

To Be Completed At The Scene Of The Accident And Given To Supervisor And Fleet Services

DRIVER'S STATEMENT OF ACCIDENT

DATE: _____ DEPARTMENT: _____ TIME OF INCIDENT: _____

DRIVER'S NAME: _____ PHONE: _____

DRIVER'S LICENSE: _____ DATE OF BIRTH: _____

SUPERVISOR: _____ PHONE: _____

VEHICLE #: _____ YEAR: _____ MAKE/MODEL: _____

VIN: _____

WITNESS (ES)/PHONE #'s: _____

DESCRIPTION OF THE ACCIDENT: _____

Signature: _____

DIAGRAM OF THE ACCIDENT
print and then draw

Indicate Direction of North