



Vehicle/Equipment Accident Report Form

APS Vehicle Information

Date of accident:		Time of Accident:		Unit #:	
Year:		License Plate #:		Model:	
Description:		Location Name:		Loc. #:	
First Name:		Last Name:			
Employee #:		Social Security #:		License #:	
Vehicle Damage:					
Driver's Comment:					
Location of Accident:					
APS Passenger:					
Citations:					
Witness Name:					

Other Vehicle Information

Other Driver:					
Phone #:		Work Phone :		License #:	
Social Security #:		Address:			
Vehicle Damage:					
Year:		License Plate #:		Model:	
Insurance Co:				Policy #:	
Officers Name:				Case #:	

Employee Signature _____ **Date** _____

Please fax Vehicle/Equipment Accident Report Form
to the Risk Management Department
(505) 881-2309