

Form Number LLCF-073	Issue Date 11/27/95	Revision Date 06/15/23	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>
	Street & No.		City or Town	State Zip
	Business Address: <u>18838 Hwy. 3235</u>		<u>Galliano</u>	<u>LA</u> <u>70354</u>
		Street & No.	City or Town	State Zip
Company Vehicle & Driver Information	~ Company Vehicle Information ~			
	Year: _____	Make: _____	Model: _____	Body: _____
	VIN #: _____	Registration #: _____	Mileage: _____	
	~ Company Driver Information ~			
	Driver Name: _____		Driver License #: _____	
	Driver Address: _____			
		Street & No.	City or Town	State Zip
For what purpose was the vehicle being used? _____				
Accident Time & Place	Date of Accident: _____		Time of Accident: _____	
	Location of Accident: _____			
		Street & No.	City or Town	State Zip
Persons Injured	Name		Age	Address
	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: _____			
	(Fire, Theft, Windstorm, Collision, Etc.)			
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	_____	
Date _____		Signature of Driver _____	Age _____

Name of Person Completing this Report _____		Phone Number of Person Completing This Report _____	