### **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]