

# Company Vehicle Incident Report

## Section 1: General Information

- **Report Number:** [Unique ID or Number]
- **Date of Incident:** [DD/MM/YYYY]
- **Time of Incident:** [HH:MM AM/PM]
- **Location of Incident:** [Address, City, State/Province, Zip Code]
- **Reported By:** [Name, Job Title, Contact Information]
- **Department/Division:** [Relevant Department or Unit]

## Section 2: Vehicle and Driver Information

- **Vehicle Make and Model:** [e.g., Ford Transit]
- **Vehicle ID/Fleet Number:** [Assigned company fleet number]
- **Driver Name:** [Name]
- **Employee ID (if applicable):** [Employee Number]
- **Driver License Number:** [Number]
- **Driver Contact Information:** [Phone/Email]

## Section 3: Incident Details

- **Nature of the Incident:** [e.g., Collision, breakdown, theft]
- **Description of Incident:** [Detailed explanation of what occurred]
- **Weather and Road Conditions:** [Details of conditions at the time of the incident]
- **Location Description:** [Exact location with landmarks or GPS coordinates]

## Section 4: Damages and Losses

- **Damage to Company Vehicle:** [Describe extent and location of damage]

- **Property Damage:** [Details of any third-party property damage]
- **Goods/Equipment Damage (if applicable):** [Details]
- **Estimated Costs:** [Preliminary estimate]

### **Section 5: Next Steps**

- **Police Notified:** [Yes/No, Report Number if available]
- **Towing Arranged:** [Yes/No, Company Name]
- **Internal Review Initiated:** [Yes/No]

### **Section 6: Signatures**

- **Driver Signature:** [Signature, Date]
- **Supervisor Approval:** [Signature, Date]
- **Fleet Manager Review:** [Signature, Date]