



Vehicle Accident Reporting Form

To be completed by agency if the vehicle accident caused one or more of the following:
1) a fatality, 2) a victim transported from the accident site by EMS, 3) more than \$25,000 in property damage, 4) agency vehicle towed from accident site.

Grantee:	
Description of Incident:	
Location of Incident:	
Date & Time of Incident:	
Weather / Road Conditions:	
Description of Vehicles Involved: <i>(include VIN(s) for any grantee vehicles)</i>	
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:	

Reported by:	
Signature:	Date:
Telephone:	Email: