

Commercial 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 Details

- **Vehicle Make and Model:** [e.g., Scania R450]
- **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 License Number:** [License Number]
- **Driver's Contact Information:** [Phone Number, Email Address]
- **Current Vehicle Condition Before Incident:** [e.g., Good, Minor Wear, etc.]

Section 3: Incident Description

- **Type of Incident:** [e.g., Collision, Mechanical Breakdown, Cargo Loss, Theft]
- **Weather and Road Conditions:** [e.g., Clear skies, dry roads, light rain]
- **Direction of Travel:** [e.g., Northbound on Highway 75]

- **Detailed Description:**
[Provide a detailed account of what happened, including events leading to the incident, actions taken by the driver, and any environmental or external factors contributing to the event.]
- **Was the Cargo Compromised?** [Yes/No; provide details if applicable]
- **Diagram/Sketch of Incident (if available):** [Attach or describe relevant diagrams]

Section 4: Other Parties Involved

- **Details of Other Vehicle(s)/Parties (if applicable):**
 - **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 5: Cargo Details

- **Type of Cargo:** [e.g., Electronics, Perishables, Machinery]
- **Weight and Volume of Cargo:** [Provide estimated weight and volume]
- **Condition of Cargo Post-Incident:** [Describe any losses or damages]
- **Estimated Financial Impact of Cargo Damage (if any):** [Monetary estimate]

Section 6: Damages

- **Vehicle Damage Description:** [Provide details, include photos if available]
- **Third-Party Property Damage (if any):** [Describe damage caused to other properties]
- **Estimated Cost of Repairs (if available):** [Monetary estimate]

Section 7: Actions Taken

- **Police Contacted:** [Yes/No; provide police report number if applicable]
- **Emergency Services Contacted:** [Yes/No; provide details]
- **Was Towing Required?:** [Yes/No; name of towing service if applicable]
- **Insurance Notified:** [Yes/No; reference number if applicable]
- **Repair Services Engaged:** [Yes/No; name of service provider]

Section 8: Attachments

- **Photos of the Scene:** [Yes/No; attach photographs if available]
- **Police Report:** [Yes/No; reference number]
- **Sketch/Diagram of Incident:** [Yes/No; provide attachment]
- **Insurance Details/Documents:** [Yes/No]

Section 9: Declaration and Signatures

- **Driver Declaration:**

I hereby declare that the information provided is true to the best of my knowledge.

- **Driver Signature:** [Signature]
 - **Driver Name (Printed):** [Full Name]
 - **Date:** [DD/MM/YYYY]
- **Supervisor/Manager Approval:**
 - **Name (Printed):** [Full Name]
 - **Signature:** [Signature]
 - **Date:** [DD/MM/YYYY]