IMPORTANT **This form must be completed before you leave the scene of an accident.**

If an accident occurs:

1. STOP! Do not leave the scene.
2. Set out warning flares or reflectors.
3. Determine if anyone is injured.
4. Collect witness information.
5. Complete this form as thoroughly as possible.
6. Report this accident as soon as possible to Safety Dept.
7. Do not discuss the facts with anyone except the police.
8. Return this form to your supervisor.

ALL INCIDENTS MUST BE REPORTED IMMEDIATELY

1 Police Information

Investigating Officer:_____

Badge Number:_____

Police Department:_____

Phone Number:_____

Address:_____

Report Number:_____

Charges Filed:_____

Party Charged: ☐ Insured Driver ☐ Claimant Driver ☐ None

2 Facts of Loss

Date:_____

Time:_____ ☐ a.m. ☐ p.m.

How did Accident Occur?:_____

Fuel Spill? ☐ Yes ☐ No

3 Driver Information

Name:_____

Address:_____

_____

Phone: (Work): (_____)_____

(Home): (_____)_____

Date of Birth:_____ Age:_____

S.S. #:_____

Driver's License #:_____ Issuing State:_____

Injury Type:_____

Where Treated:_____

☐ Dispatch ☐ Bobtail ☐ Deadhead

4 Equipment Information

Unit #:_____ VIN #:_____

Year:_____ Make_____ Model_____

Area Damaged:_____

Vehicle Location:_____

Owner Name:_____

5 Trailer Information

Unit #:_____ VIN #:_____

Year:_____ Make_____ Model_____

Area Damaged:_____

Trailer Location:_____

Owner Name:_____

6 Loss Location

Highway Type

☐ Interstate

☐ U.S./Canada ☐ State/Province ☐ Country Road

☐ Paved ☐ Off Roadway ☐ Parking Lot

Location:_____

_____
City State

Total Lanes Each Direction:_____

Posted Speed_____ Speed at Time of Loss_____

Cargo Description:_____

Cargo Damaged? ☐ Yes ☐ No

Cargo Spill? ☐ Yes ☐ No

Hazardous? ☐ Yes ☐ No

Weather

☐ Clear ☐ Rain

☐ Snow ☐ Sleet/Hail ☐ Windy

☐ Thunderstorm ☐ Fog/Dust/Smoke ☐ Cloudy

Road Condition

☐ Dry Pavement ☐ Wet Pavement ☐ Snow/Slush

☐ Mud ☐ Debris ☐ Stand Water/Flood

Other:_____

Traffic

☐ None ☐ Light ☐ Moderate

☐ Heavy ☐ Jammed or Stopped

Other:_____

7 Trip Information

Start Date:_____ Time:_____

Location:_____

Destination:_____

Trip Lease? ☐ Yes ☐ No

Trip Lease Co:_____

Bill of Lading Name:_____

8

8-Hour Break Information

Hrs. Dr. Since Last Break:
(Line 3 of Log Book)_____

Total Sv. Hrs. Since Last Break:
(Line 3 & 4 of Log Book)_____

9

Complete if Cargo Damaged

Cargo

Type of Damage:_____

Damage Location:_____

Temp. Control? ☐ Yes ☐ No

Seal Intact? ☐ Yes ☐ No

Acct. Carrier Type:_____

Bill of Lading No:_____

Date Loaded:_____

10

Co-Driver/Passenger Information

Name:_____

Address:_____

_____

Phone: (Work) (____)_____

(Home) (____)_____

Date of Birth:_____ Age:_____

S.S. #:_____

Injury Type:_____

Where Treated:_____

11

Other Party Information

Owner / Driver / Passenger / Pedestrian
(circle one of the above)

Name:_____

Address:_____

_____

Phone: (Work) (____)_____

(Home) (____)_____

Injury:_____

Where Treated:_____

Vehicle or Property:

Year_____ Make_____ Model_____

Color_____ Plate_____ State_____

Area Damaged:_____

Vehicle Location:_____

Citation:_____

Property Type:_____

12

Other Party Information

Owner / Driver / Passenger / Pedestrian
(circle one of the above)

Name:_____

Address:_____

_____

Phone: (Work) (____)_____

(Home) (____)_____

Injury:_____

Where Treated:_____

Vehicle or Property:

Year_____ Make_____ Model_____

Color_____ Plate_____ State_____

Area Damaged:_____

Vehicle Location:_____

Citation:_____

Property Type:_____

13

Witness Information

Name:_____

Address:_____

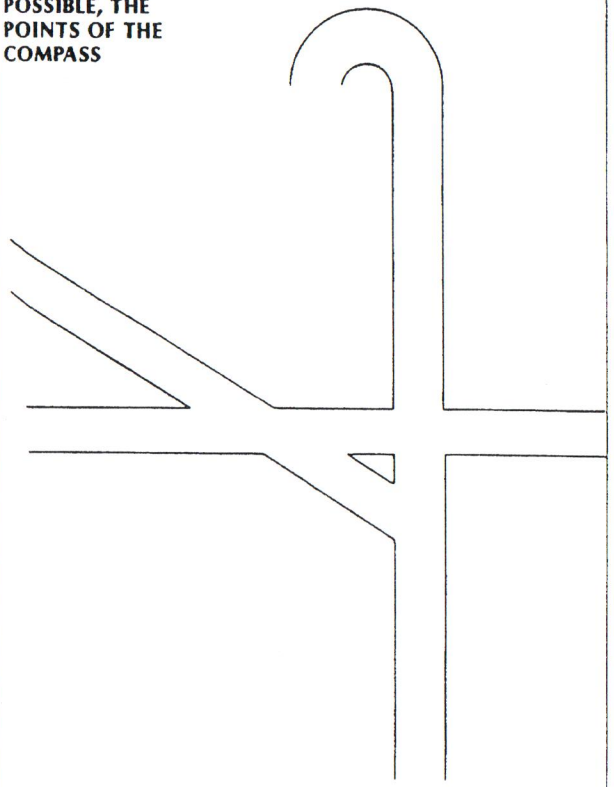
_____

Phone: (Work) (____)_____

(Home) (____)_____

14

WRITE IN STREET NAMES, AND, IF POSSIBLE, THE POINTS OF THE COMPASS



PLEASE ILLUSTRATE ON THIS DIAGRAM HOW ACCIDENT OCCURRED