

Driver Accident Report

Call your manager or supervisor immediately! Complete this entire form and turn in to your manager or supervisor the same day as accident or when you return to work. Take photos if possible.

General Information

Date: _____ Time of Accident: _____

Police Called: YES/NO Police Respond: YES/NO Police Report Number: _____

Name of Supervisor/Manager Notified: _____

Accident Location (Details on back): _____

Solar Gain Inc. Vehicle Information

Truck #: _____ Trailer #: _____ Driver's Name: _____

Driver License Number: _____ Issuing State: _____ Date of Birth: _____

Department: _____ Day Time Phone Number: _____

Any Injuries? YES / NO Explain: _____

Other Vehicles and Drivers Involved

Driver Name: _____ Phone Number: _____

Driver Address: _____

Driver License Number: _____ Issuing State: _____

Vehicle Make/Model: _____ Year: _____ Color: _____

License Plate Number: _____ VIN Number: _____

Insurance Carrier: _____ Policy Number: _____

Insurance Agent: _____ Agent Phone Number: _____

Passengers YES / NO

Name(s) _____

Injuries YES/NO

Explain: _____

