



ACCIDENT / COLLISION REPORT

LEGAL DOCUMENT

MUST BE LEGIBLE
MAY BE TYPED OR HANDWRITTEN (INK ONLY)

CORRECT Driver's name _____

CORRECT Tractor's # _____

CORRECT Trailer's # _____

Date and Time of Occurrence _____

Location of Occurrence: (City/State) _____

Description of Events _____

Property Damage _____

Our Vehicle Damage _____

Any Vehicle(s) Towed: (Y/N) _____ Location _____

Location of our Vehicles _____

If not towed: Address _____ City/State _____ Phone _____

HazMat or Fuel Spill (Y/N) _____

Citation issued to our Driver _____

Citation Violation _____

Police Report (If Available)

Police Agency Making Report _____

Officer's Name & Badge # _____

Police Department Phone # _____ Police Report # _____

Report Taken by _____

** If any fatality occurs, then post accident drug & alcohol testing is required. If our driver receives a citation AND any vehicle is towed OR any person receives medical treatment away from scene, then post accident & drug testing requirement. Contact Safety Director or Claims Manager in case of HazMat or Fuel Spill for clear up.

Refer to W14.9.30 for additional information regarding accident/collision procedures

Name	Address, City, State	Phone
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DRAW DIAGRAM OF ACCIDENT

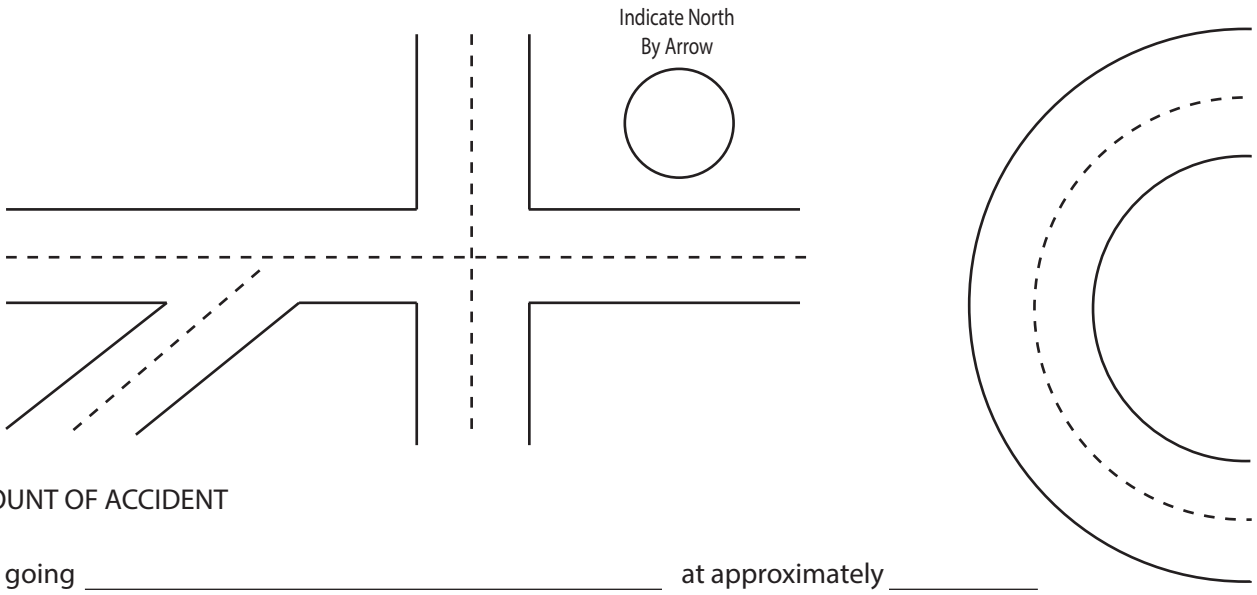
Show your vehicle as No. 1.

Show other vehicle as No. 2 as the collision occurred.

Show direction and distance traveled before the crash by solid line.

Show direction and distance traveled after crash by dotted line.

Vehicle Defects <input type="checkbox"/> No Defects <input type="checkbox"/> Tires <input type="checkbox"/> Brakes <input type="checkbox"/> Engine <input type="checkbox"/> Lights <input type="checkbox"/> Fuel Lane <input type="checkbox"/> Coupling <input type="checkbox"/> Steering <input type="checkbox"/> Wheel or Part <input type="checkbox"/> Axis <input type="checkbox"/> Spring or Part <input type="checkbox"/> Other	Roadway <input type="checkbox"/> Straight <input type="checkbox"/> Curve <hr/> <input type="checkbox"/> On Grade <input type="checkbox"/> Level <input type="checkbox"/> Hillcrest <hr/> <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Muddy <input type="checkbox"/> Snow <input type="checkbox"/> Icy	<input type="checkbox"/> 2-lane <input type="checkbox"/> 3-lane <input type="checkbox"/> 4-lane <input type="checkbox"/> Divided <input type="checkbox"/> Other <hr/> <input type="checkbox"/> Lanes Marked <input type="checkbox"/> Lanes unmarked <hr/> <input type="checkbox"/> No Road <input type="checkbox"/> Holes, ruts <input type="checkbox"/> Loose Material <hr/> <input type="checkbox"/> Other	Light <input type="checkbox"/> Daylight <input type="checkbox"/> Dark <input type="checkbox"/> Dusk <input type="checkbox"/> Dawn <hr/> Weather <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Other
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ACCOUNT OF ACCIDENT

I was going _____ at approximately _____
direction street or route (MPH)

This time was _____ and the other party in vehicle 2 was going _____ at approximately _____
direction (MPH)

ACCIDENT DESCRIPTION:

Date Completed _____ Signature _____