

FLEET VEHICLE ACCIDENT REPORT

TAP Worldwide, LLC

Instructions: Complete and email this report **ASAP** or within **24 hours of accident.**

- 1) If employee requires medical attention due to the vehicle accident, complete **Work Injury Notification** and submit form as instructed.
- 2) Drug test all employees **within 24 hours** following any accident.
- 3) Email **ALL documents**, Photos, Damage Estimates, Reports, Drug Test, etc. to the following:
 - a. cscott@4wp.com, FleetSafety@4wp.com, Legal@4wp.com
 - i. Reference in the Subject line: ***Date of Accident, Drivers Name, and Unit Number***
 - ii. If email is not possible: Contact Chad Scott **714-313-5683** for further instructions
- 4) Mail ALL hard copies to: **Chad Scott 400 W. Artesia Blvd., Compton, CA 90220.**

LOCATION & CONTACT INFORMATION

Date of Accident:	Time:	Location Site number:
Person completing the Form:		Telephone Number:

OUR DRIVER

Name:
Driver's license Number:
State License Issued:
Date License Expires:
Route Title:

OUR VEHICLE INFORMATION

Unit #:
Year:
Make:
Plate Number:
VIN Number:
Description Of Damage to our Vehicle:
Is the Vehicle safe to continue operating without repairs: Yes / No

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OTHER DRIVER

Name:

Driver's License Number:

State License Issued:

Date License Expires:

Address (as stated on driver's license):

Contact Telephone Number:

OTHER VEHICLE INFORMATION

Year:

Make:

Model:

Plate Number:

VIN Number:

Insurance Company Policy Number:

Name Of Insurance Company:

Address Of Insurance Company:

Telephone Number Of Insurance Company:

Owners/Operators Name and Telephone Number (if different from driver's name):

Description Of Damage (to their vehicle, their property, their driver's injury):

DESCRIPTION OF ACCIDENT

Date Of Accident:

Time Of Accident:

Was a police report made? If so, identify the agency, address, telephone number and report number:

Describe how the accident occurred:

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Location Of Accident (store number or address/location of accident):

PASSENGERS

Name, address and telephone number for each:

WITNESSES

Name, address and telephone number for each:

OTHER COMMENTS

Include comments:

Driver **Name**

Reviewing Supervisor/Manager **Name**

Driver **Signature**

Reviewing Supervisor/Manager **Signature**

Date

Date