

# Company Car Accident Report Form

## 1. Incident Information

- Date of Accident: \_\_\_\_\_
- Time of Accident: \_\_\_\_\_
- Location: \_\_\_\_\_
- Weather Conditions: \_\_\_\_\_

## 2. Driver Information

- Name: \_\_\_\_\_
- Employee ID: \_\_\_\_\_
- Department: \_\_\_\_\_
- Contact Number: \_\_\_\_\_

## 3. Vehicle Information

- Vehicle Make/Model: \_\_\_\_\_
- License Plate Number: \_\_\_\_\_
- Company Fleet Number: \_\_\_\_\_

## 4. Accident Description

- Describe what happened: \_\_\_\_\_

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## 5. Witness Information

- Witness Name: \_\_\_\_\_
- Contact Information: \_\_\_\_\_

## 6. Damage Assessment

- Vehicle Damage Description: \_\_\_\_\_
- Property Damage (if any): \_\_\_\_\_

### 7. Supervisor/Manager Section

- Name: \_\_\_\_\_
  - Actions Taken: \_\_\_\_\_
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### 8. Signatures

- Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_