Fleet Vehicle Accident Report

Driver Information

Driver Name

Employee ID

Contact Number

License Number

Vehicle Information

Vehicle Number

Make/Model

Year

Odometer Reading

Accident Details

Date

Time

Location

Police Report Number

Accident Description

Other Party Information

Name

Contact Number

Vehicle Info

Insurance Details

Witness Information

Witness Name

Contact Number

Injury & Damage Details

Describe Any Injuries

Describe Vehicle Damage