

MOTOR VEHICLE INCIDENT REPORT

Complete this form immediately and forward to management within 24 hours of the accident.

GENERAL INFORMATION

Date of Accident: _____ Day of Week: _____ Time: _____
 Location of Accident (Be Specific): _____
 Were the Police/Law Enforcement Notified? _____
 List Law Enforcement Agency: _____ Report #: _____
 Weather: _____ Road Conditions: _____

NYCOM INC. VEHICLE or EMPLOYEE OWNED VEHICLE

License Plate #: _____ Company Vehicle #: _____
 VIN Number: _____
 Year, Make, Model: _____
 Driver's Name: _____ Driver's License Number: _____
 Driver's Telephone Number - Home: _____ Work/Cell: _____
 Driver's Address: _____
 Was Citation Issued? Yes No Type of Violation: _____
 Passenger(s) Name(s): _____
 Was anyone injured? Who? _____
 Describe Injuries (Complete and Attach Injury Report, Appendix A): _____
 Describe Damage: _____

OTHER VEHICLE(S)

License Plate #: _____ VIN Number: _____
 Year, Make, Model: _____
 Driver's Name: _____ Driver's License Number: _____
 Driver's Telephone Number - Home: _____ Work: _____
 Driver's Address: _____
 Owner's Name: _____ Owner's Phone #: _____
 Owner's Address: _____
 Insurance Company: _____ Policy #: _____
 Was Citation Issued? Yes No Type of Violation: _____
 # of Passengers & Names: _____
 Was anyone injured? Who? _____
 Describe their Injuries: _____
 Describe Damage: _____

ACCIDENT INVESTIGATION

What happened? Describe how the accident occurred and what caused the accident: _____

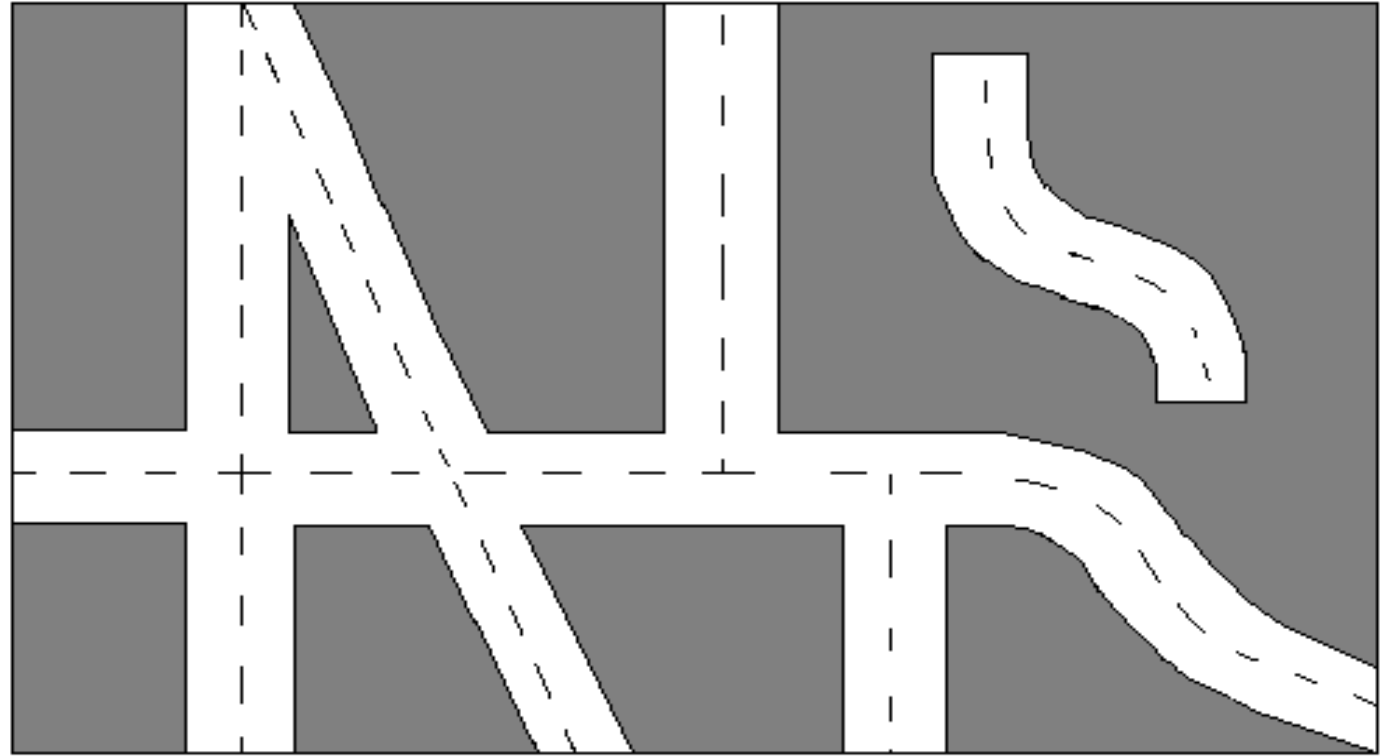
Was any other property damaged such as buildings, signs, etc.? Describe the damage: _____

Were there any third parties that contributed to the cause of the accident? (If yes, list name(s) of individual(s) and/or vehicles(s) that contributed to the cause of the accident) _____

Were there any witnesses? Who? (List names & phone numbers): _____

Were photos taken? (Attach copies) _____

Using the diagram below, show the exact relationship of roadways and vehicles at the time of the accident. Indicate North, street names and show measurements if possible. Identify your vehicle as #1 and other vehicles as #2, #3, etc.



MANAGEMENT REVIEW

Driver's Signature: _____ Date of this Report: _____
 Management: _____ Date: _____