

Traffic Accident Report and Exchange Form—Outside the United States

Instructions

1. Fill out this report as completely and accurately as possible.
2. Use this report to obtain information from the other parties involved in the incident and for an information exchange at the scene.
3. Give the canary yellow copy to the other party involved. If the other vehicle is unattended, place the copy under the windshield wiper.
4. Use the information in this report to complete an incident report online at incidents.ChurchofJesusChrist.org **within 24 hours following the accident.**
5. Either scan and upload this report and any other incident-related documents (such as the police report, photos of the accident scene and vehicle damage, or repair estimates) to the online incident report, or give or mail them to your supervisor, vehicle coordinator, or area fleet coordinator.

Incident Information

Location of incident (intersection or street address, city, state or province, and country)		Date of incident (mm/dd/yyyy)	Time of incident <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Police notified <input type="checkbox"/> Yes <input type="checkbox"/> No	Investigated by police <input type="checkbox"/> Yes <input type="checkbox"/> No	Police department or agency	Police case number

Church Vehicle Insurance information is found on the current insurance card stored in the vehicle's glove compartment.

Vehicle owner (from insurance card or vehicle registration certificate)		Complete vehicle identification number (VIN)	
Year	Make	Model	License plate number State or province
Department or mission vehicle is assigned to		Department mailing address, city, state or province, postal code, and country	
Department phone (with area code)			
Driver's full name	Driver license number	State or province	Sex
Driver's home phone (with area code)			
Driver's mailing address, city, state or province, postal code, and country		Date of birth (mm/dd/yyyy)	Driver's cell phone (with area code)
Insurance company (from insurance card)		Insurance policy number (from insurance card)	Insurance claims phone (with area code)
Towed due to disabling damage <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of damage to vehicle	

Other Vehicle(s) Involved Attach additional pages if needed.

Vehicle owner (from insurance card or vehicle registration certificate)		Complete VIN	
Year	Make	Model	License plate number State or province
Owner's mailing address, city, state or province, postal code, and country		Owner's phone (with area code)	
Driver's full name <input type="checkbox"/> Same as owner	Driver license number	State or province	Sex
Driver's home phone (with area code)			
Driver's mailing address, city, state or province, postal code, and country <input type="checkbox"/> Same as owner		Date of birth (mm/dd/yyyy)	Driver's cell phone (with area code)
Insurance company (from insurance card)		Insurance policy number (from insurance card)	Insurance claims phone (with area code)
Towed due to disabling damage <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of damage to vehicle	

Damage to Property Other Than Vehicles Attach additional pages if needed.

Property owner	Mailing address, city, state or province, postal code, and country
Phone (with area code)	Description of property and damage incurred

Other People Involved Attach additional pages if needed. Type = Church vehicle passengers (CV), other vehicle passengers (OV), pedestrians (Ped), witnesses (Wit)

Type	Full name	Mailing address, city, state or province, postal code, and country	Phone (with area code)

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Department or mission vehicle is assigned to		Department mailing address, city, state or province, postal code, and country	
Department phone (with area code)			
Driver's full name	Driver license number	State or province	Sex
Driver's home phone (with area code)			
Driver's mailing address, city, state or province, postal code, and country		Date of birth (mm/dd/yyyy)	Driver's cell phone (with area code)
Insurance company (from insurance card)		Insurance policy number (from insurance card)	Insurance claims phone (with area code)
Towed due to disabling damage <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of damage to vehicle	

Other Vehicle(s) Involved Attach additional pages if needed.

Vehicle owner (from insurance card or vehicle registration certificate)		Complete VIN	
Year	Make	Model	License plate number State or province
Owner's mailing address, city, state or province, postal code, and country		Owner's phone (with area code)	
Driver's full name <input type="checkbox"/> Same as owner	Driver license number	State or province	Sex
Driver's home phone (with area code)			
Driver's mailing address, city, state or province, postal code, and country <input type="checkbox"/> Same as owner	Date of birth (mm/dd/yyyy)	Driver's cell phone (with area code)	
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