

Vehicle Accident Report

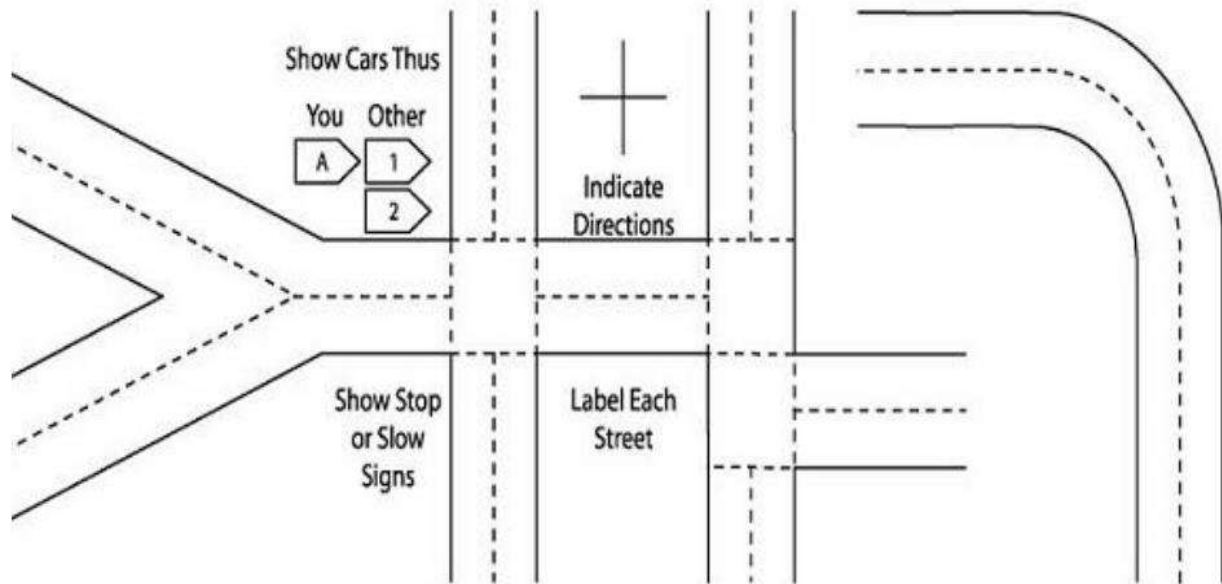
I. Review of Accident			
A. To be completed by the Driver			
Employee Name:		Date / Time:	
Location of Accident:			
Weather Conditions:			
Description of Accident:			
Primary Cause of Accident:			
How to Prevent a Future Accident:			
Signature:		Date:	
B. To be completed by Driver's Supervisor			
Supervisor Name:		Date / Time:	
I have reviewed this accident with the driver involved and have the following comments:			
Signature:		Date:	
C. Safety Committee Review			
The Committee has reviewed this accident and has found that is should be judged:			
<input type="checkbox"/> Preventable <input type="checkbox"/> Non - Preventable			
Consideration of the facts indicated the following action should be taken to prevent such an accident in the future:			
<input type="checkbox"/> Driver Notified in Writing <input type="checkbox"/> Driver Notified Verbally			
Committee Member Name:		Date / Time:	
Signature:			

Vehicle Accident Report

II. Accident Report Form					
A. Vehicle					
Make:		Model:			
Year:		Plate #:			
Mileage:		Serial #:			
Estimated Damage:					
Description of Damage:					
B. Driver					
Driver Name:		Age:			
State of Physical Damage:		How long were you Driving:			
Driver's License:		Purpose of Vehicle Use:			
Home Address:		Home Phone:			
Business Address:		Business Phone:			
C. Situation					
Date of Accident:		Time:			
Lighting:		Location of Accident:			
Weather Conditions:		Road Conditions:			
Your Speed:		Direction:			
Other Drivers Speed:		Other Driver's Direction:			
Police Investigation By:		Charges:			
Drugs / Alcohol taken before Accident:		Who was Responsible for the Accident / Reason:			
D. Other Driver(s)					
Driver #1:		Phone:			
Address:					
Vehicle Make:		Plate #:			
Name of Insurer:		Policy #:			
Description of Damage:					
Where can Vehicle be Inspected:					
Contact for Inspecton Location:		Phone:			
Address:					
Driver #2:		Phone:			
Address:					
Vehicle Make:		Plate #:			
Name of Insurer:		Policy #:			
Description of Damage:					
Where can Vehicle be Inspected:					
Contact for Inspecton Location:		Phone:			
Address:					
E. Witness(s)					
Name:		Address:		Contact:	
Name:		Address:		Contact:	
Name:		Address:		Contact:	

Vehicle Accident Report

Illustrate position of cars at time of collision. Show skid marks. If any street is more than two lanes or is more than one lane only, please indicate.



Notes: