Truck Driver Accident Report Form

Driver and vehicle

Carrier / driver name

Truck unit / trailer unit

Report date / incident date and time

Exact location / travel direction

Conditions and initial response

Weather / light / roadway conditions

Police agency / officer / report number

Injuries / medical response observed

Disabling damage / vehicle(s) towed

Citation issued / charge / time issued

Company contact notified / time

Other vehicles and parties

Name / contact	Vehicle / plate	Insurer / policy

Witnesses

Name	Phone / other contact

49 CFR 390.15 49 CFR 382.303

Working resource. Confirm applicability and current requirements for your operation.

Truck Driver Accident Report Form | Continued

Sequence of events: your factual account

Evidence and follow-up

Photos / video saved and where

Camera / electronic records needing preservation

Testing instructions received / contact / time

Additional facts or attachments

Identify what you personally observed and what others told you. Do not alter or delete evidence. Send the completed report through the company’s approved secure process.

Driver statement

Driver signature / date

49 CFR 390.15 49 CFR 382.303

Working resource. Confirm applicability and current requirements for your operation.