



Vehicle Accident Report

Date: _____ Time: _____

Note: Contact Police Immediately (911) if anyone is injured or other party refuses to provide information.

- Do not admit fault
- Do not offer opinions as to cause
- Contact your supervisor or company officer immediately
- Do not leave accident scene without completing Accident Report

Information Needed From Other Driver Regardless of Fault

A) Name, Address & Phone Number

B) Driver's License Number & State Issued:

C) Name(s) of any passengers in other vehicle:

D) Vehicle License Plate & State Issued:

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E) List Make, Model & Color of Vehicle:

F) Vehicle Identification Number (VIN):

G) Insurance Company Name & Policy Number:

H) List Other Vehicles Damage Completely: *Note any damage that appears to be pre-existing.

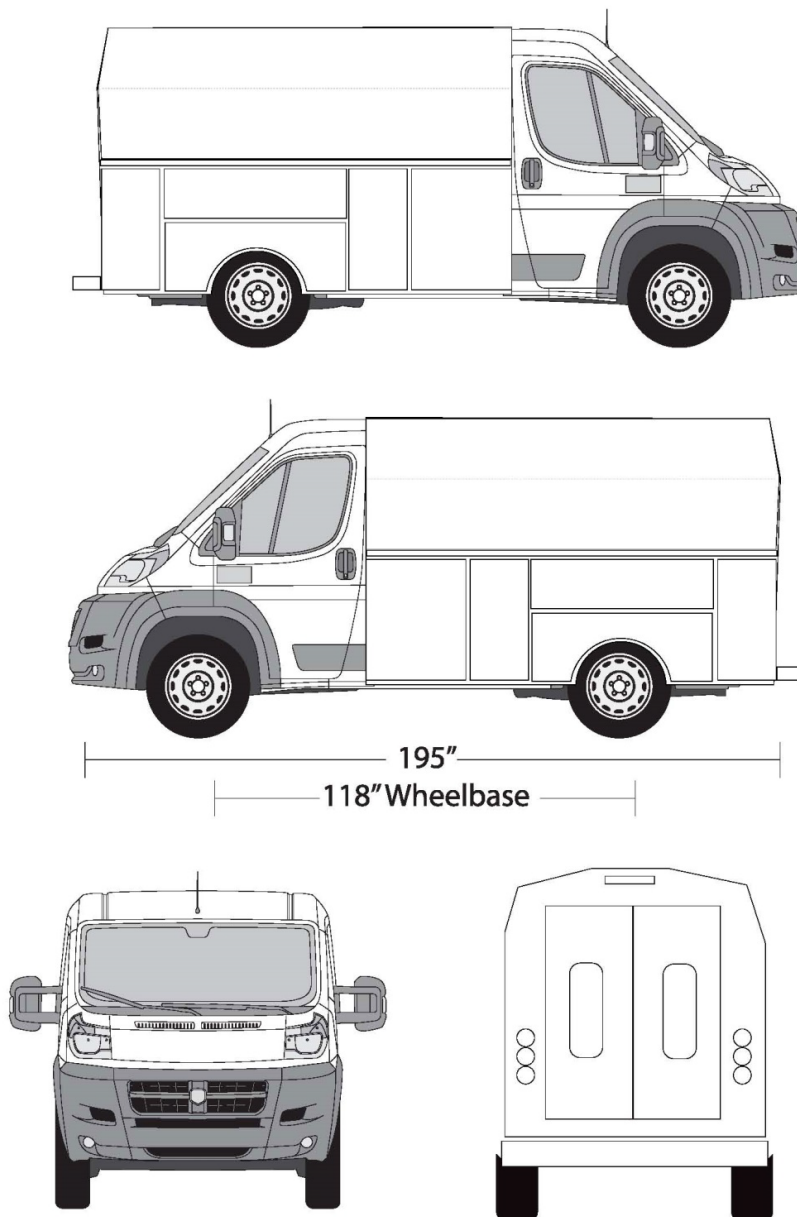
I) Provide a photograph of the accident completely including other drivers/passengers.

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In order to complete the next two questions, you will need to print the accident report form out. The below questions require you to draw.

J) Draw a “quick” map indicating directions of how vehicles were traveling, street names, signal lights, and signs (if any) of posted speed limits of the accident scene.

K) Using the vehicle images below, mark the areas where damage occurred on your company vehicle.



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Employee Name: _____

Employee Signature: _____