4.0 VEHICLE CRASH REPORT

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 4.0 COMPANY LOCATION | | | 4.0 VEHICLE INFORMATION | | | | | | | |
| Company Location | |  | Vehicle Make | | | |  | | | |
| 4.0 Driver Name | |  | Vehicle # | | | |  | | | |
| Date reported to Manager | |  | Vehicle Year | | | |  | | | |
| Date reported to GM | |  | VIN # | | | |  | | | |
|  | | | | | | | | | | |
| ACCIDENT DETAILS | | | | | | | | | | |
| Location of Accident | |  | | | | | | | | |
| Date of Accident | |  | Time of day: | | |  | AM or PM | | |  |
| Weather conditions | |  | | | Road conditions | | |  | | |
| Accident details: | |  | | | | | | | | |
|  | | | | | | | | | | |
| 4.0 Vehicle Towed by: | |  | Other Vehicle Towed by: | | | |  | | | |
| Towing Co Phone: | |  | Towing Co Phone: | | | |  | | | |
|  | | | | | | | | | | |
| OTHER VEHICLE INFORMATION | | | | | | | | | | |
| Other Driver’s Name | |  | Owner’s Name | | | |  | | | |
| Other Driver’s Address: | |  | Owner’s Address | | | |  | | | |
| City, State, and Zip | |  | City, State, and Zip | | | |  | | | |
| Other Driver’s Phone # | |  | Owner’s Phone # | | | |  | | | |
| Other Vehicle Make | |  | Vehicle License Plate # | | | |  | | | |
| Other Vehicle Model | |  | Vehicle Insurance Co. | | | |  | | | |
| Other Vehicle Year | |  | Vehicle Agent’s Name | | | |  | | | |
| Other Vehicle Color | |  | Agent’s Phone # | | | |  | | | |
|  | | | | | | | | | | |
| PASSENGERS / INJURIES | | | | | | | | | | |
| *4.0 Vehicle* | | | *Other Vehicle* | | | | | | | |
| # of passengers | |  | # of passengers | | | |  | | | |
| Brief description of injuries: | | | Brief description of injuries: | | | | | | | |
|  | | | | | | | | | | |
| POLICE INFORMATION | | | | | | | | | | |
| Officer’s Name | |  | Officer’s Department | | | |  | | | |
| Work Phone # | |  | Officer’s Badge # | | | |  | | | |
| Case Number: | |  |  | | | | | | | |
| Other Information | |  | | | | | | | | |
|  | | | | | | | | | | |
| DAMAGE DESCRIPTION | | | | | | | | | | |
| *4.0 Vehicle* | | | | *Other Vehicle* | | | | | | |
| Pictures included: Front  Right  Left  Back  Pictures of damage from 10 feet away:  Picture of location: | | | | Pictures included: Front  Right  Left  Back  Pictures of damage from 10 feet away:  Picture of location: | | | | | | |
| \*\* Include an accident sketch and all photos with your submission\*\*  Sign and Date upon completion. PRINT THIS REPORT | | | | | | | | | | |
|  | | | | | | | | | | |
| Submitted By: |  | | |  | | | | | Date: | |
|  |  | | |  | | | | |  | |
| Sketch the accident scene | | | | | | | | | | |