



## VEHICLE ACCIDENT REPORT

### Vehicle and Equipment Accident/Damages

This form, or an approved alternate form, must be completed for all accidents involving any City vehicle, equipment (any item attached to a City Vehicle) or property damage caused by a City vehicle or equipment. Please report any incident immediately and complete all related sections of this report and provide a copy of Fleet Maintenance within one (1) business day for processing (pictures of the damages will be required at the time of incident)

### Employee Injuries

Supervisors must be notified immediately by the employee and the incident should be reported to Human Resources immediately or within one (1) business day of the incident.

### Note

This form must be signed by the employee involved and the employee’s supervisor however, if signatures cannot be obtained within one (1) business day, the form should be forwarded to Fleet Maintenance as soon as possible.

### SECTION A – GENERAL INFORMATION

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Employee Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*Street Number Street Name City State Zip Country*

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_  am  pm Date reported: \_\_\_\_\_

Address/Location of Occurrence: \_\_\_\_\_

Briefly describe accident and how or why it occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness’ Name (include address if not a city employee): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was drug test given?  Yes  No If not, state reason: \_\_\_\_\_



**SECTION B – CITY VEHICLE ACCIDENT OR DAMAGE**

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City Vehicle #: \_\_\_\_\_ City Vehicle License #: \_\_\_\_\_

Was City Vehicle Damaged?  Yes  No

Make and Model: \_\_\_\_\_ Year: \_\_\_\_\_ VIN#: \_\_\_\_\_

Was there a Police investigation?  Yes  No If yes, list investigating agency: \_\_\_\_\_

If yes, report number: \_\_\_\_\_ Weather Conditions: \_\_\_\_\_

Description of Damage: \_\_\_\_\_

Road Conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List all passengers in vehicle (attach additional pages, if necessary):

| Name (First and Last) | Age   |
|-----------------------|-------|
| _____                 | _____ |
| _____                 | _____ |
| _____                 | _____ |

**SECTION C – OTHER VEHICLE ACCIDENT OR DAMAGE**

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Was other vehicle damaged?  Yes  No

License Number: \_\_\_\_\_ Year: \_\_\_\_\_ Make and Model: \_\_\_\_\_

Vehicle Identification Number: \_\_\_\_\_ Driver's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Number Street Name City State Zip Country*

Phone Number: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Weather Conditions: \_\_\_\_\_

Insurance Agent's Phone Number: \_\_\_\_\_ Road Conditions: \_\_\_\_\_

Description of Damage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



List all passengers in vehicle (attach additional pages, if necessary):

| Name (First and Last) | Age   |
|-----------------------|-------|
| _____                 | _____ |
| _____                 | _____ |
| _____                 | _____ |

**SECTION D – DAMAGE TO PROPERTY**

Type of Property Damaged: \_\_\_\_\_

Owner’s Name: \_\_\_\_\_

City Owned?  Yes  No Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Number Street Name City State Zip Country*

Description of Damage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION E – INJURY TO MEMBER OF THE PUBLIC**

Name of Injured: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Number Street Name City State Zip Country*

Phone Number: \_\_\_\_\_ Nature of and Part of Body Injured: \_\_\_\_\_

Ambulance Needed?  Yes  No Hospital: \_\_\_\_\_ Doctor: \_\_\_\_\_

**SECTION F – PREVENTABLE AND/OR VIOLATION OF POLICY**

Preventable – was the accident preventable?  Yes  No

Policy Violation – was a City or Departmental Policy violated?  Yes  No

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_