

Commercial Vehicle Collision Report Sheet

1. Company & Vehicle Information

Company Name

Vehicle Type

License Plate

Driver Name

Driver License Number

Contact Number

2. Accident Details

Date

Time

Location

Weather Conditions

Road Conditions

3. Other Party Information

Name

Contact Number

Vehicle Type

License Plate

Insurance Company

Policy Number

4. Witness Information

Name

Contact Number

5. Description of Collision

Provide a detailed description of how the accident occurred:

6. Diagram

Draw a diagram of the accident scene:

7. Damage Assessment

Describe damage to company vehicle:

Describe damage to other vehicles/property:

8. Police Information

Officer Name

Badge Number

Report Number

9. Signature

Driver Signature

Date

