

**Arkansas Municipal League
P.O. Box 38
301 West 2nd
North Little Rock, AR 72115**

Municipal Vehicle Program – Vehicle Accident Report

Date of Accident: _____ Time: _____

Location of Accident: _____

City Driver's Name: _____ Phone # _____

City Vehicle: Year: _____ Make: _____ Last 5 #'s of the VIN: _____ Tag # _____

Describe damage to City vehicle: _____

Is it drivable: _____ If not, where is the vehicle located? _____

Other Party Involved:

Claimant's Name: _____ Phone # _____

Claimants Address: _____

Claimant's Vehicle: Year: _____ Make: _____ Last 5 #'s of the VIN: _____ Tag # _____

Describe damage to Claimant's vehicle: _____

Is it drivable: _____ If not, where is the vehicle located? _____

Describe event of the accident: _____

List injured parties: _____

List witnesses:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

For claims contact:

John G. Wells, General Manager:
Rebecca Williamson, Program Adjuster

(501) 978-6123 ext. 270 JWells@arml.org
(501) 978-6123 ext. 271 rwilliamson@arml.org