



ETTA

INDEPENDENCE. INCLUSION. GROWTH.

Vehicle Incident Report

Date of accident: _____ Report No. _____
Reported by: _____ Recorded by: _____
Company: _____
Company Contact Info: _____

Incident

Date of Incident: _____ Time: _____
Location: _____
Description: _____

Collision Type: _____
Contributing Factors: _____

Other Vehicles Involved: _____
Witness 1: _____ Contact Information: _____
Witness 2: _____ Contact Information: _____
No. of Vehicles: _____ Vehicles Towed: _____
Police Officer: _____ Badge No. _____
Medical Examiner: _____ Contact No. _____

Primary Vehicle

Name: _____ Affiliation: _____
Driver's License: _____ DOB: _____
Address: _____
Phone No. _____ Email: _____
Passengers: _____
Car: Owned Company Borrowed Rented Leased From: _____
Plate No. _____ VIN: _____
Year: _____ Make: _____ Model: _____ Color: _____
Insurance Company Name: _____ Policy No. _____
Phone No. _____ Email: _____
Address: _____

Secondary Vehicle

Driver Name: _____
Driver's License: _____ DOB: _____
Address: _____
Phone No. _____ Email: _____
Passengers: _____
Vehicle: Moving Stationary
Type: Car Semi Bus Bike/Skateboard Pedestrian Other: _____
Plate No. _____ VIN: _____
Year: _____ Make: _____ Model: _____ Color: _____
Insurance Company Name: _____ Policy No. _____
Phone No. _____ Email: _____
Address: _____

Damages

Damaged Property	Location/Description	Repair Cost	Amt. Covered by Insurance

Injuries/Death

Injured Person	Injuries	Medical Care Required	Total Cost	Amt. Covered