

Company Car Accident Internal Report

General Information

Date of Report

Reported By

Department

Driver Information

Driver Name

Driver License Number

Contact Number

Position / Job Title

Vehicle Information

Vehicle Make/Model

Vehicle Registration Number

Mileage at Time of Accident

Accident Details

Date of Accident

Time of Accident

Location

Description of Accident

Weather and Road Conditions

Was the police notified?

Police Report Number

Other Parties Involved

Name

Contact Number

Vehicle Details

Insurance Details

Damage and Injury Report

Damage to Company Vehicle

Damage to Other Property

Injuries (if any)

Witness Information

Name

Contact Number

Witness Statement

Internal Notes

Further Action Required

Additional Comments