

Accident Report

Date of Report: ___/___/___

Time of Report: ___:___ a.m. / p.m.

Person Taking Report: _____

Trip #: _____

Caller: _____

Phone No.: _____

DRIVER INFORMATION

Name: _____

Injured: Yes No

Injury Type: _____

Treating Facility: _____

Was the injury OSHA "recordable": Yes No _____

GENERAL ACCIDENT INFORMATION

Date of Accident: ___/___/___

Time of Accident: ___:___ a.m. / p.m.

Location of Accident (Nearest City & State): _____

Weather Condition: Sunny Cloudy Foggy High winds Rain Sleet Snow Other: _____

Road Condition: Dry Wet Snow-packed Ice-packed Under Construction Other: _____

Light Condition: Dawn Daylight Dusk Dark

Property Damage Estimates: _____

Law Enforcement Investigation: Yes No What agency: _____

Were any citations issued: Yes No Citation(s) issued to: _____

EQUIPMENT INFORMATION

Unit No. _____

Unit No. _____

Year: _____

Year: _____

Make: _____

Type of Trailer: _____

Owner: _____

Owner: _____

Damage: _____

Damage: _____

CLAIMANT INFORMATION

CLAIMANT #1

Owner's Name: _____

Address: _____

City, ST, Zip: _____

Telephone (_____) _____ - _____

Driver's Name: _____

Address: _____

City, ST, Zip: _____

Telephone (_____) _____ - _____

Driver's License # _____

Driver Injured Yes No

Injuries: _____

Vehicle Type: _____

Damage: _____

Was the vehicle towed: Yes No

If yes, to where: _____

Passenger #1 Injured Yes No

Name: _____

Address: _____

City, ST, Zip: _____

Telephone (_____) _____ - _____

Injuries: _____

Passenger #2 Injured Yes No

Name: _____

Address: _____

City, ST, Zip: _____

Telephone (_____) _____ - _____

Injuries: _____

Passenger #3 Injured Yes No

Name: _____

Address: _____

City, ST, Zip: _____

Telephone (_____) _____ - _____

Injuries: _____

CLAIMANT #2

Owner's Name: _____

Address: _____

City, ST, Zip: _____

Telephone (_____) _____ - _____

Driver's Name: _____

Address: _____

City, ST, Zip: _____

Telephone (_____) _____ - _____

Driver's License # _____

Driver Injured Yes No

Injuries: _____

Vehicle Type: _____

Damage: _____

Was the vehicle towed: Yes No

If yes, to where: _____

Passenger #1 Injured Yes No

Name: _____

Address: _____

City, ST, Zip: _____

Telephone (_____) _____ - _____

Injuries: _____

Passenger #2 Injured Yes No

Name: _____

Address: _____

City, ST, Zip: _____

Telephone (_____) _____ - _____

Injuries: _____

Passenger #3 Injured Yes No

Name: _____

Address: _____

City, ST, Zip: _____

Telephone (_____) _____ - _____

Injuries: _____

CARGO INFORMATION

Commodities being hauled: _____

Shipper: _____ Consignee: _____

Trip Number _____ Under Dispatch: Yes No

Hazardous Materials: Yes No Hazard Class(es): _____

Was there any release of HM: Yes No If yes, type and amounts: _____

Summary of cargo damages: _____

WITNESS INFORMATION

WITNESS #1

WITNESS #3

Name: _____

Name: _____

Address: _____

Address: _____

City, ST, Zip: _____

City, ST, Zip: _____

Telephone (_____) _____ - _____

Telephone (_____) _____ - _____

WITNESS #2

WITNESS #4

Name: _____

Name: _____

Address: _____

Address: _____

City, ST, Zip: _____

City, ST, Zip: _____

Telephone (_____) _____ - _____

Telephone (_____) _____ - _____

DRIVER'S STATEMENT OF HOW THE ACCIDENT OCCURRED

