Motor Vehicle Accident Investigation

Personal Information

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| --- | --- |
| **Date & Time of Accident:** |  |
| **Employee’s Name:** |  |
| **Department & Job Title:** |  |
| **Supervisor:** |  |

Other Driver/Vehicle Information

|  |  |
| --- | --- |
| **Driver’s Name:** |  |
| **Driver’s Address:** |  |
| **Driver’s Phone Number:** |  |
| **Vehicle Make, Model, Color & Year:** |  |
| **License Plate Number:** |  |
| **Insurance Carrier & Policy Number:**  |  |

Incident Details

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| **Include as many possible details of the events leading up to the accident.** |
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Vehicle Damage Descriptions

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| --- | --- |
| **Your Vehicle:** | **Other Vehicle Involved:** |
|  |  |

Passenger/Injury Details

|  |  |
| --- | --- |
| **Employee Vehicle** |  |
| **Employee Injuries:** |  |
| **Total # of Passengers:** |  |
| **Passenger #1 Injuries:** |  |
| **Passenger #2 Injuries:** |  |
| **Passenger #3 Injuries:** |  |
| **Additional Passenger Injuries:** |  |
|  |  |
| **Other Vehicle Involved** |  |
| **Driver Injuries:** |  |
| **Total # of Passengers:** |  |
| **Passenger #1 Injuries:** |  |
| **Passenger #2 Injuries:** |  |
| **Passenger #3 Injuries:** |  |
| **Additional Passenger Injuries:** |  |

Witness Information

|  |  |
| --- | --- |
| **Witness #1:** |  |
| **Name:**  |  |
| **Address:**  |  |
| **Phone Number:**  |  |
|  |  |
| **Witness #2:** |  |
| **Name:**  |  |
| **Address:**  |  |
| **Phone Number:** |  |

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| --- | --- |
|  |  |
| **Employee Signature** | **Date** |