

Highway Non-Highway Preventable Non-Preventable DOT RECORDABLE: YES, NO

~ MOTOR VEHICLE ACCIDENT REPORT ~

OUR
DRIVER

ACCIDENT DATE: ___/___/___, **TIME:** _____, **CO. NAME & TERM. LOC.** _____
WHAT STREET OR HIGHWAY? _____, **NEAREST TOWN,** _____, **STATE:** _____
DRIVER'S NAME: _____, **DRIVER ID#:** _____ **TRUCK #:** _____ **TRL#:** _____
HOW MANY VEHICLES INVOLVED? _____, **ANY INJURIES?:** YES, NO, **IF YES WHO?** _____
PLEASE DESCRIBE INJURIES?: _____ . *** WERE THE INJURED TRANSPORTED FROM THE SCENE FOR TREATMENT?** YES, NO. *** WERE THERE ANY FATALITIES?** YES, NO. **IF YES, WHO?** _____
VEH. TOWED? Yes, No **DESCRIBE DAMAGE TO TRK:** _____, **TO TRL:** _____

CARGO

LOADED? YES, NO **IF LOADED, PLEASE DESCRIBE CARGO:** _____
IS CARGO DAMAGED? YES, NO **IF YES, PLEASE DESCRIBE DAMAGE:** _____

OTHER
VEHICLE

OTHER DRIVER: _____ **THEIR ADDRESS:** _____
PHONE NUMBER? (____) _____, **CELL PH:** (____) _____, **OTHER DRIVER INJURED?:** YES, NO, UNK
DESCRIPTION OF OTHERVEHICLE? _____
PLEASE DESCRIBE DAMAGE? _____
WERE THERE ANY PASSENGERS IN OTHER VEHICLE? YES, NO. **IF YES, HOW MANY PASSENGERS?:** _____

WITNESSES

| ANY WITNESSES? <u>YES</u> , <u>NO</u> | WITNESS # 1 | WITNESS # 2 |
|--|--|--|
| WITNESS: NAME: _____ | WITNESS: NAME: _____ | WITNESS: NAME: _____ |
| ADDRESS: _____ | ADDRESS: _____ | ADDRESS: _____ |
| PHONE: (____) _____, CELL PH: (____) _____ | PHONE: (____) _____, CELL PH: (____) _____ | PHONE: (____) _____, CELL PH: (____) _____ |

POLICE

WERE THE POLICE CALLED? YES, NO. **DID THE POLICE INVESTIGATE?:** YES, NO. **WAS THE OFFICER** LOCAL, COUNTY, OR STATE? **ACCIDENT REPORT #:** _____ **OFFICER'S NAME?:** _____
LOCATION: _____ **PH # (____)** _____ . ***Tickets Issued?** Yes, No. ***To whom?** Our Driver or Other Driver. **What was the Charge?** _____ . ***Was a Vehicle Towed from Scene?** Yes No.

ROAD

ROAD CONDITIONS: DRY, WET, SNOWY, ICY, OILY. **WEATHER:** CLEAR, RAIN, SLEET, FOG, CLOUDY, STRONG WINDS. **LIGHT CONDITIONS:** DAYLIGHT, DARK, DUSK, DAWN

NARRATIVE

DESCRIBE WHAT HAPPENED (please include direction of travel): _____

COMMENTS, (HOSPITAL, TOW SERVICE, ETC.): _____

THIS REPORT TAKEN BY: _____, **DATE:** ___/___/___, **TIME:** _____, **REPORTED BY:** _____

Driver's signature, (if completed by the driver): _____, **DATE:** ___/___/___, **TIME:** _____

~ ACCIDENT REPORT ~

Accident date and time: ___/___/___, @ ___:___, ___ AM, ___ PM. Accident Location: _____

