

## **Bedford County Department of Fire & Rescue** 1185 Turning Point Road Bedford, VA 24523

Phone: 540.587.0700 × Fax: 540.586.2176



## **Auto Accident / Auto Damage** \* \* \* PLEASE PRINT \* \* \*

		GENERAL INFOR	RMATION		
Department Name:			Contact Person:		
Property Address:			Contact Phone Number(s):		
Station #			Weather Conditions:		
Date Of Loss	Day Of Week	Date Reported	Vehicle Information:		
			Make / Model / Year:		
Location Of Incident:			VIN#		
			Have You Attached An Estimate Of Damage/Loss?		
			Amount Of Estimate: \$		
Please List The Nam	e Of Person Driving T	he Vehicle:			
Please List Names O	f Members Riding In \	/ehicle:			
	nal Injury to a Fire/Re				
Please List Names O	f Any Witnesses:				
Describe What Happ	ened?				
Why Did It Happen?					
What Should Be Or I	Has Been Done To Pre	vent A Reoccurance	: :		
What Immediate Acti	on Has Been Taken?				
Signature Of Person Making Report:			Da	Date Signed:	
Printed Name Of Per	son Making Report:				
	* * * BEDFORD	COUNTY FIRE & RE	SCUE SAFETY COMMITT	ΓΕΕ * * *	
Recommendations C	of The Bedford County	Fire & Rescue Safe	ty Committee:		
Should Any Actions	/ Corrective Actions B	e Taken:			
Signature Of Safety Officer:			Da	Date Reviewed:	