

Report must be completed and sent to:

**RISK MANAGEMENT
PROGRAM**
THE NAVAJO NATION
Post Office Box 1690
Window Rock, Arizona 86515
Phone: (928) 871-6335
Fax: (928) 871-6087

THE NAVAJO NATION EMPLOYEE VEHICLE ACCIDENT/ INCIDENT REPORT FORM



COMPLETE FOR TRIBAL LEASED / DEPARTMENT OWNED / GSA VEHICLES

Date of Incident:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Location of Incident (Be Specific):			RMP File #:
Make:	Model:	Year:	Vehicle #:	Vin #:	License Plate # & State:
Drivers Department:		Department Address:			Business Telephone:
Drivers Name:	AB / Social Security #:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Age:		Permit #:
Drivers Address:		Where can this vehicle be seen?			Date Supervisor aware of accident?
Purpose for utilizing the vehicle:				From what place were you bound?	
Describe the extent of damage:					
Investigating Officers Name:		Police Report #:		District of Enforcement Agency:	

COMPLETE THE FOLLOWING ON OTHER VEHICLE

Make:	Model:	Year:	Vin #:	License Plate # & State:
Registered Owner:		Owners Address:	Telephone #:	Place of Employment:
Other Drivers Name:		Drivers Address:	Telephone #:	Place of Employment:
Describe extent of damage:			Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

COMPLETE THE FOLLOWING IF INJURY OCCURRED

Injured taken to:				
Name of Injured Person:	Address:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Age:	Extent of Injuries:
		<input type="checkbox"/> Female <input type="checkbox"/> Male		
		<input type="checkbox"/> Female <input type="checkbox"/> Male		
Name of Witness:	Address:	Telephone #:	Place of Employment:	

DESCRIPTION OF INCIDENT & SIGNATURES

Describe the Incident:		
Draw the Incident	Drivers Signature:	Date
	Drivers Supervisor Signature:	Date
	Supervisors Name:	Supervisors Phone #:
	Body Shop Estimate Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	

COMPLETE THE FOLLOWING ON OTHER DAMAGES

Property:	Describe:	Person to Contact:
Animal:	Describe:	Person to Contact:
Other:	Describe:	Person to Contact:

SUBMIT WITHIN 24 HOURS TO RISK MANAGEMENT