



**Witnesses:**

Name: \_\_\_\_\_ Daytime telephone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Position (if applicable): \_\_\_\_\_  
(staff position or volunteer position)

**G: Complete for vehicular incidents/accidents:**

Is the individual driving an approved driver for GSCM?  Yes  No

Do you have car insurance?  Yes  No

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Driver: \_\_\_\_\_ Daytime Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Position Title: \_\_\_\_\_

Vehicle Make and Model: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ License Plate #:: \_\_\_\_\_

Police Report #:: \_\_\_\_\_ Citation issued?  Yes  No

Name of Driver: \_\_\_\_\_ Daytime Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Position Title: \_\_\_\_\_

Vehicle Make and Model: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ License Plate #:: \_\_\_\_\_

Police Report #:: \_\_\_\_\_ Citation issued?  Yes  No

**Complete witnesses, section F, if necessary.**

**Person completing this form:**

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature/Date  
Vice President / CFO

\_\_\_\_\_  
Chief Executive Officer / Date

**Return completed form and any other pertinent documentation within 48 hours to GSCM via [membercare@gscm.org](mailto:membercare@gscm.org).**