Accident Report Form

GENERAL

DATE OF ACCIDENT	TIME (24 HRS)	SEVERITY	DATE REPORTED	
YEAR MONTH DAY	HRS . MIN.	DAMAGE ☐ INJURY ☐ FATALITY ☐	YEAR MONTH DAY	

RDK DRIVER INFORMATION

NAME		CELL NUMBER
LAST	FIRST	
ADDRESS		
HOUSE NUMBER, STREET NAME, CITY, PROVINCE, POSTAL CODE		

DRIVERS LIICENSE #	PROVINCE OF ISSUE:

TRACTOR UNIT #	TRAILER UNIT #

OTHER DRIVER

NAME		PHONE
LAST	FIRST	
ADDRESS		
STREET	CITY	PROV/STATE
DRIVER LICENCE		
NO.	EXPIRES	PROV/STATE
VEHICLE		
YEAR MAKE	MODEL PLATE	PROV/STATE
INSURANCE		
COMPANY NAME	POLICY NO.	EXPIRES

POLICE CALLED	☐
POLICE ON SCENE	☐
AMBULANCE CALLED	☐
AMBULANCE ON SCENE	☐
SET WARNING DEVICES	☐
SECURED WITNESSES	☐
HAZARDOUS GOODS INVOLVED	☐
CARGO SECURED	☐
COMPANY UNIT MOVABLE	☐

DRIVER DETAILS:

Are you on any medication? Yes ☐ No ☐ If yes describe _____

When did you last consume alcohol? _____

Do you feel fatigue was a factor? Yes ☐ No ☐ If yes, explain _____

Do you wear glasses or contacts? Yes – Glasses ☐ Yes – Contacts ☐ No ☐

If yes, were they worn at the time of the accident? Yes ☐ No ☐

Were you wearing a seatbelt? Yes ☐ No ☐, If no, explain_____

Do you submit a urinalysis sample? Yes ☐ No ☐ If yes, where _____

How many hours had you been on duty prior to the accident? _____

Prior 7 days? _____

Did you have passengers with you? Yes ☐ No ☐ If yes, Who _____

ACCIDENT DESCRIPTION (SEQUENCE OF EVENTS, DIRECTION OF TRAVEL, LOCATION/DESCRIPTION OF DAMAGE IN YOUR OWN WORDS)

_____

_____

_____

_____

_____

_____

LOCATION (NAME HIGHWAY OR INTERSECTION OR PROVIDE DISTANCE AND DIRECTION FROM NEAREST COMMUNITY, JUNCTION, CROSSROAD OR MILEPOST)

_____

_____

_____

_____

IMMEDIATE CAUSE CODES			ROOT CAUSE CODES		
Auto		**Cargo**	**Bodily Injury**	**Contact Code**	**Performance**
☐Animal	☐Misc.	☐Shortage	☐Ankle	☐Struck Against	☐Poor leadership
☐Backing	☐Off Road	☐Theft/Pilferage	☐Arm L R	☐Struck By	☐Poor engineering
☐Broadside	☐Overhead	☐Visible Damage	☐Back/Chest	☐Caught In	☐Poor purchasing
☐Fire	☐Rear-ender	☐Concealed Damage	☐Elbow	☐Caught On	☐Poor maintenance
☐Flying Object	☐R Turn	☐Wreck/Catastrophe	☐Eye	☐Caught between	☐Poor equipment
☐Front ender	☐Rollover	☐Environmental	☐Finger	☐Slip	☐Poor work standards
☐Head On	☐Sideswipe	☐Heat/cold	☐Foot L R	☐Fall – same level	☐Wear and tear
☐Hit & Run	☐Stationary Object	☐Hazmat	☐Groin	☐Fall below	☐Abuse or misuse
☐Jackknife	☐Theft		☐Hand	☐Over Exertion	**Personal Factor**
☐L Turn	☐Trailer		☐Head		☐Inadequate capability
			☐Leg		☐Lack of knowledge
			☐Multiple		☐Lack of skill
			☐Shoulder		☐Stress
			☐Stomach		☐Improper motivation

Description of Damage & Estimated Cost

_____

_____

_____

_____

_____

_____

_____

_____

Would you describe this as Preventable ☐ or Non-Preventable accident ☐

Explain_____

_____

Accident Report completed at _____(Location)

Drivers Signature _____ Date _____

Supervisor's Name _____ Supervisor's Signature _____Date _____