Property Damage Accident Report

For Personal Injury or Damage to Someone Else's Property

Claim No._____ Code No._____

Name of Self Insured Client: TOWN OF HAMBURG
Address: S-6100 South Park Avenue, Hamburg, NY 14075
Name of Driver:_____
License Type: ☐ A ☐ D ☐ Other_____
Date of accident:_____Hour_____
Location of accident:_____
Make of Vehicle:_____Year:_____Model:_____
Road Conditions:_____
For what purpose is vehicle being used?_____
Extent of damage:_____

Damage to Property of Others

Owner:_____
Address:_____
Other driver:_____
Address of other driver:_____
Make of other vehicle:_____Year:_____
License No:_____Estimated repair Cost:_____
Describe damage:_____
Other damaged property:_____
Owner of other property damage:_____
Address of other owner:_____
Phone of other owner:_____

Persons Injured

Name:_____ Pedestrian ☐
Address:_____ In your vehicle ☐
Where taken:_____ In other vehicle ☐
Extent of injury:_____

Persons Injured

Name:_____ Pedestrian ☐
Address:_____ In your vehicle ☐
Where taken:_____ In other vehicle ☐
Extent of injury:_____

Describe in your own words how accident happened:_____
_____
_____