

# LINK ASSOCIATES

## Form Instructions

FORM NUMBER: TR-9

FORM TITLE: Driver's Accident Report

EFFECTIVE DATE: Created: July, 1987  
Revised: May 13, 1991, March 2006, May 2011

### PROCEDURE:

Employees/volunteers involved in Link Associates vehicle accidents are to complete the Driver's Accident Report (TR-9). Copies of the form are to be submitted to the immediate supervisor within 24 hours of the accident.

The employee/volunteer should also attach any forms completed by police.

The immediate supervisor will submit this form and the Supervisor's Vehicle Accident Report (Form TR-10) to the Vehicle Maintenance Specialist.

**LINK ASSOCIATES**  
**DRIVERS ACCIDENT REPORT**

**LINK ASSOCIATES VEHICLE**

**Employee Name:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **Purpose of Use:** \_\_\_\_\_

**Vehicle Year, Make, & Model:** \_\_\_\_\_ **Vin Number:** \_\_\_\_\_

**License Plate Number:** \_\_\_\_\_ **Agency Vehicle Number:** \_\_\_\_\_

**Date of Accident:** \_\_\_\_\_ **Time:** \_\_\_\_\_

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

**Description of What Happened (use back if necessary):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If not drivable, where is vehicle? :** \_\_\_\_\_

**Police Department Contacted:** \_\_\_\_\_ **Case #** \_\_\_\_\_

**Tickets Issued:** \_\_\_\_\_

**Officer's Name, Badge or Plate #:** \_\_\_\_\_

**Passengers:** \_\_\_\_\_

\_\_\_\_\_

**Injuries: Name:** \_\_\_\_\_ **Injury:** \_\_\_\_\_

\_\_\_\_\_

**Injuries: Name:** \_\_\_\_\_ **Injury:** \_\_\_\_\_

\_\_\_\_\_

(continued)

**Witness Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**Witness Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**OTHER VEHICLE**

**Driver's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**Driver's License Number:** \_\_\_\_\_

**Owner:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**Vehicle Year, Make & Model:** \_\_\_\_\_

**Vehicle VIN #:** \_\_\_\_\_ **License Plate Number:** \_\_\_\_\_

**Passengers:** \_\_\_\_\_

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

**Insurance Agent & Phone:** \_\_\_\_\_

**PROPERTY OTHER THAN VEHICLES**

**Owner's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**Description of Property Damages:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Head Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fleet and Facilities Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Complete TR 10 & Submit both TR 9 & TR 10 to Department Head within 24 hours of accident.