

Vehicle Collision Construction Incident Report

Incident Details

Date of Incident

Time of Incident

Location

Reported By

Contact Information

People Involved

Driver 1 Name

Driver 1 Vehicle (Make/Model/Plate)

Driver 2 Name

Driver 2 Vehicle (Make/Model/Plate)

Other Persons (if any)

Description of Incident

Describe how the collision occurred

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