

Vehicle Accident Incident Report Log Form Sample

This **vehicle accident incident report log form sample** is designed to efficiently document all essential details of a vehicle collision. It ensures accurate recording of incident information, including parties involved, date, time, and circumstances. Using this form helps streamline the reporting process and supports proper investigation and insurance claims.

Incident Details

Date of Incident:	<input type="text"/>	Time of Incident:	<input type="text"/>
Location of Incident:	<input type="text"/>		
Description of Incident:	<div>Briefly describe how the accident happened</div> <input type="text"/>		

Driver/Reporter Information

Driver's Name:	<input type="text"/>	Driver's License #:	<input type="text"/>
Contact Info:	<input type="text"/>		

Vehicle Information

Make:	<input type="text"/>	Model:	<input type="text"/>
Year:	<input type="text"/>	License Plate #:	<input type="text"/>

Other Party Information (if applicable)

Other Party's Name:	<input type="text"/>	Contact Info:	<input type="text"/>
Other Vehicle Description:	<input type="text"/>		
Other Party's Insurance Details:	<input type="text"/>		

Damage/Injury Details

Vehicle Damage Description:	<input type="text"/>
Injuries (if any):	<input type="text"/>

Police & Witnesses

Police Reported?	<input type="radio"/> Yes <input type="radio"/> No	Police Report Number:	<input type="text"/>
Witness Names & Contacts:	<div>Name, Phone</div> <input type="text"/>		

Additional Notes

<div>Any additional observations, weather/road conditions, etc.</div> <input type="text"/>
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