

ARMY VEHICLE ACCIDENT REPORT FORM

Please complete this form immediately after an accident involving Army vehicles to document the details necessary for official reporting and investigation.

Date Filed: _____, 20____

VEHICLE INFORMATION

- Vehicle ID Number (VIN): _____
- Vehicle Make and Model: _____
- Year: _____
- Military Unit: _____
- License Plate Number: _____

PERSONNEL INVOLVED

1. Driver's Name: _____
Rank: _____
Service Number: _____
Driver's Unit: _____
Contact Information: _____

2. Driver's Name: _____
Rank: _____
Service Number: _____
Driver's Unit: _____
Contact Information: _____

INCIDENT DETAILS

- Date of Incident: _____, 20____
- Time of Incident: _____ AM PM
- Location of Incident: _____
- Description of Incident (Include what, how, and why, if known):

DAMAGE AND INJURY

- Description of Vehicle Damage: _____
- Were there any injuries? Yes No

- If yes, detail the injuries:

- Was medical assistance required? Yes No

- Medical Facility Used: _____

WITNESS INFORMATION

- Witness Name(s) and Contact Information:

POLICE AND MILITARY POLICE REPORT

- Was the incident reported to the police/military police? Yes No

- Police/Military Report Number: _____

- Officer Name: _____

ADDITIONAL INFORMATION

- Photos or additional documents attached? Yes No

- Describe any environmental conditions (weather, road conditions, etc.):

CERTIFICATION

- Preparer's Name: _____

- Rank/Position: _____

- Signature: _____

- Date: ___ / ___ / _____

INTERNAL USE

- Received by: _____

- Date Received: _____, 20____

- Follow-up Actions Taken:
