Vehicle accident report form

Date _____ **Time** _____

Location _____ **Driver name** _____

Vehicle or unit number _____ **Supervisor notified** _____

Vehicles and drivers

List every vehicle involved, yours and the others.

Driver name	Phone	Plate	Vehicle	Insurance

Injuries

Anyone hurt, even a little. For any injury, get medical help.

Damage

Say where on each vehicle and what you saw. Include property that isn't a vehicle.

Witnesses

Name and phone number for each person who saw it.

What happened

Facts only. Where you were, which way you were going, what you saw and did. Leave out guesses about fault.

Photos taken

- ☐ All vehicles, all sides
- ☐ Damage up close
- ☐ Plates and unit numbers
- ☐ Road, signs and signals
- ☐ Skid marks or debris
- ☐ Weather and lighting
- ☐ Cargo or trailer
- ☐ Other drivers' documents

A starting point. Adapt it to your equipment, your procedures and the rules that apply to you. Free template from portalbaseai.com

Police report

Officer name, agency and report number. Write none if no report was taken.

_____

_____

Who was notified

- ☐ Supervisor or dispatch
- ☐ Safety lead
- ☐ Insurance company
- ☐ Police
- ☐ Fleet manager
- ☐ Customer
- ☐ Emergency services
- ☐ Family contact, if hurt