

# Fleet Vehicle Accident Report

## Driver Information

Driver Name

License Number

Phone Number

Address

## Vehicle Information

Fleet/Vehicle Number

Make

Model

Year

License Plate

## Accident Information

Date of Accident

Time

Location

Weather Conditions

Road Conditions

Speed at Time of Accident

## Description of Accident

Describe what happened

## Other Party Information

Name

Phone Number

License Number

Vehicle Make/Model

License Plate

Insurance Company

## Police Information

Were Police Notified?

Report Number

Officer Name

**Witness Information**

Name

Phone Number

Statement