

# Vehicle Collision Construction Incident Report

## Incident Details

Date of Incident

Time of Incident

Location

Enter incident location

Reported By

Full Name

Contact Information

Phone/Email

## People Involved

Driver 1 Name

Full Name

Driver 1 Vehicle (Make/Model/Plate)

Vehicle Details

Driver 2 Name

Full Name

Driver 2 Vehicle (Make/Model/Plate)

Vehicle Details

Other Persons (if any)

Names, if applicable

## Description of Incident

Describe how the collision occurred

Provide a detailed description

## Injuries and Damages

**Injuries (if any)**

Describe injuries sustained, if any

**Damage to Vehicles/Property**

Describe damages

**Witness Information****Witness(es) Name(s) & Contact Info**

Witness details

**Actions Taken****Emergency Services Contacted?**

Police, Ambulance, etc.

**Immediate Actions Taken on Site**

Describe