



**INCIDENT/ACCIDENT REPORT**

**Reported to:  
Who attended scene:  
Who spoke to driver:**

**Report taken by:  
Who typed up report:  
Dated:**

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**DETAILS OF REPORT:**

**1. Who was driving the vehicle?**

**Driver's Name:**

**Driver's Address:**

**Driver's Phone#:  
Date Started with Company:  
Total Years Driving:**

**Driver's License:  
Driving Experience:**

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**2. Which contract does the driver work out of?**

**Date of Occurrence:  
Time of Occurrence:                      Location of Occurrence:**

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**Summary Description of Incident/Accident:**

**3. CVOR Pointable?:                      Points:**

**Description:**

**3. Vehicle Data:**

**Vehicle Type:**  
**Tractor #:**  
**Plate No:**  
**Owned by:**  
**Vehicle Registration #:**

**Trailer Type:**  
**Trailer #:**  
**Plate #:**  
**Owned by:**

**Damage to vehicle:**

**(What Happened\_** = describe chain of events. Include information on: direction of travel of vehicles involved, weather, lighting, road and vehicle equipment/conditions, driver's condition, and hours of work and product transport).

**Report:**

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**4. Estimated Damage Cost:**

**Location of Damage:**

**3<sup>rd</sup> Party Damage Cost:**

**Cargo Damage?**

**Were any other vehicles involved?**

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**7. Information on Additional Vehicle/Location:**

**Driver's Name:**

**Driver's Address:**

**Plate Number:**

**License Number:**

**Owner's Name:**

**Telephone Number:**

**Insurance Company:**

**Location of damage:**

**Make/Model of Vehicle:**

**Vehicle Identification No:**

**Policy No:**

**Estimate of Damage:**

**8. Were There Any Injuries?**

Was the employee driver injured?

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**9. Were there any other parties injured? If so, complete:**

Name:

Address:

Phone #:

Kind of Injury:

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**10. Were Police Called?**

Police Dept

Officer's name:

Badge#:

Occurrence#:

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**11. Was a Citation issued?**

Witnesses:

Name:

Name:

Address:

Address:

Phone#:

Phone#:

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Approved and verified by:

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(Human Resources management)

\_\_\_\_\_  
(Date)

*Report Distribution:  
Driver File / Performance File / Accident / Claim File for Payment / Record File*