Fleet Vehicle Collision Log

Date of Collision
Time
Location
Driver Name
Direct Name
Driver License #
Vehicle/Unit #
Vehicle Make & Model
License Plate
Insurance Company
Other Vehicle (if any)
Other Driver Name
Other Insurance
Type of Collision
Weather Conditions
Road Conditions
Road Conditions
Vehicle Damage Description
Injuries
Witness(es)

Police Report # (if any)	
Collision Description / Notes	