



Fleet Incident Report

Any Fatality: YES NO Any Vehicle Towed : YES NO
 Anyone taken by ambulance or treated immediately away from the scene: YES NO
 Location Reporting Claim: _____
 Complete Address of Accident: _____
 Date of Accident: _____ Time: _____ AM PM
 Date called in: _____ Called in by: _____
 Police Department: _____ Report #: _____
 Any Spills? YES NO Tickets: OTHER: YES NO
 If yes what spilled? _____ US: YES NO
 Any Product Loss?* YES NO *- If yes please attach load loss form

OUR VEHICLE

Vehicle #: _____ Year: _____ Make: _____
 Model: _____ Plate #: _____
 VIN #: _____ Owner Name: _____
 Trailer #: _____ Year: _____ Make: _____
 Model: _____ Plate #: _____
 VIN #: _____ Owner Name: _____
 Address City, St, Zip: _____
 Driver Name: _____ Phone #: _____
 Address, City, St, Zip: _____ Age: _____
 Relationship to insured: _____ Driver's License #: _____
 Length at current job: _____ Use with permission: YES NO
 Damage to our vehicle: _____ Repair estimate: _____
 Where it can be seen: _____ Towed: YES NO

PROPERTY DAMAGE - OTHER PARTY

Owner: _____ Phone #: _____
 Address City, St, Zip: _____
 Other Driver: _____ Phone #: _____
 Address City, St, Zip: _____
 Year, Make, Plate #: _____
 Damage to vehicle: _____
 Repair Estimate: _____ Where can it be seen: _____ Towed: YES NO

OTHER VEHICLE INSURANCE

Company/Agency Name: _____
 Policy # _____ Phone #: _____
 Witness Name: _____ Phone #: _____
 Address, City, St, Zip: _____

Witness Name: _____ Phone #: _____

Address, City, St, Zip: _____

Name of Injured: _____ Phone #: _____

Address, City, St, Zip: _____

Name of Injured: _____ Phone #: _____

Address, City, St, Zip: _____

ACCIDENT SCENE

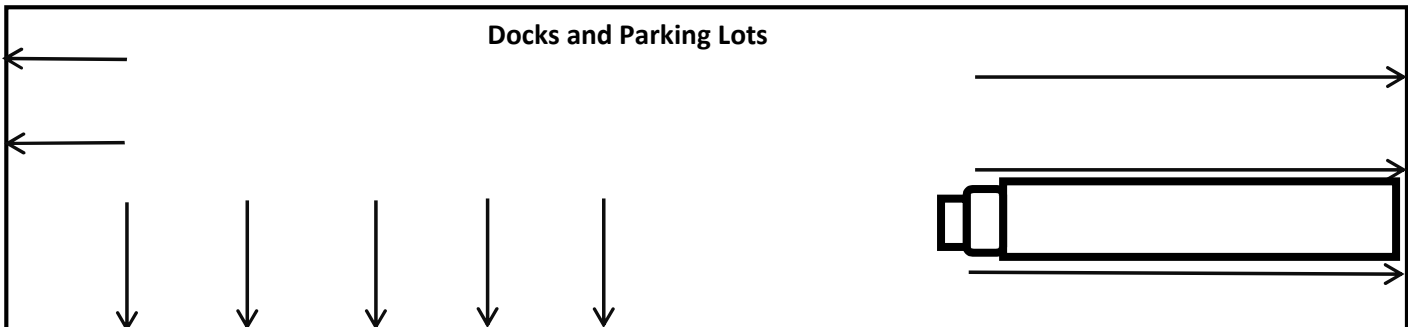
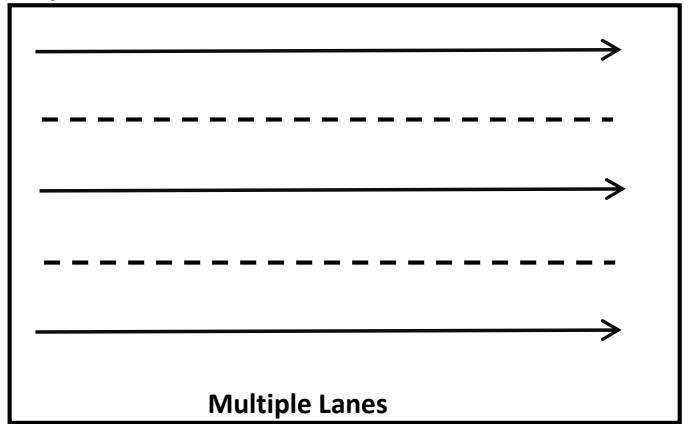
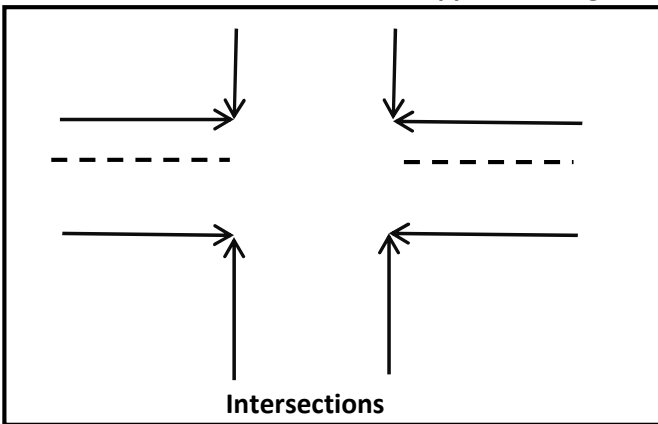
Check all that apply to road conditions

Road: Pavement Gravel Dirt **Conditions:** Dry Wet Ice Snow Sleet Windy

Check all that apply to Daylight and Visual Conditions

Lighting: Sunny Cloudy Dark Street Lights **Visual:** Clear Rainy Foggy Smokey

Please draw what happened using the diagrams provided. Include direction of travel.



Explain in detail exactly what happened:

Additional Notes:

Employee Signature:

Supervisor Signature:

Supervisor printed name, title & contact number:
