



## Fleet Management Vehicle Crash / Incident Report

### Driver Details

Driver's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Vehicle Details

Make: \_\_\_\_\_ Model: \_\_\_\_\_ License Plate: \_\_\_\_\_ # of Passengers: \_\_\_\_\_

Names of Passengers:

---

---

---

Description of Vehicle Damage:

---

---

---

Photos Taken: Yes / No

### Crash/Incident Facts

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Road Condition: \_\_\_\_\_

Your Direction: \_\_\_\_\_ Speed: \_\_\_\_\_

Other Vehicle Direction: \_\_\_\_\_ Speed: \_\_\_\_\_

**Other Driver Details**

Driver's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Vehicle Details**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ License Plate: \_\_\_\_\_ # of Passengers: \_\_\_\_\_

**Names of Passengers:**

---

---

---

**Description of Vehicle Damage:**

---

---

---

**Photos Taken: Yes / No**

**Description of Crash / Incident:**

---

---

---

---

---

---

**Witness Information (if applicable)**

Witness Name(s): \_\_\_\_\_ Cell Phone: \_\_\_\_\_