Motor Vehicle Accident Report Form

Email Completed Report to: USincidents@airswift.com

TIME

DATE OF ACCIDENT: _____

DAY OF WEEK: _____ HOUR: _____

TIME ☐ A.M. ☐ P.M.

LOCATION

PLACE WHERE ACCIDENT OCCURRED (*STREET ADDRESS, MILE MARKER, INTERSECTION, ETC.*):

_____

COUNTY: _____ CITY/TOWN: _____ STATE: _____

CONSTRUCTION ZONE ☐ YES ☐ NO

POSTED SPEED LIMIT _____

DAMAGES

AIRSWIFT VEHICLE ☐ **Personal Auto** ☐ **Client Auto** ☐ **Rental Auto**

DRIVER: _____ *NAME* _____ *MAIL ADDRESS* _____ *CITY AND STATE* _____ *ZIP*

DRIVER'S LICENSE: _____ *STATE* _____ *NUMBER* DOB: _____

YEAR MODEL: _____ MAKE: _____ *FORD, CHEV, ETC…* STYLE: _____ *SEDAN, TRUCK, ETC…* LICENSE PLATE: _____

AUTO VIN NUMBER: _____

DRIVER CITED: YES / NO REASON: _____ TICKET #: _____

CITING AUTHORITY: _____ PRECINCT PHONE NUMBER: _____

DAMAGE TO VEHICLE: _____

_____

INJURIES: _____

_____

OTHER UNIT: INDICATE ALL: _____ *(Motor Vehicle, Train, Pedestrian, Bicyclist, Fixed Object, Etc…)*

DRIVER: _____ *NAME* _____ *MAIL ADDRESS* _____ *CITY AND STATE* _____ *ZIP*

DRIVER'S LICENSE: _____ *STATE* _____ *NUMBER* DOB: _____

YEAR MODEL: _____ MAKE: _____ *FORD, CHEV, ETC…* STYLE: _____ *SEDAN, TRUCK, ETC…* LICENSE PLATE: _____

AUTO VIN NUMBER: _____

DRIVER CITED: YES / NO REASON: _____ TICKET #: _____

CITING AUTHORITY: _____ PRECINCT PHONE NUMBER: _____

DAMAGES/INJURIES: _____

_____

INSURANCE: _____ COMPANY _____ POLICY # _____ PHONE # _____ POLICY HOLDERS NAME

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WITNESSES

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____
MAIL ADDRESS CITY/STATE ZIP

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____
MAIL ADDRESS CITY/STATE ZIP

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____
MAIL ADDRESS CITY/STATE ZIP

ACCIDENT DESCRIPTION

Please explain sequential activities using estimated measurements, length, height, weather conditions, etc. use facts only:

_____

_____

_____

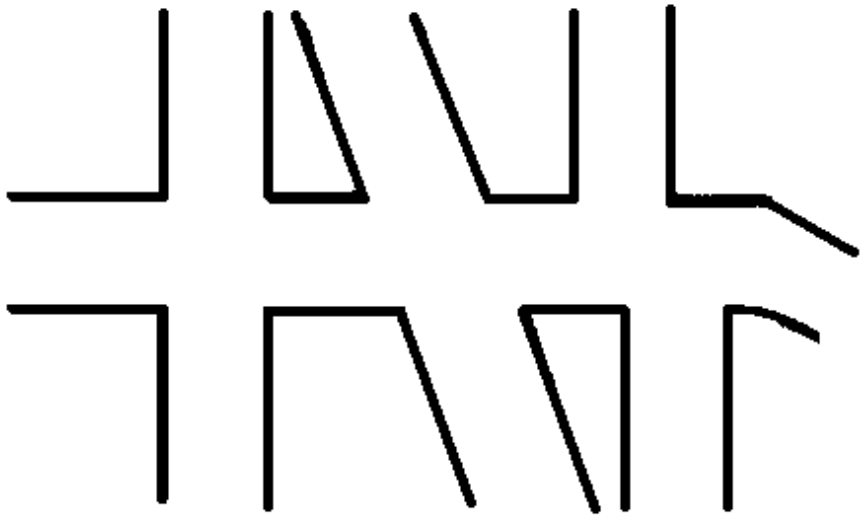
_____

_____

_____

_____

Please use the accident diagram below to show street names, directions the vehicles were going, and the location of objects. Indicate North, South, East, or West. If the diagram does not meet your needs, please draw on your own.



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SAFETY EVALUATION GPS - RESULTS	HARSH CORNERING:	Yes: ☐	No: ☐		
	HARSH ACCELERATION:	Yes: ☐	No: ☐		
	HARSH BREAKING:	Yes: ☐	No: ☐		
	SEATBELT WORN:	Yes: ☐	No: ☐		
	SPEEDING:	Yes: ☐	No: ☐		
	SPEEDING OVER 90 MPH:	Yes: ☐	No: ☐		
	Please explain secential activities captured from the GPS system:				
CORRECTIVE ACTION / FOLLOW-UP PLAN	Could the incident have been avoided?				
	Corrective Action:				
	Contractor Response:				
	Follow-Up:				

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PHOTOS OF GPS REPORT			
VEHICLE PHOTOS			