

Vehicle Accident Reporting Form

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| Grantee: | |
| Description of Incident: | |
| Location of Incident: | |
| Date & Time of Incident: | |
| Weather / Road Conditions: | |
| Description of Vehicles Involved: | |
| Number of Fatalities: | |
| Number of Injuries: | |
| Hazardous Material, if applicable: | |
| Description of Vehicles/Facilities Damaged: | |
| Estimated Vehicle Monetary Damage: | |
| Estimated Facility Monetary Damage: | |
| Date & Time Normal Operations Resume: | |

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|---------------------|--------|
| Reported by: | |
| Signature: | Date: |
| Telephone: | Email: |