

Driver's collision report: Trucking

This report is to be completed at the scene of the collision by the driver.

This driver's collision report is for your internal records only. After any collision or loss, notify your employer and have them call your insurer.

Steps to follow in the event of a collision

1. Remain at the scene. Turn on four-way flashers, set out flares or reflectors.
2. Check for immediate danger, such as fuel spills.
3. Ensure that seriously injured parties are cared for. If necessary, call an ambulance.
4. Notify the police.
5. Notify your employer, and have your employer notify your insurer immediately.
6. Complete this report at the scene of the collision.
7. If possible, take pictures of the scene. Do not take photographs of victims.
8. Do not discuss the collision with anyone except the police or your insurance representative.
9. Submit this report to your supervisor as soon as possible. Do not distribute or copy this report to others.

Driver information

Name: _____ Address: _____
Phone: _____ Licence #: _____ Expiration date: _____ Province of issue: _____

Owner information

Name: _____ Address: _____
Phone: _____ Policy #: _____ NSC/CVOR#: _____

Vehicle information

Describe the unit or tractor that you were driving:

Year: _____ Make: _____ Colour: _____
VIN: _____ Unit #: _____

Describe the type of trailer(s) that you were pulling:

Year: _____ Make: _____ VIN: _____ Number of Trailers: _____

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Cargo loss information

Was the cargo damaged? Yes No

Estimated value of the damage: \$ _____ Describe the damage to the cargo: _____

Collision information

Date: _____ Time: _____ Number of vehicles involved: _____

Street name(s) where the collision occurred: _____

City: _____ Province/State: _____ Landmarks: _____

In what direction were you travelling? _____

Just prior to the collision, at what speed were you travelling? _____ km/h _____ mph

Were your headlights on when the collision occurred? Yes No

What lane were you in? (lane closest to the shoulder is Lane 1) _____

How many lanes wide is the road in one direction? _____

Were warning signals given prior to the collision occurring? Yes No

If yes, what was the signal given and by whom? _____

Road/weather condition

Describe the road conditions by checking one or more of the following:

- | | | | |
|--|--|--|--------------------------------|
| <input type="checkbox"/> Straight | <input type="checkbox"/> Grade _____ % | <input type="checkbox"/> Hill crest | <input type="checkbox"/> Wet |
| <input type="checkbox"/> Level | <input type="checkbox"/> Hilly | <input type="checkbox"/> Divided highway | <input type="checkbox"/> Dry |
| <input type="checkbox"/> Curve | <input type="checkbox"/> Debris/construction | <input type="checkbox"/> Oily | <input type="checkbox"/> Icy |
| <input type="checkbox"/> Marked lanes | <input type="checkbox"/> Pot holes | <input type="checkbox"/> Snowy | <input type="checkbox"/> Muddy |
| <input type="checkbox"/> Unmarked lane | <input type="checkbox"/> Other (describe): _____ | | |
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Check all actions and/or movements that apply to the other vehicle(s) involved

- Vehicle 1**
- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Driving straight ahead | <input type="checkbox"/> Turning right | <input type="checkbox"/> Turning left | <input type="checkbox"/> Making a U-turn | <input type="checkbox"/> Lost control |
| <input type="checkbox"/> Stopped or parked | <input type="checkbox"/> Backing up | <input type="checkbox"/> Jack-knifed trailer | <input type="checkbox"/> Passing right side | <input type="checkbox"/> Passing left side |
| <input type="checkbox"/> Weaving | <input type="checkbox"/> Skidding | <input type="checkbox"/> On the wrong side | <input type="checkbox"/> Other (describe) _____ | |
-
-

- Vehicle 2**
- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Driving straight ahead | <input type="checkbox"/> Turning right | <input type="checkbox"/> Turning left | <input type="checkbox"/> Making a U-turn | <input type="checkbox"/> Lost control |
| <input type="checkbox"/> Stopped or parked | <input type="checkbox"/> Backing up | <input type="checkbox"/> Jack-knifed trailer | <input type="checkbox"/> Passing right side | <input type="checkbox"/> Passing left side |
| <input type="checkbox"/> Weaving | <input type="checkbox"/> Skidding | <input type="checkbox"/> On the wrong side | <input type="checkbox"/> Other (describe) _____ | |
-
-

