

CITY OF COTTONWOOD
EMPLOYEE VEHICLE ACCIDENT REPORT
(CONFIDENTIAL – FOR INTERNAL USE ONLY)

Name of Person(s) Involved: _____

Accident Date & Time: _____ Police Report Number: _____

Location: _____

City Vehicle Involved: _____

Witnesses (Names, Addresses, Phone No.)

Describe in Detail what Happened. (Use additional sheets if necessary and prepare a diagram on the reverse/attached sheet.)

SIGNED: _____