

**Accident Information**

EAGLE KMC LLC  
856 W. Silverlake Rd Tucson, AZ 85713  
(520) 574-4325

Driver Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

License #: \_\_\_\_\_

Tractor # \_\_\_\_\_ Year: \_\_\_\_\_ VIN: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

**Accident Details**

Date of Accident: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ Time of Accident \_\_\_\_\_ AM PM

Location of Accident: \_\_\_\_\_

City/State: \_\_\_\_\_

Direction of Vehicle #1: \_\_\_\_\_ Speed: \_\_\_\_\_ MPH

Direction of Vehicle #2: \_\_\_\_\_ Speed: \_\_\_\_\_ MPH

Damage to our Vehicle: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Damage – Other Vehicles**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Driver: \_\_\_\_\_

License #: \_\_\_\_\_

State: \_\_\_\_\_

DOT #: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Damage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Injuries/Fatalities**

How many injured? \_\_\_\_\_

How many Fatalities? \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Injuries: \_\_\_\_\_

Injuries: \_\_\_\_\_

Hospital: \_\_\_\_\_

Hospital: \_\_\_\_\_

**Describe Accident:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Police Report**

Was Police Investigation Made? \_\_\_\_\_

Investigating Office: \_\_\_\_\_ Badge# \_\_\_\_\_ Phone: \_\_\_\_\_

**Witnesses**

1 .Name: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Pictures of the following**

**Tractor/Truck**

- 1.) Driver's CDL
- 2.) Insurance Card
- 3.) Tractor Door
- 4.) DOT #
- 5.) Accident

**Car/Pick-up/Box**

- 1.) Driver's License
- 2.) Insurance Card
- 3.) License Plate

**THE ACCIDENT**

Indicate below the Points of Collision

