

**Central New Mexico Community
College Risk Management Office
525 Buena Vista Dr. SE
Albuquerque NM 87106
(505) 224-3449
Email: riskmanagement@cnm.edu**

Vehicle Incident Report

CNM		525 Buena Vista Dr. SE		Albuquerque		NM		87106	
Campus/Dept.		Address		City		State		Zip Phone	
Driver's Name		Employee ID.		Driver's License No.					
CNM Vehicle									
Make		Year	Model		CNM Vehicle ID No.		License Plate No.		
Area of Damage							Used for Business? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Incident									
Date of Loss		Time of Loss		Location (Street/Highway)			City		State
Were Police Called to Scene? Yes <input type="checkbox"/> No <input type="checkbox"/>		Police Dept. Called		Driver		Arrested?	Ticketed?	Violation?	
Name of Officer			Station Address						
Other Party 1									
Owner of Other Vehicle			Age	Address		City		State	Zip Phone
Driver, if other than above			Age	Address		City		State	Zip Phone
Make	Year	Model	License No.	Area of Damage		Where Vehicle May Be Seen			
Other Party 2									
Owner of Other Vehicle			Age	Address		City		State	Zip Phone
Driver, if other than above			Age	Address		City		State	Zip Phone
Make	Year	Model	License No.	Area of Damage		Where Vehicle May Be Seen			
Property Damage – Other Than Auto (i.e. Fence, Canopy)									
Owner of the Property			Address		City		State	Zip	Phone
Describe Damaged Property				Location of Property			Extent of Damage		
Witness Information									
Name		Address			City		State	Zip	Phone
Name		Address			City		State	Zip	Phone

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Describe Incident

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Incident Resulted In: Bodily Injury Prop. Damage Vehicle Damage

Incident Diagram

<p>Note: Indicate North By Arrow</p>

Weather Conditions		Traffic Conditions	
Drv <input type="checkbox"/>	Wet <input type="checkbox"/>	Icy <input type="checkbox"/>	Foggy <input type="checkbox"/>
Snowy <input type="checkbox"/>	Light <input type="checkbox"/>	Moderate <input type="checkbox"/>	Heavy <input type="checkbox"/>
Speed Limit	Were You Familiar With The Area?	Traffic Controls	

IMPORTANT: Has this incident been reported to Risk Management Yes No

DATE OF REPORT

SIGNATURE AND TITLE