MOTOR VEHICLE INCIDENT REPORT

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CENTENNIAL Part of the Bilfinger Group

Instructions: ***Complete the Motor Vehicle Incident Report below in the event of a accident / incident involving vehicles. Ensure that your supervisor has been notified of the incident prior to completing this report.***

Employee Name: Date:

General Information

Date of incident: **Time of incident:**

Type of incident (choose all that apply):

☐	Personal Injury	☐	Fire	☐	Other (explain below)
☐	Property Damage	☐	Fatality		
☐	Sideswipe	☐	Rear End	☐	T-bone
☐	Single Vehicle Incident	☐	Roll-Over		

Location of incident (be specific with cross streets / intersections):

What type of traffic control devices where present: ☐ N/A

Road conditions:		**Lighting conditions:**		**Weather conditions:**		**Posted speed limit:**
☐	Dry	☐	Daylight	☐	Clear	☐ mph
☐	Wet	☐	Dawn /dusk	☐	Fog	**Traveling at what speed:**
☐	Icy / snow	☐	Night / dark	☐	Rain / Snow	☐ mph

Company / Employee Vehicle Information

Year / make / model: Vehicle Color:

VIN #: License Plate # / State:

Owner name / address / phone #:

Driver name / address/ phone #:

Driver's License #: State: Driver DOB:

Driver/occupant injured? ☐ Yes ☐ No First report filed? ☐ Yes ☐ No

Injuries sustained (if applicable):

Transported to hospital? ☐ Yes ☐ No Hospital name:

Driver on a mission for employer? ☐ Yes ☐ No Seat belts used? ☐ Yes ☐ No

Describe mission:

Parts of vehicle damaged:

Passenger in vehicle? ☐ Yes ☐ No Passenger Name:

Passenger injured? ☐ Yes ☐ No Describe Injury:

Additional Vehicle(s) Involved

Year / make / model: Vehicle Color:

VIN #: License Plate # / State:

Owner name / address / phone #:

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Insured? Yes No Ins. Company name:

Ins. agent name: Ins. policy number:

Driver name / address/ phone #:

Driver's License #: State: Driver DOB:

Driver/occupant injured? Yes No Traveling at what speed: mph

Were individuals from the other car involved taken to the hospital? Yes No

Parts of vehicle damaged:

Restrictions on driver's license? Yes No Driver in conformance to restr. Yes No

Explain if needed:

Passenger in vehicle? Yes No Passenger Name:

Passenger injured? Yes No Describe Injury:

Miscellaneous Information

Witness name / phone #:

Witness name / phone #:

Draw sketch of vehicles at time of incident (indicate North with arrow):

Key: Label streets, show traffic controls, show/label vehicles, indicate directions.

Street name & direction you were traveling:

Street name & direction other vehicle was traveling:

Skid marks by Centennial employee? Yes No Length feet

Skid marks by other vehicle(s)? Yes No Length feet

Were vehicle(s) towed from the scene? (if yes, indicate which) Yes No

Centennial/Employee Vehicle Yes No Other Parties' Vehicle Yes No

Location towed to:

Were vehicle(s) drivable from the scene? (if yes, indicate which) Yes No

Centennial/Employee Vehicle Yes No Other Parties' Vehicle Yes No

Police Department Investigation / Report

Department: Officer's name:

Contact info / #: Badge number:

Police Report Number: Citations Issued:

Statement

Give a brief description of the incident:

I hereby declare that the facts as stated above are true:

Driver name:		Date:	
Supervisor name:		Date:	