

## TRUCK DRIVER ACCIDENT REPORT FORM

Please use this form to document any road incidents involving trucks. Please submit it within 24 hours of the accident.

Report Date: \_\_\_\_\_, 20\_\_\_\_

### DRIVER INFORMATION

- Driver's Full Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Identification:
  - Driver's License Number: \_\_\_\_\_
  - Company ID Number: \_\_\_\_\_
  - Other ID: \_\_\_\_\_
- Contact Number: (\_\_\_\_) - \_\_\_\_\_
- Email Address: \_\_\_\_\_

### INCIDENT DETAILS

- Incident Date: \_\_\_\_\_, 20\_\_\_\_
- Incident Time: \_\_\_\_\_  AM  PM
- Incident Location: \_\_\_\_\_
- Incident Description:

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### INJURY DETAILS

- Were there any injuries?  Yes  No
- If yes, provide a brief description of the injuries:

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### WITNESS INFORMATION

- Were there witnesses to the incident?  Yes  No
- If yes, list the witnesses' names and contact information:

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**LAW ENFORCEMENT AND MEDICAL RESPONSE**

- **Were police notified?**  Yes  No
- **Was a police report filed?**  Yes  No
- **Was medical attention required?**  Yes  No  Declined
- **Where was medical treatment provided?**  On-site  Hospital  Other:

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**REPORTING INDIVIDUAL**

- **Signature:** \_\_\_\_\_
- **Date Signed:** \_\_\_\_\_, 20\_\_\_\_
- **Printed Name:** \_\_\_\_\_

**OFFICE USE ONLY**

- **Report Received By:** \_\_\_\_\_
- **Receipt Date:** \_\_\_\_\_, 20\_\_\_\_
- **Actions Taken:**

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