CITY OF SPRINGDALE
VEHICLE ACCIDENT REPORTING SHEET

Date of accident: _____

Location of accident: _____

City driver's name: _____ Phone: _____

City's vehicle: Year: _____ Make: _____ Last 5 digits of VIN: _____ TAG#_____

Describe the location and extent of damage to the City's vehicle:
_____
_____

Is the vehicle safe to be driven? _____
If not, where is it located? _____

Information on Other Party Involved:

Claimant's name: _____ Phone: _____

Claimant's address: _____

Claimant's vehicle: Year: _____ Make: _____ Last 5 digits of VIN: _____ TAG#_____

Describe the location and extent of damage to the claimant's vehicle:
_____
_____

Is the vehicle safe to be driven? _____
If not, where is it located? _____

Describe in detail what happened: _____
_____
_____
_____
_____
_____

Witness Name: _____ Phone: _____
Witness Name: _____ Phone: _____
Witness Name: _____ Phone: _____

For claims information call:
Linda Montgomery at Municipal Vehicle Program (501)978-6123