

# Vehicle Accident Report Sheet - Construction Site

## 1. Date and Time

Date of Accident

Time of Accident

## 2. Location

Exact Location of Accident

## 3. Details of Vehicle(s) Involved

Vehicle 1 - Type/Model

Registration Number

Driver's Name

Vehicle 2 - Type/Model

Registration Number

Driver's Name

## 4. Persons Injured

Name(s), type of injury, immediate actions taken

## 5. Description of Accident

Briefly describe what happened

**6. Witness(es)**

Name(s), Contact Details

**7. Sketch of Accident Scene (if possible)**

(Draw or describe the arrangement and positions of vehicles, equipment, roads, signs, etc.)

**8. Reported By**

**Name**

**Designation**

**Date**