



CVA Vehicle

Unit number _____	Operator' name _____
License plate number _____	Operator's address _____
Department _____	Operator's driver's license number _____
Headquarters _____	Location of unit now _____
_____	Odometer _____
Telephone _____	<input type="checkbox"/> Still in use <input type="checkbox"/> Government <input type="checkbox"/> Personal

Other Vehicle

Operator's name _____	Owner's name _____
Operator's address _____	Owner's address _____
_____	_____
Operator's driver's license number _____	License plate number _____

Accident Details

Date of accident _____	SGI file number _____
Day of week _____	SGI adjuster name _____
Time of accident _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	SGI address _____
Location of accident _____	_____
_____	Damage estimate \$ _____
Accident Reported to <input type="checkbox"/> Police <input type="checkbox"/> SGI	Windshield damage <input type="checkbox"/> Yes <input type="checkbox"/> No (complete sketch on reverse side)
Fault <input type="checkbox"/> CVA Operator <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Request authorization to repair <input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger's names Passenger's address	Injury CVA vehicle Other vehicle
_____	_____ <input type="checkbox"/> <input type="checkbox"/>
_____	_____ <input type="checkbox"/> <input type="checkbox"/>
_____	_____ <input type="checkbox"/> <input type="checkbox"/>
_____	_____ <input type="checkbox"/> <input type="checkbox"/>

Operator's Statement

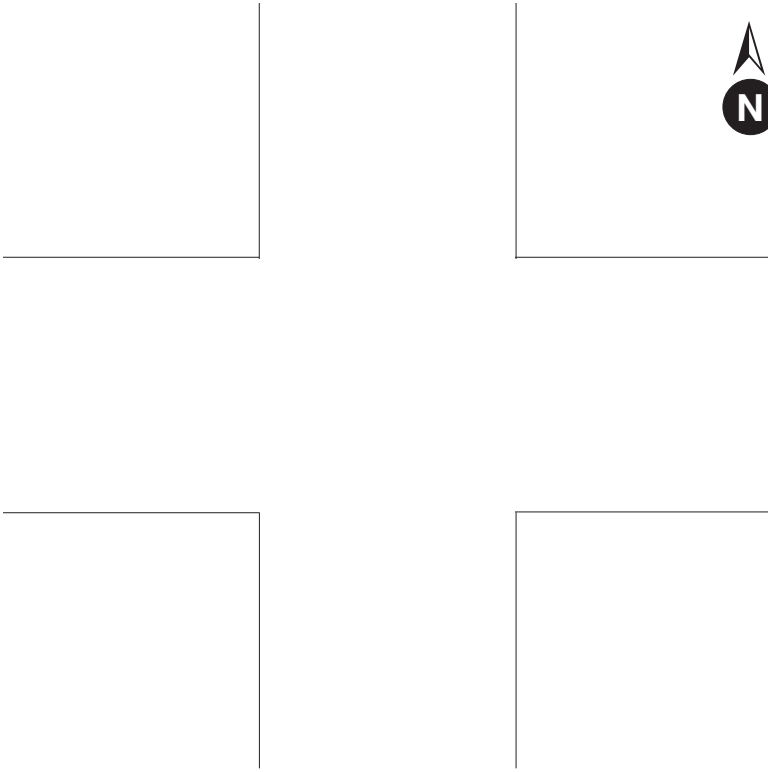
Operator's signature _____
Date

REPAIR AUTHORIZATION NUMBER _____ Have taken a defensive driving course Yes No Year _____

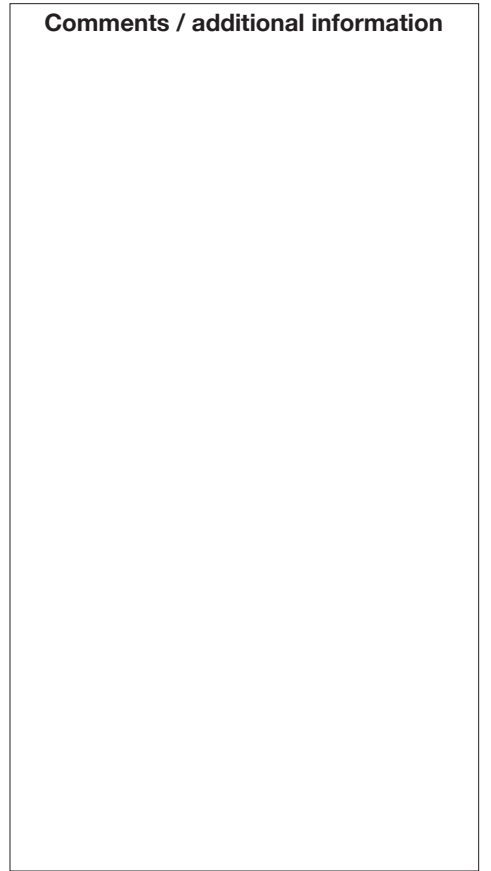
Supervisor's Comments

Supervisor's signature _____ _____
Title *Date*

Please draw a sketch of accident location, vehicle positions etc.



Comments / additional information



Vehicle Damage

