

Employer Vehicle Accident Report

Employer & Employee Information

Employer Name

Employee Name

Employee ID/Number

Department

Contact Information

Vehicle Information

Vehicle Make & Model

Vehicle License Plate

Vehicle Identification Number (VIN)

Accident Details

Date of Accident

Time of Accident

Accident Location

Description of Accident

Other Parties Involved

Name(s) and Contact Information

Vehicle Details (if any)

Injuries and Damages

Were there any injuries?

Describe Injuries (if any)

Description of Vehicle Damage

Police & Insurance

Was Police Notified?

Police Report Number

Officer Name/Badge #

Insurance Company Notified?

Insurance Claim Number

Additional Comments

Report Completed By

Date

Signature

