

WHITE FLEET SAFETY ACCIDENT/INCIDENT REPORT

DATE OF ACCIDENT: _____

TIME OF ACCIDENT: _____

VEHICLE #: _____

WHITE FLEET DRIVER: _____

VEHICLE DRIVER: _____

VEHICLE OWNER: _____

FT. PIERCE POLICE _____ SHERIFF _____ PSL POLICE _____ FHP _____

RESCUE NEEDED: YES: _____ NO: _____ NUMBER OF INJURIES: _____

FATALITIES: YES: _____ NO: _____

SLCSB DRIVER AT FAULT: YES: _____ NO: _____

NAMES OF INJURED:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

CITATION: YES: _____ NO: _____ CITATION #: _____

DRUG TESTING REQUIRED: YES: _____ NO: _____

ACCIDENT DESCRIPTION:

VEHICLE INSURANCE INFORMATION:

DAMAGE TO WHITE FLEET VEHICLE: _____

DAMAGE TO VEHICLE: _____

DATE FAXED TO EMI: _____

REPORT COMPLETED BY: _____