



VEHICLE INCIDENT REPORT

Date: _____ Vehicle: _____ License Plate Number: _____

Driver: _____ Department: _____

Police Department handling incident: _____

Responding officers name: _____

Incident location:

Address/Description: _____

If another vehicle involved please complete following information:

Name: _____ Driver's license number: _____

Address: _____

Insurance Information:

Name on policy: _____

Insurance Company: _____ Policy number: _____

Persons Injured:

Name _____ Address _____

Was ambulance called to the scene: ___ Yes ___ No

Extent of injuries:

Please provide a brief description of the incident:

Empty box for incident description