## Company Car Accident Log Form

Date of Accident	
Time of Accident	
Location of Accident	
Location of Accident	
Driver Name	
Employee ID	
Contact Number	
Department Department	
2 oparumoni:	
Vehicle Registration Number	
Make & Model of Vehicle	
Description of Accident	
Description of Accident	
Damage to Vehicle	
Were there any injuries?	
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If yes, describe injuries	
Other Vehicles or Property Involved	
Police Notified?	
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Police Papart Number	
Police Report Number	

Witnesses		
Additional Comments		