



### INCIDENT REPORT FORM

#### GENERAL INFORMATION

- Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ a.m. / p.m.  
mm/dd/yyyy
- Company:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone No.: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

#### INCIDENT INFORMATION

- Describe briefly what happened (attach additional sheets if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Location of Incident: \_\_\_\_\_  
\_\_\_\_\_
- Support Vehicle:  
Year, Make and Model: \_\_\_\_\_  
Approximate Weight: \_\_\_\_\_ lbs.  
Vehicle was:      Actual work vehicle / shadow vehicle / in transit  
                            Stationary / moving at \_\_\_\_\_ mph  
Injury to Support Truck Operator:      None / Minor / Severe  
Name and Phone No. of Truck Operator: \_\_\_\_\_  
May we contact him/her for more information?    Yes / No

