

# Vehicle Accident Report

Company name \_\_\_\_\_

Today's date \_\_\_\_\_

## Driver Information

Driver's name _____	
Job title _____	
License number _____	Date of birth _____
Length of employment _____	
Address _____	
City _____	State _____ Zip _____
County _____	
Phone _____	
Reason vehicle was used _____	
Used with permission from _____	

This report must be completed by a supervisor or manager.

## Vehicle 1 Information *(Insured Driver)*

VIN _____	Year _____	Make _____	Model _____	
			<b>Yes</b>	<b>No</b>
Does the vehicle require towing?			<input type="checkbox"/>	<input type="checkbox"/>
Description of damage _____				
Insurance company _____			Policy number _____	

## Vehicle 2 Information

VIN _____	Year _____	Make _____	Model _____	
			<b>Yes</b>	<b>No</b>
Does the vehicle require towing?			<input type="checkbox"/>	<input type="checkbox"/>
Description of damage _____				
Insurance company _____			Policy number _____	



**Vehicle 3 Information**

VIN \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

	Yes	No
Does the vehicle require towing?	<input type="checkbox"/>	<input type="checkbox"/>
Description of damage _____		
Insurance company _____	Policy number _____	

**Vehicle 4 Information**

VIN \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

	Yes	No
Does the vehicle require towing?	<input type="checkbox"/>	<input type="checkbox"/>
Description of damage _____		
Insurance company _____	Policy number _____	

**Accident Information**

Accident date \_\_\_\_\_ Accident time \_\_\_\_\_  a.m.  p.m.

Accident address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

**Purpose of trip**

Driving to job site  Returning from job site  Delivery  Personal Time

Other, please explain \_\_\_\_\_

**Weather**

Clear  Cloudy  Rain  Snow  Fog  Sleet

Other \_\_\_\_\_

**Condition of road surface**

Wet  Dry  Ice  Concrete  Asphalt  Gravel  Uneven

Other \_\_\_\_\_

	Yes	No		Yes	No
Lanes divided?	<input type="checkbox"/>	<input type="checkbox"/>	Traffic control device?	<input type="checkbox"/>	<input type="checkbox"/>
Number of hours on duty at time of accident _____					
Number of driving hours _____					



**Accident Information**

Describe how the accident happened:  
 Use a separate page if you need to draw a diagram of accident.

	<b>Yes</b>	<b>No</b>
Were there any injuries?	<input type="checkbox"/>	<input type="checkbox"/>

**Injury Information**

1. Name of first injured party \_\_\_\_\_ Phone \_\_\_\_\_

	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
Were injuries fatal?	<input type="checkbox"/>	<input type="checkbox"/>	Do injuries require treatment away from accident scene?	<input type="checkbox"/>	<input type="checkbox"/>

Injured party's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

What vehicle was injured person in?     Vehicle 1     Vehicle 2     Vehicle 3     Vehicle 4

Other, explain \_\_\_\_\_

	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
Taken to the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	Name of hospital _____		

Give brief description of injuries:

---

2. Name of second injured party \_\_\_\_\_ Phone \_\_\_\_\_

	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
Were injuries fatal?	<input type="checkbox"/>	<input type="checkbox"/>	Do injuries require treatment away from accident scene?	<input type="checkbox"/>	<input type="checkbox"/>

Injured party's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

What vehicle was injured person in?     Vehicle 1     Vehicle 2     Vehicle 3     Vehicle 4

Other, explain \_\_\_\_\_

	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
Taken to the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	Name of hospital _____		

Give brief description of injuries:



**Injury Information**

3. Name of third injured party \_\_\_\_\_ Phone \_\_\_\_\_

<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>	Were injuries fatal?	<input type="checkbox"/>	<input type="checkbox"/>
		Do injuries require treatment away from accident scene?	<input type="checkbox"/>	<input type="checkbox"/>

Injured party's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

What vehicle was injured person in?  Vehicle 1  Vehicle 2  Vehicle 3  Vehicle 4

Other, explain \_\_\_\_\_

<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Taken to the hospital?
		Name of hospital _____

Give brief description of injuries:

**Witnesses**

1. First witness name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

2. Second witness name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

3. Third witness name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**Person Completing Form**

Name \_\_\_\_\_ Date \_\_\_\_\_

The information presented in this publication is intended to provide guidance and is not intended as a legal interpretation of any federal, state or local laws, rules or regulations applicable to your business. The loss prevention information provided is intended only to assist policyholders in the management of potential loss producing conditions involving their premises and/or operations based on generally accepted safe practices. In providing such information, Great American does not warrant that all potential hazards or conditions have been evaluated or can be controlled. It is not intended as an offer to write insurance for such conditions or exposures. The liability of Great American Insurance Company and its affiliated insurers is limited to the terms, limits and conditions of the insurance policies underwritten by any of them.

The Great American Insurance Group eagle logo and the word marks Great American® and Great American Insurance Group® are registered service marks of Great American Insurance Company. © 2021 Great American Insurance Company. 301 E. Fourth St., Cincinnati, OH 45202. All rights reserved. F13940-LC (07/21)

