

MOTOR VEHICLE ACCIDENT REPORT

Employee or driver	Driver Name				Company Name						
	Business Address			Business Phone		Was vehicle being used for company business? ↓Yes ↓No					
	Operator Driver's License #		License Restrictions? ↓Yes ↓No		If Yes, specify:		Previous accidents with company vehicles? ↓Yes ↓No				
	License Plate #		Year		Make		Model	# of Passengers			
	Vehicle: ↓Owned ↓Leased?		Describe damages to company vehicle								
Other Vehicles	Owner Car 2			Phone Number		Owner Car 3			Phone Number		
	Address (street, city, zip)					Address (street, city, zip)					
	Driver Name			License Plate Number		Driver Name			License Plate Number		
	Driver Address (street, city, zip)					Driver Address (street, city, zip)					
	Vehicle Make		Model		Year		Vehicle Make		Model		Year
	Name of Passengers (if any)					Name of Passengers (if any)					
	Describe Damage					Describe Damage					
	Insurance Company		Policy #		State DL Number		Insurance Company		Policy #		State DL Number
Other Property	Fully Describe Damage										
	Name and Address of Owner										
Injured Parties	Name		Extent of Injury		Age	Veh 1	Other Veh 2		Other Veh 3	Ped	
Witnesses	Name			Address				Phone Number			
Other Reports	Police Involvement? ↓Yes ↓No		Which Police Agency? ↓State ↓City ↓Town ↓County Sheriff ↓Other:								
	Citation Issued? ↓Yes ↓No		To Whom?		↓ Vehicle 1		↓ Vehicle 2		↓ Vehicle 3		

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Check all that apply:

- Straight Road
- Curve Right
- Curve Left
- With Turning Lane

- One Lane
- Two Lane
- Three Lane
- Four Lane

- Level
- Hill Crest
- Hill Uphill
- Hill Downhill

Attach a drawing or show on the diagram below, the position of each car, vehicle or injured person, indicating (with an arrow) the direction of travel of each. If the street or view was obstructed in any way, indicate where and how; also indicate any traffic signals or devices, or signs, including lines on the road.

DRIVER:

SUPERVISOR:

Print Name:

Print Name:

Signature:

Signature:

Report completed by
(if different)

Date: