



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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