

**MAVERICK COUNTY TEXAS
INCIDENT REPORT FORM**



Date of Accident: _____ Time: _____ AM/PM

Law Enforcement Contacted: _____

Place of Accident: _____

Description of Accident: _____

County Vehicle Information:

Year/Make/Model: _____ VIN#: _____

Driver Name: _____

Address: City: _____ State: _____ Zip code: _____

Driver Phone Number: _____

Driver License #: _____ DOB: _____

Describe Damage to Vehicle: _____

Any passengers (if so list): _____

Claimant (Other Party) Vehicle Information or the Property Damaged:

Year/Make/Model: _____

Owner/Driver (Name & Address): _____

Contact Information (Phone #): _____

Driver License #: _____ DOB: _____

Describe Damage to Vehicle: _____

Any passengers (if so list): _____

Owner Insurance Co.: _____ Policy #: _____

Insurance Phone #: _____

If property damaged:

Name the property that was damaged: _____

Property Owners name & address: _____

Insurance Phone #: _____

Were there any injuries? Yes/No If so, list below: _____
