagram					