Fleet Driver Report of Accident/Incident/Event

Accident/Incident Date:	**Accident/Incident Time:**
Report Type: Accident ☐ Incident ☐ Event ☐	**Report Type: Initial ☐ Interim ☐ Final ☐**

Spending Unit Driver Information (You may complete this section at your office)			
Name:		**Date of Birth:**	
Job Title:	**Assigned Department/Division:**	**Work Phone Number:**	
Driver's License Number:	**Expiration Date:**	**Date Last Completed Defensive Driver Training?**	**Seat Belt On?** ☐ **Yes** ☐ **No**

Spending Unit Vehicle Information (You may complete this section at your office)					
Vehicle Make:		**Vehicle Model:**		**Vehicle Number:**	
Vehicle License Plate Number:		**Vehicle Color:**		**Odometer at time of accident / incident:**	
Describe Damages to Spending Unit Vehicle:	☐ **Minor**	☐ **Moderate**		☐ **Major**	
Is this a rental vehicle?	☐ **Yes** ☐ **No** **If YES, provide name of rental company**		**Is this a Personally Owned Vehicle?**	☐ **Yes**	☐ **No**

Accident Details (to be completed at the scene of accident/incident)					
Location of Accident/Incident	**Address:**	**City:**	**State:**	**Zip Code:**	
Road Conditions:	**Dry** ☐ **Wet** ☐ **Ice** ☐ **Snow** ☐	**Weather Conditions:**	**Overcast** ☐ **Rain** ☐ **Snow** ☐ **Fog** ☐		
Traffic Conditions:	**Light** ☐ **Heavy** ☐	**How fast were you driving - MPH?**		**Estimated speed of other vehicle:**	

Other Driver / Registered Ownter / Vehicle Information (To be completed at the scene of accident/incident)					
Driver's Name:		**Date of Birth:**	**Driver's License No.:**	**State:**	**Expiration Date:**
Home Phone Number:		**Work Phone Number:**		**Number of Passengers in Other Vehicle:**	
Driver's Address	**Street:**	**City:**	**State:**	**Zip Code:**	
Registered Owner of Other Vehicle (If different from Driver)		**Home Phone Number:**		**Work Phone Number:**	
Owner's Address	**Street:**	**City:**	**State:**	**Zip Code:**	
Other Party's Insurance Info	**Insurance Co:**	**Address:**	**Phone Number:**	**Policy Number:**	
Vehicle Make:		**Vehicle Model:**	**Year:**	**Color:**	
Extent of Damages to Other Vehicle:	☐ **Minor**	☐ **Moderate**		☐ **Major**	
License Plate of Other Vehicle	**Plate Number:**	**State:**	**Describe Damages to Other Vehicle:**		

WITNESSES (To be completed at the scene of accident/incident)		
Name	**Address**	**Phone Number**
Name	**Address**	**Phone Number**
Name	**Address**	**Phone Number**

Enabling statute: WV Code §5A-1-2(f) and §5A-3-48 through 5A-3-53.

Regulatory authority: Code of State Rules 148 CSR 3.

Passengers in Spending Unit Vehicle (You may complete this section at your office)			
Name:	**Address:**	**Phone Number:**	**Describe Injury** (If Applicable)
Name:	**Address:**	**Phone Number:**	**Describe Injury** (If Applicable)

Passengers in Other Vehicle (To be completed at the scene of accident/incident)			
Name:	**Address:**	**Phone Number:**	**Describe Injury** (If Applicable)
Name:	**Address:**	**Phone Number:**	**Describe Injury** (If Applicable)

Describe How This Accident/Incident Occurred

Was There Any Additional, Non-Vehicle Property Damage?	

Check & Name Agencies Responding to the Accident/Incident Scene					
☐ **Fire**	☐ **Ambulance**	☐ **State Police**	☐ **City Police**	☐ **County Sheriff**	☐ **Other**

Was a Report Made?	☐ **Yes**	☐ **No**	**Accident Report Number:**	
Investigating Agency:	**Name**		**Address**	
Date & Time 911 was Notified of Accident/Incident			**Date:**	**Time:**

Signature of Spending Unit Driver **Date**

To Be Completed by Spending Unit Driver Supervisor				
Supervisor's Name:		**Phone Number:**		
In Your Opinion, Could This Accident/Incident Have Been Prevented?		☐ **Yes**	☐ **No**	**If YES, explain:**
Recommendations:				

Signature of Supervisor **Date**

Enabling statute: WV Code §5A-1-2(f) and §5A-3-48 through 5A-3-53.

Regulatory authority: Code of State Rules 148 CSR 3.