

VEHICLE ACCIDENT REPORT FORM

Date: Time: Location:

Driver (Employee) Information

Name: Hire Date: Employee Number:
License Number: State: Phone Number:

Vehicle Information

[Click here to select Unit Number](#)

Vehicle Damage:

Accident Info/Driver's Description by Supervisor

Emergency Lights in Use: Choose an item. Weather/Road Conditions: Choose an item.

Medic Passenger(s) Information (employee, patient, third rider, etc)

Name: Title:

Name: Title:

Name: Title:

Other Vehicle Information

Driver's Name: Phone Number:

Owner's Name: Phone Number:

Vehicle Make: Vehicle Year: Tag Number:

Vehicle Model: Color: State:

Vehicle Type: 4 Door Car Other: Drivable: Choose an item.

Insurance Company:

Policy Number:

Damage:

Other Vehicle Passenger(s) Information

Name: Phone Number:

Name: Phone Number:

Injury Information

Name: Injury: Transported: Select

Name: Injury: Transported: Select

Witness Information

Name: Phone Number:

Name: Phone Number:

Contributing Factors

Other Driver or Agency Driver (highlight which one): Contributing Factors: Choose an item.

Was a Police Report Completed? Choose an item.

Police Report Number:

Officer:

Attach to or Insert crew supplementals here.

USE THE AREA BELOW TO DRAW A DIAGRAM OF ACCIDENT SCENE



Attach or Insert Vehicle Damage Pictures here

Supervisor Final Comments (preventable/non-preventable and why)

Driver's Supervisor:

Reporting Supervisor
(Signature):

Reporting Supervisor (Print):

Date:



Please email completed report to Amy Broughton, Pamela Jackson and Larry Billotto

