Fleet Driver Report of Accident/Incident/Event

Accident/Incident Date:	**Accident/Incident Time:**
Report Type: Accident ☐ Incident ☐ Event ☐	**Report Type: Initial ☐ Interim ☐ Final ☐**

Spending Unit Driver Information (You may complete this section at your office)			
Name:		**Date of Birth:**	
Job Title:	**Assigned Department/Division:**	**Work Phone Number:**	
Driver's License Number:	**Expiration Date:**	**Date Last Completed Defensive Driver Training?**	**Seat Belt On?** ☐Yes ☐No

Spending Unit Vehicle Information (You may complete this section at your office)					
Vehicle Make:		**Vehicle Model:**		**Vehicle Number:**	
Vehicle License Plate Number:		**Vehicle Color:**		**Odometer at time of accident / incident:**	
Describe Damages to Spending Unit Vehicle:	☐**Minor**	☐**Moderate**		☐**Major**	
Is this a rental vehicle?	☐**Yes** ☐**No** **If YES, provide name of rental company**		**Is this a Personally Owned Vehicle?**	☐ **Yes**	☐ **No**

Accident Details (to be completed at the scene of accident/incident)					
Location of Accident/Incident	**Address:**	**City:**	**State:**	**Zip Code:**	
Road Conditions:	**Dry ☐ Wet ☐ Ice ☐ Snow ☐**	**Weather Conditions:**	**Overcast ☐ Rain ☐ Snow ☐ Fog ☐**		
Traffic Conditions:	**Light ☐ Heavy ☐**	**How fast were you driving - MPH?**		**Estimated speed of other vehicle:**	

Other Driver / Registered Ownter / Vehicle Information (To be completed at the scene of accident/incident)					
Driver's Name:		**Date of Birth:**	**Driver's License No.:**	**State:**	**Expiration Date:**
Home Phone Number:		**Work Phone Number:**		**Number of Passengers in Other Vehicle:**	
Driver's Address	**Street:**	**City:**	**State:**	**Zip Code:**	
Registered Owner of Other Vehicle (If different from Driver)		**Home Phone Number:**	**Work Phone Number:**		
Owner's Address	**Street:**	**City:**	**State:**	**Zip Code:**	
Other Party's Insurance Info	**Insurance Co:**	**Address:**	**Phone Number:**	**Policy Number:**	
Vehicle Make:		**Vehicle Model:**	**Year:**	**Color:**	
Extent of Damages to Other Vehicle:	☐**Minor**	☐**Moderate**	☐**Major**		
License Plate of Other Vehicle	**Plate Number:**	**State:**	**Describe Damages to Other Vehicle:**		

WITNESSES (To be completed at the scene of accident/incident)		
Name	**Address**	**Phone Number**
Name	**Address**	**Phone Number**
Name	**Address**	**Phone Number**

Passengers in Spending Unit Vehicle (You may complete this section at your office)			
Name:	**Address:**	**Phone Number:**	**Describe Injury** (If Applicable)
Name:	**Address:**	**Phone Number:**	**Describe Injury** (If Applicable)

Passengers in Other Vehicle (To be completed at the scene of accident/incident)			
Name:	**Address:**	**Phone Number:**	**Describe Injury** (If Applicable)
Name:	**Address:**	**Phone Number:**	**Describe Injury** (If Applicable)

Describe How This Accident/Incident Occurred

Was There Any Additional, Non-Vehicle Property Damage?	

Check & Name Agencies Responding to the Accident/Incident Scene					
☐ **Fire**	☐ **Ambulance**	☐ **State Police**	☐ **City Police**	☐ **County Sheriff**	☐ **Other**

Was a Report Made?	☐ **Yes**	☐ **No**	**Accident Report Number:**	
Investigating Agency:	**Name**		**Address**	
Date & Time 911 was Notified of Accident/Incident			**Date:**	**Time:**

For the documentary purpose of this report, by electronically entering your name in the appropriate field above, the driver and supervisor are exercising their intent to sign the report and certify its accuracy.

Signature of Spending Unit Driver **Date**

To Be Completed by Spending Unit Driver Supervisor			
Supervisor's Name:		**Phone Number:**	
Supervisor Comments (Optional)			

For the documentary purpose of this report, by electronically entering your name in the appropriate field above, the driver and supervisor are exercising their intent to sign the report and certify its accuracy.

Signature of Supervisor **Date**