Vehicle Accident Form

Vehicle Accident Form *Attachment A, RS 002-1*
Last Updated 5/2022

EE Name: Hire Date: Employee #:

License Number: State: Phone #:

Date of Accident: Time of Accident: Location:

Vehicle Information - 2021 Currahee Trailers LD616 4TELS1622M1051788

Vehicle Damage:

Accident Info/Driver's Description

Emergency Lights in Use: No Weather/Road Conditions:

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:

Make: Year: Tag Number:

Model: Color: State:

Insurance Company: Policy Number:

Vehicle Accident Form

Damage:

Other Vehicle Passenger(s) Information

Name: Phone Number:

Name: Phone Number:

Injury Information

Name: Injury: Transported: No

Name: Injury: Transported: No

Witness Information

Name: Phone Number:

Name: Phone Number:

Contributing Factors

Other Driver or Agency Driver (highlight which one): Contributing Factors:

Was a Police Report Completed? No

Police Report Number:

Officer:

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

Driver's Supervisor:

Reporting Supervisor:

Date:

Email completed report to Amy Broughton, Pamela Jackson and Larry Billotto. ***Attach crew supplemental information/statements and photos to the email prior to sending.***