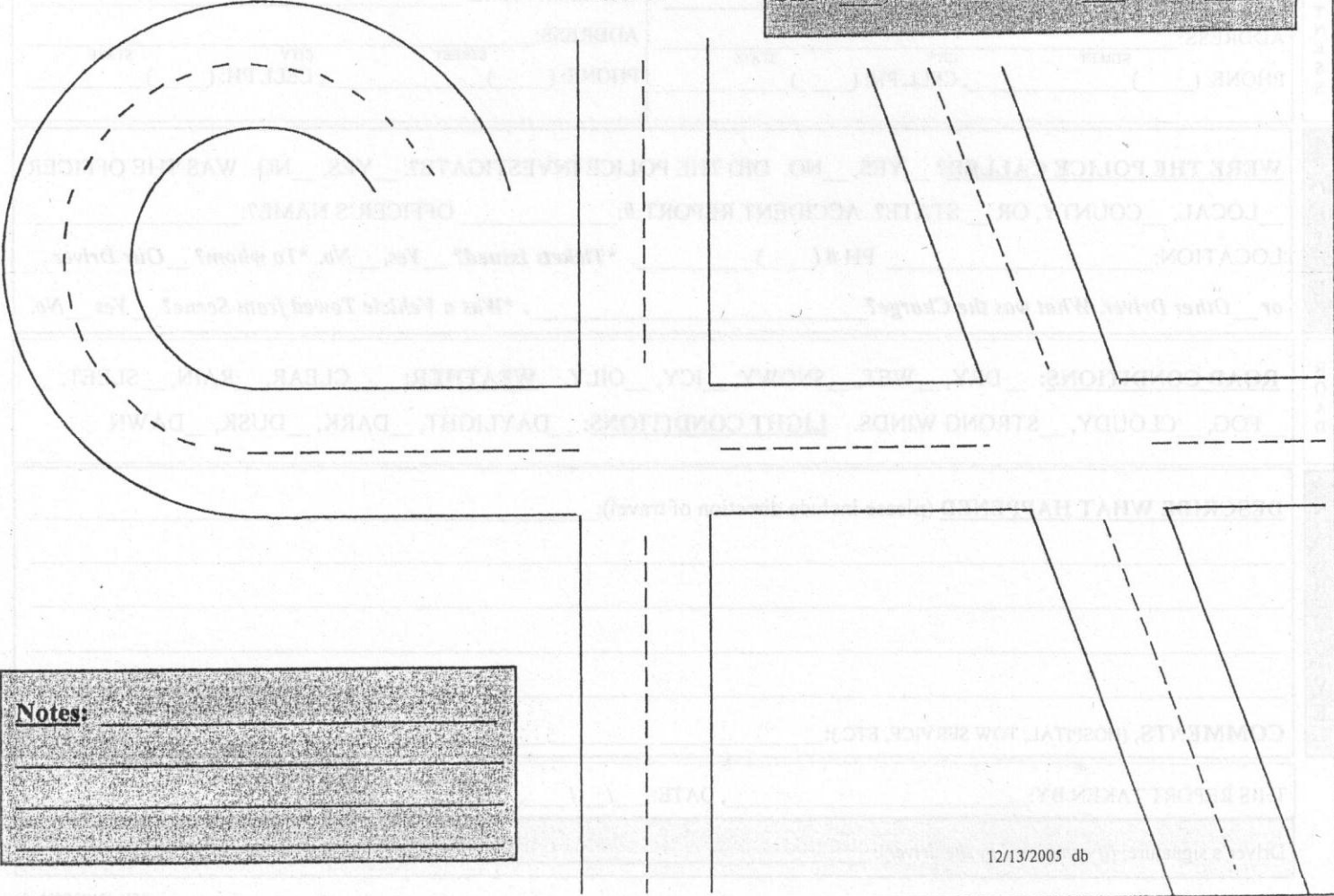
Driver's Statement (please include direction of travel): _____

Accident description completed by: _____, Date: ___/___/___

~ Diagram ~



| ACCIDENT TYPE | | |
|-----------------|---------------------|--------------------|
| FTY: ___ | Sideswipe ___ | Rear End ___ |
| ROR ___ | Rollover ___ | Shifting Cargo ___ |
| Side Impact ___ | Backing ___ | Fire ___ |
| Snow ___ | Co. Unit Parked ___ | Other ___ |



Notes:
