Employee Vehicle Accident Report Template

Instructions: This form must be completed by the employee involved in any accident while operating a company vehicle or a personal vehicle on company business. Complete all sections as thoroughly as possible. Print the completed form for submission to HR/Safety Department.

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1. Employee & Driver Information

Employee Full Name:		Employee ID:	
Job Title:		Department:	
Driver's License Number:		License State & Expiry:	
Manager/Supervisor Name:		Employee Phone Number:	

2. Vehicle Information

Vehicle Owner:	Company / Personal	Year, Make, & Model:	
License Plate Number:		State:	
VIN (Vehicle ID Number):		Insurance Policy Number:	

3. Incident Details

Date of Accident:	MM/DD/YYYY	Time of Accident:	HH:MM AM/PM
Location / Street Address:			
City, State, Zip:			
Weather Conditions:	Sunny, Rain, Snow, Fog, etc.	Road Conditions:	Dry, Wet, Icy, Under Construction
Approximate Speed (MPH):		Police Department Contacted?	Yes / No (If Yes, Agency Name)
Police Officer Name:		Police Report Number:	

4. Description of Accident

Describe sequence of events leading up to, during, and after the accident (use additional paper if needed):

5. Other Parties Involved (Third Party)

Other Driver Name:		Other Driver Phone:	
Other Vehicle Make/Model:		Other License Plate / State:	
Other Insurance Company:		Other Policy Number:	
Injuries Reported?	Specify who was injured and nature of injuries		

6. Witness Information

Witness 1 Name:		Witness 1 Phone:	
Witness 2 Name:		Witness 2 Phone:	

7. Signatures & Acknowledgement

By signing below, I certify that the information provided in this report is true, accurate, and complete to the best of my knowledge.

Employee Signature:	Supervisor Signature:
______________________	______________________
Date: MM/DD/YYYY	Date: MM/DD/YYYY