

TELEPHONE REPORT OF INCIDENT

CLAIM # _____

DATE AND TIME REPORTED _____

REPORTED BY NAME _____ PHONE # _____

DRIVER _____ INJURED? NO MINOR TO HOSP

WHAT HAPPENED (BRIEFLY): _____

DATE OF ACCIDENT _____ TIME _____

EXACT LOCATION _____

ANY THIRD PARTY INJURIES? (IF SO, DESCRIBE) _____

ANYONE TAKEN TO HOSPITAL? _____ IF SO, WHERE? _____

POLICE CALLED? YES NO AT SCENE? YES NO COMING? YES NO

TRACTOR # _____ DRIVEABLE? _____

TRAILER # _____ MOBILE? _____

TRAILER # _____ MOBILE? _____

ASSISTANCE NEEDED AT SCENE? _____

IS THERE A FUEL SPILL? YES NO ESTIMATE OF AMOUNT: _____

SHIPPER _____ RECEIVER _____

CARGO DESCRIPTION _____

NAME AND ADDRESS OF THIRD PARTY _____

T/P AUTO YEAR _____ MAKE _____ LICENCE # _____

DRIVEABLE? _____ NUMBER OF OCCUPANTS IN T/P AUTO: DRIVER PLUS _____ PASSENGERS

THIRD PARY INSURANCE COMPANY NAME _____

WITNESSES? YES NO

IF YES, OBTAIN THEIR CONTACT INFORMATION: _____

REPORT TAKEN BY _____ DATE _____

NOTE TO REPORT TAKER: If incident is in the US with injuries or a vehicle being towed, the Driver MUST obtain a drug and alcohol screening BEFORE driving again.