

Accident Report

Date of Report: _____ / _____ / _____

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

Person Taking Report: _____

Trip #: _____

DRIVER INFORMATION

Name: _____

Injured: Yes No

Injury Type: _____

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/Road Condition: _____

Property Damage Estimates: _____

Law Enforcement Investigation: Yes No What agency: _____

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

EQUIPMENT INFORMATION

VIN No. _____

VIN No. _____

Year: _____

Year: _____

Make: _____

Type of Trailer: _____

Owner: _____

Owner: _____

Damage: _____

Damage: _____

DRIVER'S STATEMENT OF HOW THE ACCIDENT OCCURRED

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: _____

WITNESS INFORMATION

WITNESS #1

Name: _____
Address: _____
City, ST, Zip: _____
Telephone (_____) _____ - _____

WITNESS #3

Name: _____
Address: _____
City, ST, Zip: _____
Telephone (_____) _____ - _____