### **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]