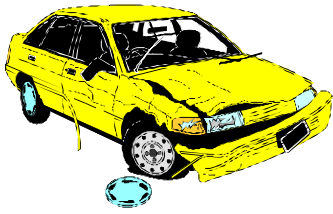


My 1st Report of an Incident/Accident
(To be completed by the Risk Manager and sent to ICRMP)



VEHICLE DAMAGE

(Damage to YOUR Vehicles Insured by ICRMP)

Name of Our Entity:
Address:
Phone #:
Date Incident Occurred:
Where did the Incident Occur?
Describe What Happened:
Who reported the claim to you?
Department Involved in Incident:
Employee(s) Involved in Incident:
Make, Model & VIN # Of Our Vehicle Or Equipment Involved:
Date Signed:
Risk Manager Signature:

(Please attach any additional documentation you deem necessary)