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| crslogo | ***CRS ACCIDENT & INCIDENT REPORT*** |

**country**

Report prepared by :       Date :

Partner Name / Contact Info:

Date of the incident :       Time:       Driver :

Vehicle Make/Model :       Vehicle ID No. :       Plate No.:

Site of the incident (be precise) :

Names, addresses and tel. number of passengers :

Names , addresses and tel. number of witnesses :

Vehicle license plate number, Insurance name and policy number and description of vehicle (Third Party):

Owner’s Name, addresses and tel. number (Third Parties) :

Driver’s Name, addresses, tel. number and license number, (Third Party):

Detail damage to CRS Vehicle / Equipment :

Detail damage to Other Vehicle / Equipment :

Describe the incident (in detail – use another piece of paper, if necessary):

Injured Parties’ Name, addresses, tel. number

Did the police investigate? **YES** **[ ]**  Has a police report been obtained? **YES [ ]** Date :

Name/Rank/tel. number of Investigating Officer:       Station:

Insurance declaration made within 48 hours? **YES [ ]**  Date :

CRS notified within 24 hours ? **YES [ ]**  Date :

# **Assignment of fault (CRS Admin) :**

Signature (Driver) Date Signature (CRS Transportation Officer) Date

cc: Employee file, Vehicle file