

# Fleet Accident Report

Capture vehicle damage, driver details and scene photos at the roadside. Build a clear record for insurance, compliance and follow up.

Title: \_\_\_\_\_

Severity: \_\_\_\_\_ Site: \_\_\_\_\_

Date / Time: \_\_\_\_\_ Completed by: \_\_\_\_\_

## Vehicle Details

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1 Vehicle registration \*

\_\_\_\_\_

2 Vehicle make and model

\_\_\_\_\_

3 Mileage at time of accident

\_\_\_\_\_

4 Vehicle condition before accident

Good

Minor issues

Known defects

## Driver Details

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5 Driver name \*

\_\_\_\_\_

6 Driver licence number

\_\_\_\_\_

7 Licence category

Category B

Category C

Category C+E

Category D

Other

8 Was the driver authorised to drive this vehicle

Yes

No

N/A

9 Driver hours on shift before accident

\_\_\_\_\_

## Accident Details

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10 Date and time of accident \*

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11 Location of accident \*

Address or coordinates

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12 Description of what happened \*

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13 Weather conditions

Clear

Rain

Snow/Ice

Fog

High winds

Other

14 Road conditions

Dry

Wet

Icy

Loose surface

Roadworks

Other

15 Light conditions

Daylight

Dusk/Dawn

Dark with street lighting

Dark without street lighting

16 Estimated speed at time of accident

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17 Was the vehicle stationary

Yes

No

N/A

18 Was another vehicle involved

Yes

No

N/A

19 Was a pedestrian or cyclist involved

Yes

No

N/A

## Third Party Details

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20 Third party name

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21 Third party contact details

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22 Third party vehicle registration

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23 Third party insurer (if known)

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## Damage and Injury

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24 Description of damage to company vehicle

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25 Description of damage to third party vehicle or property

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26 Were there any injuries

Yes

No

N/A

27 Description of injuries

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28 Was medical attention required

Yes

No

N/A

29 Photos of damage and scene

*Attach file here*

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## Witnesses

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30 Were there any witnesses

Yes

No

N/A

31 Witness names and contact details

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## Emergency Services

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32 Were police called

Yes

No

N/A

33 Police reference number

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34 Were ambulance or fire services called

Yes

No

N/A

## Dashcam and Evidence

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35 Was a dashcam fitted and recording

Yes

No

N/A

36 Dashcam footage available

*Attach file here*

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37 Sketch or diagram of accident

*Attach file here*

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## Immediate Actions

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38 Actions taken at the scene

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39 Was the vehicle safe to drive afterwards

Yes

No

N/A

40 Recovery required

Yes

No

N/A

## Sign-off

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41 Report completed by \*

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42 Date of report \*

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43 Signature \*

---

Signature

44 Additional comments

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