

Emergency Vehicle Accident Investigation Form

General Information

Date of Accident

Time of Accident

Location

Report Number

Investigator Name

Vehicle Information

Vehicle ID/Number

Make / Model

Year

License Plate

Vehicle Type

Driver Information

Driver Name

Driver's License Number

Phone Number

Address

Accident Details

Description of Incident

Weather Conditions

Road Conditions

Describe Damage to Vehicle

Other Parties Involved

Name(s) of Other Party(ies)

Contact Information

Other Vehicle(s) Details

Injuries

Describe Any Injuries

Witnesses

Name(s) of Witnesses

Contact Information

Additional Notes

Notes/Comments