

# Fleet Vehicle Accident Report

## Driver Information

Name

Driver's License #

Phone

Email

## Vehicle Information

Fleet Vehicle #

Make & Model

License Plate

Insurance Policy #

## Accident Details

Date

Time

Location

Describe What Happened

## Other Party Information

Name

Phone

License Plate

Witnesses

Name(s) & Contact(s)

Damage Description

Describe Vehicle Damage

Police Information

Officer Name

Badge Number

Report Number

Additional Comments

Comments