NORTHWINDS of Wyoming, Inc.
Gas Plant, Compressor Station & Pipeline Construction
P.O. Box 599
Douglas, Wy 82633
307-358-6550

Motor Vehicle Accident Report

Section I - Vehicle Data							
Driver's Name (Last, first, middle)						Telephone #	
Vin #				Unit #			
Year		Make		Model		Seat belts used	☐Yes ☐No
Describe Vehicle Damage							

Section II – Other Vehicle Data							
Driver's Name (Last, first, middle)						Telephone #	
Vin #				Plate/Tag #			
Year		Make		Model		Seat belts used	☐Yes ☐No
Insurance Company		Policy Number		Phone Number			
Describe Vehicle Damage							

Section III – Accident Details						
Date of Accident		Time of Accident				
Location of Accident						
Was accident on Job Site?	☐Yes ☐No	Client				
		Client Representative				
		Client Phone #				
		Client Notified	☐Yes	Date		☐No
Describe how accident occurred						
Describe how accident could have been prevented						

Completed by		Date		Phone #	