

Vehicle Accident Incident Report

Basic Information

Report Number

Date of Accident

Time of Accident

Location of Accident

Driver & Vehicle Information

Driver 1 Name

Vehicle 1 (Make, Model, Plate)

Driver 2 Name

Vehicle 2 (Make, Model, Plate)

Accident Description

Describe how the accident occurred:

Environmental Conditions

Weather Conditions

Road Conditions

Witness Information

Witness Name(s) & Contact(s):

Police Report

Officer Name/Badge Number

Police Report Number

Damage Assessment & Liability

Describe Vehicle Damage

Liability Assessment/Comments

Signature

Name of Person Completing Report

Date