- Vehicle 3**
- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Driving straight ahead | <input type="checkbox"/> Turning right | <input type="checkbox"/> Turning left | <input type="checkbox"/> Making a U-turn | <input type="checkbox"/> Lost control |
| <input type="checkbox"/> Stopped or parked | <input type="checkbox"/> Backing up | <input type="checkbox"/> Jack-knifed trailer | <input type="checkbox"/> Passing right side | <input type="checkbox"/> Passing left side |
| <input type="checkbox"/> Weaving | <input type="checkbox"/> Skidding | <input type="checkbox"/> On the wrong side | <input type="checkbox"/> Other (describe) _____ | |
-
-

- Vehicle 4**
- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Driving straight ahead | <input type="checkbox"/> Turning right | <input type="checkbox"/> Turning left | <input type="checkbox"/> Making a U-turn | <input type="checkbox"/> Lost control |
| <input type="checkbox"/> Stopped or parked | <input type="checkbox"/> Backing up | <input type="checkbox"/> Jack-knifed trailer | <input type="checkbox"/> Passing right side | <input type="checkbox"/> Passing left side |
| <input type="checkbox"/> Weaving | <input type="checkbox"/> Skidding | <input type="checkbox"/> On the wrong side | <input type="checkbox"/> Other (describe) _____ | |
-
-

- Vehicle 5**
- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Driving straight ahead | <input type="checkbox"/> Turning right | <input type="checkbox"/> Turning left | <input type="checkbox"/> Making a U-turn | <input type="checkbox"/> Lost control |
| <input type="checkbox"/> Stopped or parked | <input type="checkbox"/> Backing up | <input type="checkbox"/> Jack-knifed trailer | <input type="checkbox"/> Passing right side | <input type="checkbox"/> Passing left side |
| <input type="checkbox"/> Weaving | <input type="checkbox"/> Skidding | <input type="checkbox"/> On the wrong side | <input type="checkbox"/> Other (describe) _____ | |
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Witness information

Licence plate number of vehicles at the scene of the collision — but not involved in the collision — who could act as witnesses:

1. _____ 2. _____ 3. _____

Province/State: _____ Province/State: _____ Province/State: _____

Third-party/other vehicle information - vehicle 1

Year: _____ Make: _____ Colour: _____ Plate #: _____

Driver's name: _____ Driver's address: _____

Driver's phone: _____ Driver's licence #: _____ Province/State of issue: _____

Date of expiration: _____ Vehicle VIN: _____ Trailer(s) VIN: _____

Unit #: _____ Trailer number(s): _____

Owner/employer's name: _____ Owner/employer's address: _____

Owner/employer's phone: _____ No. of persons in vehicle: _____

Was anyone in the vehicle injured? Yes No The driver The passenger

Insurance company: _____ Policy #: _____

Third-party/other vehicle information - vehicle 2

Year: _____ Make: _____ Colour: _____ Plate #: _____

Driver's name: _____ Driver's address: _____

Driver's phone: _____ Driver's licence #: _____ Province/State of issue: _____

Date of expiration: _____ Vehicle VIN: _____ Trailer(s) VIN: _____

Unit #: _____ Trailer number(s): _____

Owner/employer's name: _____ Owner/employer's address: _____

Owner/employer's phone: _____ No. of persons in vehicle: _____

Was anyone in the vehicle injured? Yes No The driver The passenger

Insurance company: _____ Policy #: _____

Police information

Were the police present at the collision? Yes No

Officer # 1 name: _____ Badge number: _____

Officer # 2 name: _____ Badge number: _____

Name of police agency: _____ Phone: _____

Report #: _____ Was anyone arrested? Yes No

Name of person arrested: _____
