

Company Vehicle Accident Report Form

Employee Name

Department

Job Title

Date of Report

Vehicle Make & Model

License Plate Number

Vehicle ID / Asset Number

Date of Accident

Time of Accident

Location of Accident

Describe How The Accident Happened

Damage to Company Vehicle

Were there any injuries?

If yes, describe the injuries and persons involved

Were other vehicles involved?

If yes, give details

Police Notified?

Police Report Number

Additional Comments

Signature

Date