



Cargo Report Form

Page ____ of ____

SGI ACCIDENT FILE NO. – OFFICE USE	SGI ADJUSTER - OFFICE USE

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 #
----------------	----------------

GENERAL

DATE OF ACCIDENT	TIME (24 HRS)	SEVERITY		DATE REPORTED
YEAR MONTH DAY	HRS. MIN.	REPAIRABLE	TOTAL LOSS	YEAR MONTH DAY
		<input type="checkbox"/>	<input type="checkbox"/>	

LOADING	IN TRANSIT	UNLOADING	MARKED OF BOL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DESCRIPTION OF DAMAGE TO FREIGHT

Would you describe this as Preventable _____ or Non-Preventable incident _____?
 Explain _____

Accident Report completed at _____ (Location)

Drivers Signature _____ Date _____

Supervisor's Name _____ Supervisor's Signature _____ Date _____