

**VLCT PACIF AUTOMOBILE/VEHICLE ACCIDENT REPORT
DRIVER'S REPORT OF ACCIDENT**



Important Instructions:

In Case of Accident, Complete the Report within Twenty-four (24) Hours in its entirety, and

Send to: VLCT, PACIF - 89 Main Street, Suite 4 - Montpelier, Vermont 05602-2948

Telephone #: (802) 229-9111 or (800) 649-7915

Fax #: (802) 229-2211

Do Not Discuss the Accident With Anyone Except City/Town/Village/District Officials or the Police.

Member	Name _____				Business Phone: _____		
	Address _____				Department Supervisor: _____		
Time & Place	Date and Time of Loss or Accident _____			Location _____		Weather Conditions _____	
Your Automobile	Year	Make	Model	Serial # or Vin. # _____		License # & State _____	
	Owner of Insured Vehicle & address _____				Other Insurance _____		
	Name of Driver & Address _____				License # - State _____		Age _____
					Residence Telephone # _____		
	For What purpose was the automobile being used at the time of Accident? _____						
	Is driver Employed by Member? _____				Estimated cost of Repairs _____		
	Where may the vehicle be seen? _____						
Specify area of damage on vehicle _____							
Have Police been Notified? _____				Were any Traffic Citations Issued? _____			
Location and Date _____				If so, to whom? _____			
Damage to Property of Others	Owner's Name & Address _____				Telephone # _____		
	Other Driver's Name & Address _____				Age: _____	Drivers License # & State _____	
	List Damage _____				Estimate cost of Repairs _____		
	If Automobile, Make & Year _____				License # & State _____		
	Was other car insured? _____			Name of Company & Agent _____			
Additional Property Damage or Vehicles							

Persons Injured	Name & Address	Phone	Age	Passenger in		Pedestrian	Extent of Injury	
				Your car	Other car			
	Doctor _____		Hospital _____					
Passengers	Name, Address, Telephone # of Occupants in Your Vehicle Other Than the Driver:							
	Name, Address, Telephone # of Occupants in Other vehicle Other Than the Driver:							
Witnesses	Name, Address & Telephone #:							
Driver's Account of Accident	Driver's Statement (Describe what happened):							
	Date Completed:				Signature of Driver:			

Complete the following diagram showing direction and positions of Automobiles Involved. Designating, Clearly point of contact.

***** Indicate by arrow direction of North**

