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 |