

Sample Fleet Accident Report

Background Information

Today's Date:		Time:	
Accident Date:		Time:	

Weather Conditions: _____

Road Conditions: _____

Police File #: _____

Driver Information

Driver Name	
Employee #	
Driver's License #	
Home Phone #	
Work Phone #	
Cell Phone #	
Department	

Vehicle Information

Unit #	
VIN	
Plate #	
Speed (km/h)	
Damage (\$)	
# of Occupants:	

Any employee(s) injured? ___

Description of Damages _____

Witness Information

Name	Phone #(s)

Property Damage (other than to vehicles)

Owner's Name:	
Phone #:	

Location:	
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Description of Damage _____

Draw a diagram of the accident on the back of this page.

Third Party Vehicle 1

Driver Name	
Address	
Home Phone #	
Work Phone #	
Cell Phone #	
Driver's Licence #	
Licence Plate #	
Year/type of Vehicle	
Speed (km/h)	
Damage (\$)	
Insurer	
Policy #	

Owner name, address, phone (if not driver):

Occupants (besides drivers)

Name	Phone #

Any persons in vehicle 1 injured? ___

Third Party Vehicle 2

Driver Name	
Address	
Home Phone #	
Work Phone #	
Cell Phone #	
Driver's Licence #	
Licence Plate #	
Year/type of	

Vehicle	
Speed (km/h)	
Damage (\$)	
Insurer	
Policy #	

Occupants (besides drivers)

Name	Phone #

Owner name, address, phone (if not driver):

Any persons in vehicle 2 injured? __

Sample Fleet Incident Report

Incident Description

Reporter Name	
Date and Time of Report:	
Date and Time of Incident	
Location of Incident	
Conditions at the time of incident (weather, status of job, etc.)	
Description of incident (What vehicles, equipment, etc. were involved? What happened?)	

Person(s) involved

Name	Address	Phone Number

Witnesses

Name	Address	Phone Number

Risk Management

List the potential hazards of the incident	
Recommended action(s) to	

Fleet Risk Management



prevent recurrence	
Person(s) responsible for implementing recommended action(s)	

Supervisor Signature: _____