

# 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]