

DEALER REPORT OF MOTOR VEHICLE ACCIDENT OR INCIDENT
See Driver's Motor Vehicle Accident report

Dealer Name _____

Location _____

Driver Name: _____

Driver's License Number / State _____ / _____

Driver is: Employee Customer NA

If Employee, Department: _____

If Customer, Name and Address: _____

Was this a vehicle stolen? _____

Date and time of Incident Date: _____ Time: _____ AM or PM: _____

Description of Incident:

What Injury Was Sustained?

Was vehicle being test driven? Yes No If on a test drive, was customer accompanied by a dealer employee? Yes No

If on a test drive, was it the established route? Yes No

Was the vehicle a loaner on loan to a customer? Yes No

If vehicle was a loaner, who is the owner?

What Was the Primary / Root Cause of the Incident?

Corrective Action Taken or Necessary to Prevent a Recurrence?

Manager's / Supervisor's Signature: _____ Date: _____

Berkley North Pacific is pleased to share this material for the benefit of its customers. Berkley North Pacific Group and affiliated companies ("We") assume no liability in connection with your use or non-use of the information provided in this document. We give no assurance that we have identified all hazards or that your premises and operations are in compliance with any standard, regulation, or federal, state or local law. Any advice or recommendations made in this document are intended to assist you in reducing risk of loss. Our activities are not an assumption by us of any duty owed by you to others. The safety of your operations, products, premises, or the health and safety of any person remains your responsibility. This document provides general information only, is not legal advice, and is not a statement of contract. Any statement regarding insurance coverage made herein is subject to all provisions and exclusions of the entire insurance policy.
Copyright © 2017 Berkley North Pacific Group. All rights reserved.