



Fleet Crash / Damage Notification

Crash / Damage Information

Date		Time		Specific Location	
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(Highway, Mile post, intersection, nearest town/city)

Vehicle Information of all Involved

OSP Driver		DL #	
Make		Model	
Year		Mileage	
License Plate #		Station	

Unit # 1 Information

Unit #1 Name		DL #	
Insurance Co.		Policy #	
Address		Phone #	
License Plate #		Registered Owner	

- Attach a supplementary page if additional vehicles are involved in the incident. Include the same type of information as captured under "Unit #1 Information."

Brief Narrative of Event