



## Vehicle and Trailer Crash Report Form

Virginia Association of First Responders (VAFR) members and staff are required to report any crashes involving any VAFR owned and operated vehicles or trailers as soon as possible and submit a completed copy of this form within 4 hours of the incident.

Please note that where an injury occurs as a result of any crashes involving any VAFR owned and operated vehicles or trailers, individuals are required to report the incident immediately, and submit a completed VAFR Injury/Illness Report Form.

<b>VAFR Driver (#1) Information</b>	
<b>Name:</b>	<b>License Number (OLN):</b>
<b>Phone:</b>	<b>Vehicle Driven:</b>
<b>Email:</b>	

<b>Crash Information</b>
Crash Date (dd/mm/yy): ___/___/___      Time of Crash (24-hour clock):
Reported on: ___/___/___      Time Reported (24-hour clock):
Specific Location:

<b>Vehicle/Trailer Information</b>	
List of any vehicles or trailers involved and Driver Information (VAFR owned or operated)	
VIN or Registration Information (VAFR owned or operated)	
Description of Damage (VAFR owned or operated)	



List of any vehicles or trailers involved (Non-VAFR owned or operated)	
VIN or Registration Information (Non-VAFR owned or operated)	
Description of Damage (Non-VAFR owned or operated)	

Detailed Description of Incident:

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<b>Driver (#2) Information</b>		<b>Circle:</b> VAFR Driver   Non-VAFR Driver
<b>Name:</b>	<b>License Number (OLN):</b>	
<b>Phone:</b>	<b>Vehicle Driven:</b>	
<b>Email:</b>	<b>Insurance Company:</b>	
<b>Driver (#3): Information</b>		<b>Circle:</b> VAFR Driver   Non-VAFR Driver
<b>Name:</b>	<b>License Number (OLN):</b>	
<b>Phone:</b>	<b>Vehicle Driven:</b>	
<b>Email:</b>	<b>Insurance Company:</b>	



Were there any witnesses to the crash?

- Yes
- No

Witness 1: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Witness 2: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Did an injury result from the crash?

- Yes
- No

*\*If yes, please complete a VAFR Injury/Illness Report Form for each injured person*

Police Report Information	
Police Incident #:	Primary Officer:
Department:	Badge/Radio #:
Email:	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_