

FPS Vehicle Accident Report



PLEASE FILL OUT THIS FORM AND PRINT AS A PDF

Date of Accident: _____

Time of Accident: _____

Location of Accident: _____

FPS Vehicle ID Code: _____

FPS Vehicle Description: _____

FPS Driver Name: _____

Other FPS Employee in Vehicle? YES NO

Name(s): _____

FPS Students in Vehicle? YES NO

Name(s): _____

Who had a medical exam?

Name(s): _____

Who sustained injuries?

Name(s): _____

(Record additional names on page 2 of form if needed)

Other Driver Information (if no Driver Exchange Form) (if more than one use a second form)

Name(s): _____

Address, City, State, Zip _____

Telephone _____

Driver's License Number _____

Insurance Company Name: _____

Policy #: _____

Were there passengers in other vehicle? YES NO

Name(s) (if known): _____

Police Contacted:

YES

NO

Police Report Done:

YES

NO

Was FPS Vehicle

Towed

Drivable

Tow Company:

Description of Vehicle Damage:

Was other Vehicle

Towed

Drivable

Tow Company:

Description of Vehicle Damage:

Are there photos of the damage to the vehicles? YES

NO

Who has the photos? Name(s):

Other info such as weather or road conditions and circumstances of the incident:

Printed Name of person completing form:

Date:

Signature of person completing form:

By printing your name in the above field, you acknowledge signing this form.

Date Received by Business Office:

Date:

Initials:

RECORD ADDITIONAL INFORMATION HERE:

