

Form Number LLCF-073	Issue Date 11/27/95	Revision Date 06/15/21	Form Number LLCF-073
Vehicle Accident Report			

**** Fill out form completely and email to incident@gisy.com**

Company Hotline Number: 1-855-543-5163 **

Policy Holder (Company)	Name: <u>Grand Isle Shipyard (GIS, LLC)</u>	Policy #: <u>XSAL-075307</u>	
	Mailing Address: <u>P.O. Box 820</u> <u>Galliano</u> <u>LA</u> <u>70354</u> <small>Street & No. City or Town State Zip</small>		
	Business Address: <u>18838 Hwy. 3235</u> <u>Galliano</u> <u>LA</u> <u>70354</u> <small>Street & No. City or Town State Zip</small>		
Company Vehicle & Driver Information	~ <i>Company Vehicle Information</i> ~		
	Year: _____	Make: _____	
	Model: _____	Body: _____	
	VIN #: _____	Registration #: _____	
	Mileage: _____		
Driver Information	~ <i>Company Driver Information</i> ~		
	Driver Name: _____	Driver License #: _____	
	Driver Address: _____ <small>Street & No. City or Town State Zip</small>		
For what purpose was the vehicle being used?	_____		
Accident Time & Place	Date of Accident: _____	Time of Accident: _____	
	Location of Accident: _____ <small>Street & No. City or Town State Zip</small>		
Persons Injured	Name	Age	
	Address	Phone #	
	1.		
	2.		
	3.		
	4.		
Nature & Extent of Injuries	1.		
	2.		
	3.		
	4.		
If doctor was called give name: _____	Address: _____		
Where was injured taken? _____	By Whom? _____		
Damage to Property of Others	Owner of Damaged Property: _____		
	Address: _____		
	Driver of Other Vehicle: _____		
	Address: _____		
	Year: _____	Make: _____	
Model: _____	Body: _____		
Driver License #: _____	VIN #: _____		
Registration #: _____			
Kind of Property & Extent of Damage:	_____		
Names & Addresses of Witnesses	Name of Occupants of Company Vehicle	Address	
	Phone #		
	1.		
	2.		
	3.		
	Other Witnesses	Address	Phone #
1.			
2.			
Damage/Loss of Company Vehicle	Cause of Loss or Damage: _____ <small>(Fire, Theft, Windstorm, Collision, Etc.)</small>		
	Automobile can be inspected at: _____		

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GIVE COMPLETE DIAGRAM OF ACCIDENT BELOW

The Accident	Direction your car was going? _____ Side of street? _____ Speed? _____						
	Direction of other vehicle? _____ Side of street? _____ Speed? _____						
	Did you give a warning signal? _____ What kind? _____ Lights on? _____						
	Did other vehicle give a signal? _____ What kind? _____ High beams on? _____						
	Weather at time of accident? _____ Road Condition? _____						
	Did Police make a report of accident? _____ City ___ County ___ State ___ Police Ph.# _____						
	Driver's Description of the Accident						
Date of This Report	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">Date</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">Signature of Driver</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">Age</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Name of Person Completing this Report</td> <td colspan="2" style="border-bottom: 1px solid black; text-align: center;">Phone Number of Person Completing This Report</td> </tr> </table>	Date	Signature of Driver	Age	Name of Person Completing this Report	Phone Number of Person Completing This Report	
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