

ACCIDENT REPORTING FORM

- Stop vehicle and investigate.
- Use 4 way flashers and set up warning devices.
- Turn off all engines.
- No smoking.
- Guard against fire.
- Check for fuel or cargo leaks, advise emergency responders of any are found.
- Assist the injured if it can be done safely.
- Call authorities and/or for medical assistance.
- BE COURTEOUS; Make no statement about accident except to police, company, or insurance company representative.
- Supply name, address, company name, company address, vehicle registration number, operator's license, and insurance information to police and other party.
- Comply with U.S. D.O.T.'s and your company's post accident alcohol and drug testing requirements.
- Complete this form where and when it is safe.
- If police on site, get name, badge number or report number from officer

Driver: _____

Date: _____

Day: _____

Time: _____

City/Town at/closest to accident location: _____

State /Province: _____

Describe accident location: (Ex., address, landmark, intersection): _____

No. of injuries: _____ No. of fatalities: _____

No. of vehicles involved: _____ No. people involved: _____

Were hazardous materials released other than fuel spilled from the fuel tanks of the vehicle involved in the accident?
_____No _____Yes

Was a citation issued at the scene? _____No _____Yes

Driver's injuries: _____

COMPANY VEHICLE(S) DAMAGE:

Unit(s): _____

Point of _____ Impact: _____

Were pictures of the damage taken? _____Yes _____No

Describe Vehicle Damage: _____

ACCIDENT DETAIL:

ROADWAY/DRIVING CONDITIONS

Visibility: _____Day _____Night _____Reduced by conditions

TRAFFIC CONDITIONS:

_____Heavy _____Medium _____Light

ROAD TYPE:

_____Off-Road _____Dirt _____Gravel
_____Asphalt _____Concrete _____Other

Occur at an intersection? _____No _____Yes

TERRAIN/DIRECTION (CHECK ALL THAT APPLY):

_____Ramp (on) _____Ramp (off)
_____Uphill _____Downhill
_____Two-Way _____One-Way
_____Curved (left) _____Curved (right)
_____Straight

WEATHER (CHECK ALL THAT APPLY):

_____Clear/Sunny _____Partly Cloudy/Sunny
_____Mostly Cloudy _____Fog
_____Rain/Showers _____Snow
_____Sleet _____Freezing Rain/Drizzle
_____Other

ACCIDENT TYPE:

_____Backing _____Hit from behind
_____Head-On _____Intersection
_____Lane Change _____Rear-end
_____Rear Underride _____Side Underride
_____Turning

