

# TRUCK DRIVER INCIDENT REPORT FORM

## TRUCK DRIVER

Full Name: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Company / Employer: \_\_\_\_\_ Employee No.: \_\_\_\_\_

Truck Fleet / Registration No.: \_\_\_\_\_

Trailer Fleet / Registration No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INCIDENT DETAILS

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ AM ☐ PM

Location: \_\_\_\_\_

Incident Type: ☐ Collision ☐ Injury ☐ Equipment Failure ☐ Cargo Spill ☐ Interaction / Conflict  
☐ Customer Complaint ☐ Other: \_\_\_\_\_

Describe the Incident:

Truck Towed? ☐ Yes ☐ No If yes, specify towing company: \_\_\_\_\_

## OTHER PARTIES INVOLVED

1. Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
Identification: ☐ DL No.: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
Identification: ☐ DL No.: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

3. Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
Identification: ☐ DL No.: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

### INJURIES / DAMAGE

Was anyone injured? ☐ Yes ☐ No

If yes, describe the injuries:

Was there any damage to equipment/property? ☐ Yes ☐ No

If yes, describe the damage:

### WITNESSES

Were there witnesses to the incident? ☐ Yes ☐ No

If yes, enter the witnesses' names and contact info:

1. Full Name:	_____	Phone:	_____	E-Mail:	_____
2. Full Name:	_____	Phone:	_____	E-Mail:	_____
3. Full Name:	_____	Phone:	_____	E-Mail:	_____

### 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: \_\_\_\_\_

### OFFICE USE ONLY

Report received by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up action taken: