

Loss #: _____

**Housing Authority of the City of Milwaukee
VEHICLE/EQUIPMENT INCIDENT REPORT**

1) Name of Operator: _____
Last, First, Middle

2) Development (*Work Site*): _____
Address: _____

3) On Duty Off Duty Date of Incident/Damage: _____

4) Type of Property: Equipment Vehicle HACM Veh. #: _____

Year and Type of Equipment/Vehicle: _____

Type of Damage: Vandalism Accident Theft Other _____

5) Location of Accident: _____ Time of Accident: _____

6) Where is the Equipment/Vehicle usually stored?

Address: _____ Development: _____

7) Was another vehicle(s) involved? Yes No If Yes, how many vehicle(s)? _____

8) Were the police involved? Yes No If Yes, will a report be available? _____

THE FOLLOWING SHOULD BE ANSWERED ONLY IF THE DAMAGE INVOLVED ANOTHER VEHICLE. IF NO OTHER VEHICLE WAS INVOLVED, SKIP THE FOLLOWING QUESTIONS:

9) Name of person driving other vehicle: _____
Last, First, Middle

Address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Insured? Yes No

If Yes, Insurance Co. & Policy #: _____

10) Were there other persons/witnesses involved in the accident? Yes No

If Yes, Name, Address and Phone Number: _____

Passengers? Yes No

11) Other Vehicle Description: Year: _____ Make: _____ Color: _____

