### **Goods Vehicle Incident Report**

#### **Section 1: General Information**

#### Report Number: [Unique ID/Reference Number]

#### Date of Incident: [DD/MM/YYYY]

#### Time of Incident: [HH:MM AM/PM]

#### Location of Incident: [Exact location – address, city, state/province, zip code, or landmarks]

#### Reported By: [Name, Role/Designation, Contact Information]

#### Company Name: [Your Company Name or Responsible Entity]

#### **Section 2: Vehicle Information**

#### Vehicle Make and Model: [e.g., Volvo FH16]

#### Vehicle Registration Number: [License Plate Number]

#### Vehicle Identification Number (VIN): [Optional]

#### Fleet ID or Unit Number: [Company-assigned vehicle identifier]

#### Driver’s Name: [Full Name]

#### Driver’s License Number: [License Number]

#### Driver’s Contact Information: [Phone Number, Email Address]

#### Vehicle Inspection Status Before Departure: [Good/Minor Issues/Other]

#### **Section 3: Cargo Information**

#### Type of Goods Being Transported: [e.g., Electronics, Perishables, Machinery]

#### Weight of Cargo: [Provide weight in kg or lbs]

#### Cargo Value: [Estimated monetary value]

#### Packaging Condition Before Departure: [Good/Damaged/Other]

#### Cargo Condition Post-Incident: [Detailed description of damages or loss]

#### **Section 4: Incident Description**

#### Type of Incident: [e.g., Collision, Theft, Cargo Shift, Mechanical Breakdown]

#### Weather and Road Conditions: [e.g., Clear skies, wet roads]

#### Direction of Travel: [e.g., Northbound on Highway 1]

#### Detailed Description: [Provide a comprehensive account of the incident, including:

#### Events leading to the incident

#### Driver’s actions

#### Impact on the vehicle and cargo]

#### Was the Cargo Secured? [Yes/No; provide details]

#### Sketch/Diagram of Incident (if available): [Attach or describe relevant diagrams]

#### **Section 5: Other Parties Involved**

#### Other Vehicle(s)/Parties Involved (if applicable):

#### Vehicle Make and Model:

#### License Plate Number:

#### Driver Name and Contact Information:

#### Insurance Provider and Policy Number:

#### Description of Damages (if any):

#### Witness Information (if available):

#### Name(s):

#### Contact Information:

#### Statement (if applicable):

#### **Section 6: Damages and Losses**

#### Damage to Goods Vehicle: [Describe the nature and extent of the damage]

#### Damage to Cargo: [Detailed account of damage to goods]

#### Damage to Third-Party Property (if any): [Describe any additional damages caused to other properties]

#### Estimated Cost of Damages and Losses: [Provide a monetary estimate if possible]

#### **Section 7: Actions Taken**

#### Police Contacted: [Yes/No; include police report number if applicable]

#### Towing Services Engaged: [Yes/No; provide company name and details]

#### Emergency Services Contacted: [Yes/No; provide details]

#### Was Cargo Transferred to Another Vehicle?: [Yes/No; include details of transfer and responsible party]

#### **Section 8: Attachments**

#### Photos of Scene and Damages: [Yes/No; attach photographs if available]

#### Sketch/Diagram of Incident: [Yes/No; attach relevant diagrams]

#### Police Report: [Yes/No; reference number]

#### Insurance Documents: [Yes/No; attach copies if available]

#### **Section 9: Declaration and Signatures**

#### Driver Declaration: I hereby declare that the information provided in this report is true and accurate to the best of my knowledge.

#### Driver Name (Printed): [Full Name]

#### Signature: [Signature]

#### Date: [DD/MM/YYYY]

#### Supervisor Review:

#### Supervisor Name (Printed): [Full Name]

#### Role/Designation: [Role]

#### Signature: [Signature]

#### Date: [DD/MM/YYYY]

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