



Driver Incident Report Form

WORK READY ESSENTIALS- Equipping Workers for Success

DRIVER INCIDENT REPORT FORM

Report Information

Report Number: _____ Date of Report: _____

Time of Report: _____ Reported By: _____

Driver Information

Driver Name: _____ Employee ID: _____

Driver License Number: _____ License Class: _____

Phone Number: _____ Email: _____

Years of Experience: _____ Hire Date: _____

Vehicle Information

Vehicle Make/Model: _____ Year: _____

Vehicle ID/Fleet Number: _____ License Plate: _____

Odometer Reading: _____ VIN: _____

Vehicle Condition Before Incident: Excellent Good Fair Poor

Incident Details

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Date of Incident: _____ Time of Incident:

Location of Incident: _____

City/Province: _____ Weather Conditions:

Road Conditions: Dry Wet Icy Snow-covered Under construction

Other: _____

Traffic Conditions: Light Moderate Heavy Stopped

Speed Limit: _____ Approximate Speed:

Type of Incident (Check all that apply)

Vehicle-Related

- Motor Vehicle Accident (MVA)
- Vehicle Breakdown
- Tire Blowout/Flat
- Mechanical Failure
- Equipment Malfunction
- Vehicle Fire
- Fuel Spill

Cargo/Loading Related

- Load Shift/Securement Failure
- Cargo Damage
- Loading/Unloading Accident

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- Hazardous Material Incident
- Overweight/Oversize Issue

Driver/Personnel Related

- Driver Injury
- Driver Illness
- Slip/Trip/Fall
- Struck by Object
- Repetitive Strain Injury

Traffic/Road Related

- Collision with Another Vehicle
- Collision with Fixed Object
- Hit Pedestrian/Cyclist
- Road Rage Incident
- Traffic Violation Issued

Property Damage

- Company Property Damage
- Third Party Property Damage
- Environmental Damage
- Public Property Damage

Other

- Theft/Vandalism
- Near Miss
- Other: _____

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Incident Description

Describe what happened (be specific and detailed):

What was the driver doing immediately before the incident?

Contributing factors (check all that apply):

- Driver fatigue Distracted driving Weather conditions Poor visibility
- Mechanical failure Road conditions Other driver error Traffic congestion
- Construction zone Animal in roadway Medical emergency Equipment failure
- Other: _____

Injuries and Medical Attention

Were there any injuries? Yes No

If yes, describe injuries and to whom:

Was medical attention sought? Yes No

Hospital/Clinic Name: _____ Ambulance Called: Yes No

Treating Physician: _____ Will driver return to work: Yes
 No

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Third Party Information

Other Vehicle(s) Involved

Driver Name: _____ License Number: _____

Phone Number: _____ Insurance Company: _____

Policy Number: _____ Vehicle Make/Model: _____

License Plate: _____ Damage Description: _____

Witnesses

Witness 1 Name: _____ Phone: _____

Address: _____

Witness 2 Name: _____ Phone: _____

Address: _____

Authorities and Emergency Response

Police Called: Yes No Police Report Number: _____

Officer Name: _____ Badge Number: _____

Fire Department Called: Yes No Ambulance Called: Yes No

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Tow Truck Required: Yes No Tow Company: _____

Damage Assessment

Company Vehicle Damage

Estimated Damage: \$_____ Driveable: Yes No

Damage Description:

Third Party/Property Damage

Estimated Damage: \$_____ Description:

Preventive Measures

Could this incident have been prevented? Yes No

If yes, how?

What corrective actions should be taken to prevent similar incidents?

Driver Statement

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I certify that the information provided above is true and accurate to the best of my knowledge:

Driver Signature: _____ Date: _____

Supervisor Review

Supervisor Name: _____ Date Reviewed:

Investigation Notes:

Follow-up Actions Required:

- Additional driver training Vehicle inspection Policy review
- Disciplinary action Equipment replacement Route modification
- Other: _____

Supervisor Signature: _____ Date: _____

Post-Incident Testing (If Applicable)

Drug/Alcohol Test Required: Yes No Test Completed: Yes No

Test Results: _____ Testing Facility: _____

Document Attachments

- Police Report Photos of Damage Witness Statements
- Medical Reports Insurance Forms Vehicle Inspection Report
- Other: _____



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Document Control:

- Document Version: 1.0
- Last Updated: September 2025
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- Approved By: Work Ready Essentials Safety Team

Distribution: Original to Safety Department, Copy to Driver File, Copy to Insurance (if applicable)

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