

First Capital Trolley

Physical Address:

311 Airport Road

Mailing Address:

Post Office Box 1512

Guthrie, Oklahoma 73044

Contact: Melissa Fesler

Office: 405/282-6000

Cell: 405/659-5718

ACCIDENT/ INCIDENT REPORT FORM

TYPE OF EMPLOYMENT (please circle one):

Full-Time

Part-Time

Temporary

Volunteer

Contract

Employee Name : _____

Job Title: _____

Employee Contact Number: _____

Specific Duty Being Performed: _____

FCT VEHICLE INFORMATION:

Year	Make/Model	Vehicle Tag#	Vin# (last six digits)

ESTIMATED AMOUNT DAMAGE: _____

WHERE VEHICLE HAS DAMAGE: _____

Passenger Name: _____ Seat Location: _____

PHONE: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PASSENGER INJURED? _____ DESCRIBE: _____

Passenger Name: _____ Seat Location: _____

PHONE: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PASSENGER INJURED? _____ DESCRIBE: _____

Passenger Name: _____ Seat Location: _____

PHONE: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PASSENGER INJURED? _____ DESCRIBE: _____

Passenger Name: _____ Seat Location: _____

PHONE: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PASSENGER INJURED? _____ DESCRIBE: _____

OTHER VEHICLE INFORMATION:

Year	Make/Model	Insurance Company	Policy # or Contact #

Location of damage on other vehicle/property or person:

INCIDENT DATE: _____ TIME: _____

Location of Accident/Incident: (Give: City - Street - Highway - County): _____

Describe Incident:

WAS EMPLOYEE AWARE OF INCIDENT? Yes___ No___

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REMARKS: _____

WITNESSES:

Name	Address	Phone Number

Authorities reported

to: _____

Name of Officer or Authority: _____

Any Citations given? Yes___ No___

Who _____ What _____

DRIVER'S SIGNATURE: _____

DRIVER'S LICENSE #: _____