Here's a **template for a Motor Vehicle Accident (MVA) Investigation Report**. You can customize this according to your organization's requirements or legal jurisdiction.

Motor Vehicle Accident (MVA) Investigation Report

Report Number: [Insert Number]
Date of Report: [Insert Date]
Prepared by: [Investigator's Name & Title]
Department/Organization: [Insert Department Name]

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1. General Information

- **Date of Accident:** [Insert Date]
- **Time of Accident:** [Insert Time]
- **Location:** [Insert Location - address, intersection, GPS coordinates if applicable]
- **Weather Conditions:** [Clear/Rainy/Foggy/Snowy/etc.]
- **Road Conditions:** [Dry/Wet/Icy/Under Construction/etc.]

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2. Parties Involved

Driver 1

- **Name:** [Insert Name]
- **Contact Information:** [Phone, Email]
- **License Number:** [Insert License Number]
- **Vehicle Make/Model/Year:** [Insert Details]
- **License Plate:** [Insert Plate Number]
- **Injuries (if any):** [Describe]
- **Insurance Company:** [Insert Name]

Driver 2 (if applicable)

- [Repeat the above information]

Other Parties (Passengers, Pedestrians, etc.):

- [Name, Role, Contact, Injuries if any]

3. Description of the Incident

- **Narrative Description:**
  [Provide a detailed, chronological narrative of the events before, during, and after the accident as reported by involved parties and witnesses.]

- **Witness Statements:**
  - **Name:** [Insert Name]
  - **Statement:** [Summary or transcript of witness statement]
  - **Contact Information:** [Phone/Email]
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4. Vehicle Damage

- **Vehicle 1:** [Describe the damage and approximate location on the vehicle]
- **Vehicle 2:** [If applicable]
- **Photographs Taken:** [Yes/No – attach as appendices]

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5. Contributing Factors

- Speeding
- Distraction (e.g., phone use)
- Impaired driving (alcohol/drugs)
- Mechanical failure
- Poor visibility
- Failure to obey traffic signals/signs
- Other: [Specify]

Provide an analysis of possible contributing factors.

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6. Police and Emergency Services Involvement

- **Police Report Filed:** [Yes/No]
  - **Case Number:** [Insert]
  - **Investigating Officer:** [Name & Badge Number]
- **Emergency Medical Response:** [Describe if anyone was transported, treated at the scene, etc.]

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7. Preliminary Findings

Summarize what likely happened and who, if anyone, appears to be at fault based on the evidence gathered. Be sure to include notification to the insurance carrier.

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8. Recommendations

- Disciplinary actions
- Refresher driver training
- Mechanical inspection
- Policy changes
- No further action required
- **Details:** [Describe any recommendations in detail]

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9. Attachments

- Photographs
- Witness Statements
- Police Reports
- Diagrams/Sketches
- Other: [Specify]

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10. Sign-Off

Investigator's Name: _____
Signature: _____
Date: _____

Supervisor's Review:
Name: _____
Signature: _____
Date: _____

Disclaimer
The recommendations contained in this Loss Control document are provided solely for informational purposes. They are not intended to constitute legal, safety, or engineering advice, nor do they guarantee compliance with any local, state, or federal regulations. Implementation of these recommendations is at the discretion of the client and should be evaluated in the context of their specific operations, risk tolerance, and applicable laws.
Neither the author nor the issuing organization assumes any liability for damages or losses that may result from the use or misuse of this information. It is the responsibility of the client to consult with qualified professionals as needed to ensure appropriate risk management and regulatory compliance.