**TRUCK DRIVER INCIDENT REPORT FORM**

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| **TRUCK DRIVER** |

**Full Name**: [FULL NAME] **Driver’s License No**. [DL NUMBER]

**Address**: [ADDRESS] **Phone**: [PHONE]

**Company / Employer**: [COMPANY/EMPLOYER] **Employee No.**: [EMPLOYEE ID NO.]

**Truck Fleet / Registration No.**: [TRUCK FLEET/REGISTRATION NO.]

**Trailer Fleet / Registration No.**: [TRAILER FLEET/REGISTRATION NO.]

**Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) **Date**: [DATE]

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| **INCIDENT DETAILS** |

**Date of Incident**: [DATE OF INCIDENT] **Time**: [TIME] [ ]  AM [ ]  PM

**Location**: [LOCATION]

**Incident Type**: ☐ Collision ☐ Injury ☐ Equipment Failure ☐ Cargo Spill ☐ Interaction / Conflict ☐ Customer Complaint ☐ Other: [OTHER]

**Describe the Incident**: [DESCRIBE THE INCIDENT]

**Truck Towed?** [ ]  Yes [ ]  No **If yes, specify towing company**: [TOWING COMPANY]

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| **OTHER PARTIES INVOLVED** |

1. **Full Name**: [FULL NAME] **Phone**: [PHONE] **E-Mail**: [EMAIL]

**Address**: [ADDRESS]

**Identification**: [ ]  DL No.: [DL NUMBER] [ ]  Other: [OTHER]

1. **Full Name**: [FULL NAME] **Phone**: [PHONE] **E-Mail**: [EMAIL]

**Address**: [ADDRESS]

**Identification**: [ ]  DL No.: [DL NUMBER] [ ]  Other: [OTHER]

1. **Full Name**: [FULL NAME] **Phone**: [PHONE] **E-Mail**: [EMAIL]

**Address**: [ADDRESS]

**Identification**: [ ]  DL No.: [DL NUMBER] [ ]  Other: [OTHER]

1. **Full Name**: [FULL NAME] **Phone**: [PHONE] **E-Mail**: [EMAIL]

**Address**: [ADDRESS]

**Identification**: [ ]  DL No.: [DL NUMBER] [ ]  Other: [OTHER]

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| **INJURIES** |

**Was anyone injured?** [ ]  Yes [ ]  No

**If yes, describe the injuries**: [INJURY DESCRIPTION]

**Was there any damage to equipment/property?** [ ]  Yes [ ]  No

**If yes, describe the damage**: [DAMAGE DESCRIPTION]

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| **WITNESSES** |

**Were there witnesses to the incident?** [ ]  Yes [ ]  No

**If yes, enter the witnesses’ names and contact info**:

1. **Full Name**: [NAME] **Phone**: [PHONE] **E-Mail**: [EMAIL]
2. **Full Name**: [NAME] **Phone**: [PHONE] **E-Mail**: [EMAIL]
3. **Full Name**: [NAME] **Phone**: [PHONE] **E-Mail**: [EMAIL]

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| **POLICE / MEDICAL SERVICES** |

**Police Notified?** [ ]  Yes [ ]  No **If yes, was a report filed?** [ ]  Yes [ ]  No

**Was medical treatment provided?** [ ]  Yes [ ]  No [ ]  Refused

**If yes, where was medical treatment provided?**

[ ]  On site [ ]  Hospital [ ]  Other: [OTHER]

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| **OFFICE USE ONLY** |

**Report received by**: [FULL NAME]

**Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) **Date**: [DATE]

**Follow-up action taken**: [FOLLOW-UP ACTION TAKEN]