

AFC Unit _____

A130.1500

**ARKANSAS FORESTRY COMMISSION
VEHICLE ACCIDENT REPORT
(maintain a blank copy of this form in each AFC vehicle)**

Employee Name _____

Vehicle _____ License # _____ AFC Tag # _____

Date and Time of Accident _____

Date and Time of Notification to Supervisor _____

Was driver performing official duty? Yes _____ No _____

If not on official duty, explain: _____

Purpose of trip: _____

Describe accident: _____

Is there a police report? Yes _____ (if yes, attach a copy of the report) No _____

Check one: City Police _____ State Police _____

Employee Signature

Date

Employee Title

Supervisor Signature

Date

Supervisor Title