



# AIM Dedicated Logistics / AIM National Lease ACCIDENT REPORT



## GENERAL INFORMATION

Date of Accident:		Time of Accident:		am/pm
Location of Accident – Main road/Cross Street:			City:	
Police Dept:	Phone#:	Badge #:	Accident Report #:	
Citation #:	Description of Violation:		Issued to Whom:	

## Vehicle #1 - AIM Unit Description

Tractor #:	Make:	Plate#:
Trailer #:	Type:	Plate#:
Description of Damages to Unit #1:		

## AIM Driver Information

Full Name:	Home Phone #:	Cell #:
Driver's License #:	State Issued:	D/O/B:
Account You Drive For:	Supervisor:	
Describe Injuries to Self (if any):		
DID YOU TAKE PHOTOS?    YES    NO		CAMERA GIVEN TO WHOM?

## Passenger in AIM Unit

Full Name:	Home Phone#:	Cell #:
Street Address:		
City:	State:	Zip:
Describe Injuries to Passenger:		

## Vehicle #2 - Claimant Information

Year:	Make:	Model:	Plate #:	VIN#:
Description of Damages:				
Driver's Name:	Phone#:		Cell #:	
Street Address:	City:	State:	Zip:	
Insurance Company:	Phone#:		Policy#:	
Owner's Name (if different than above):			Phone#:	
Street Address:	City:	State:	Zip:	
Describe Injuries (if any):				
List Passenger Names:				
Describe Injuries (if any):				

