



Vehicle Accident Reporting And Investigation Checklist

 Show only Checklist

Display Style
Default 

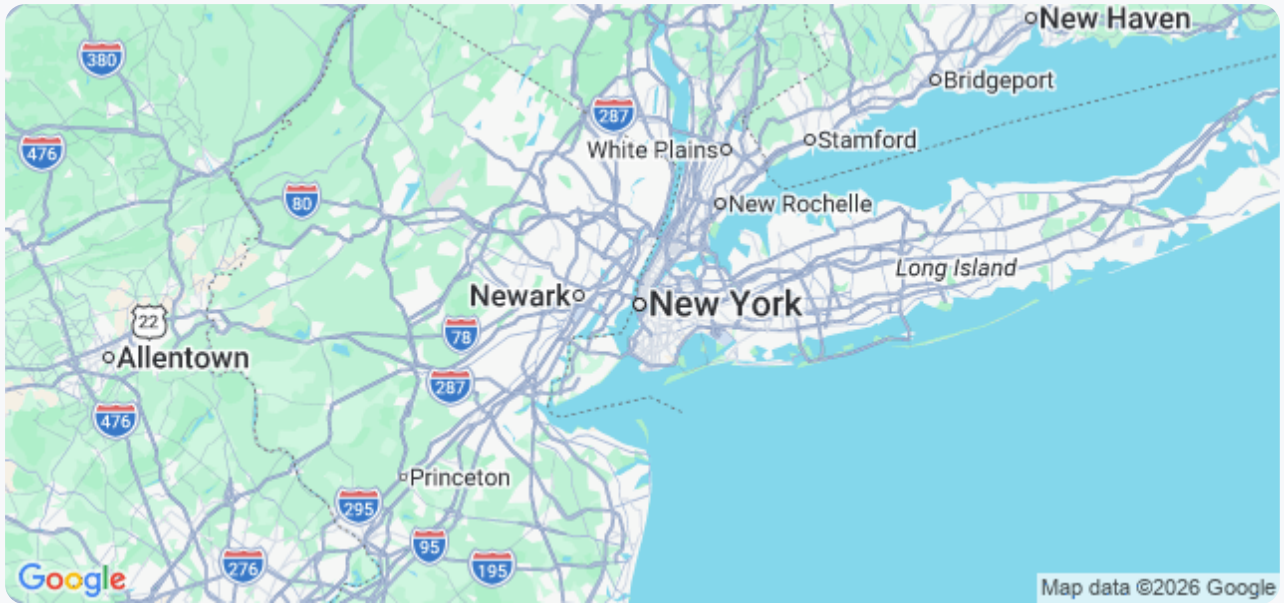
Immediate Actions & Safety

Steps to take immediately following an accident to ensure safety and preserve evidence.



Accident Location (GPS Coordinates)

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Brief Description of Accident Scene

Write something...

Are injuries reported?

- ☐ Yes
- ☐ No
- ☐ Unknown

Number of Individuals Requiring Medical Attention

Enter a number...

Description of immediate safety actions taken (e.g., warning devices, traffic control)

Write something...

Were warning devices deployed (e.g., triangles, flares)?

☐ Yes

☐ No

☐ N/A

Date of Accident

Enter date...

Time of Accident

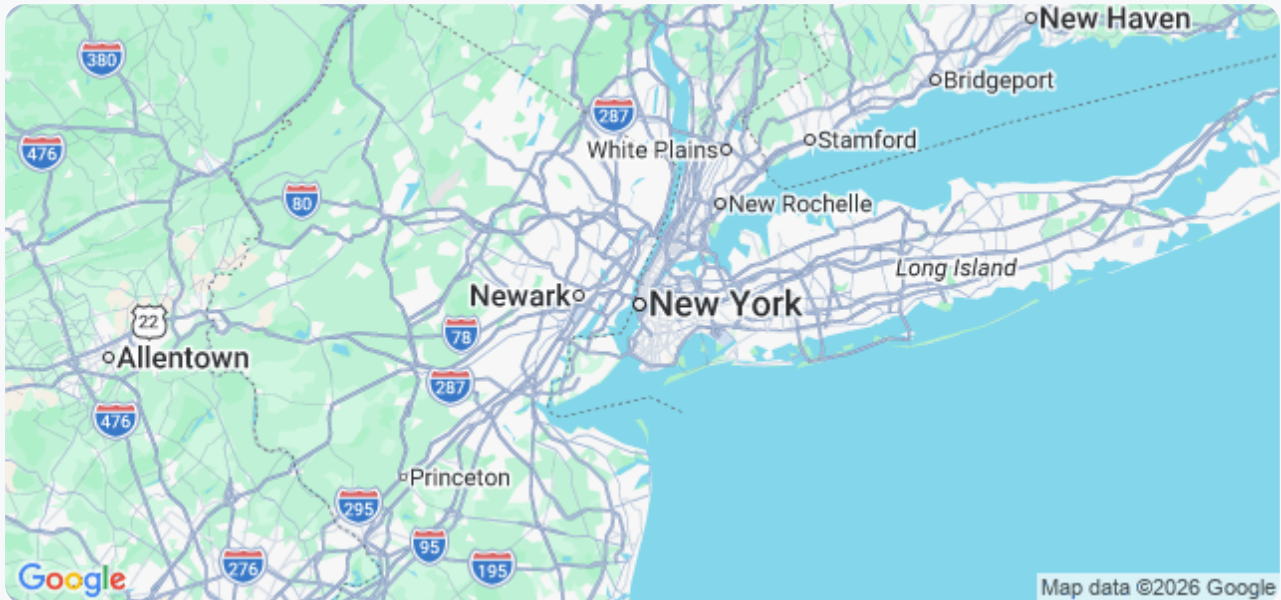
Enter time...

Accident Scene Management

Procedures for securing and documenting the accident scene.

Accident Location (GPS Coordinates)

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Detailed Description of Accident Scene (e.g., Road Conditions, Visibility)

Write something...

Photographs/Videos of Accident Scene (Multiple)

 Upload File

Number of Vehicles Involved

Evidence Secured/Moved (Select all that apply)

- ☐ Debris
- ☐ Tire Marks
- ☐ Fluid Spills
- ☐ Vehicle Parts

Date Scene Secured

Time Scene Secured

Reporting the Accident (Internal)

Steps for notifying relevant internal personnel and initiating internal reporting.

Notified Logistics Manager?

- ☐ Yes
- ☐ No
- ☐ Pending

Notified Fleet Manager?

- ☐ Yes
- ☐ No
- ☐ Pending

Date of Internal Report Submission

Enter date...

Time of Internal Report Submission

Enter time...

Brief Summary of Accident for Internal Communication

Write something...

Vehicle Identification Number (VIN)

Enter a number...

Driver Notification Status

- ☐ Notified
- ☐ To Notify
- ☐ Notification Attempted - Unsuccessful

Initial Photos/Video of Vehicle (Optional)

 Upload File

Reporting the Accident (External)

Procedures for reporting the accident to external authorities (Police, Insurance, Regulatory Bodies).

Police Contacted?

- ☐ Yes
- ☐ No

Police Report Number (If Applicable)

Enter a number...

Insurance Company Notified?

- ☐ Yes
- ☐ No

Summary of Communication with Police/Insurance

Write something...

Regulatory Body Notification Required?

- ☐ Yes
- ☐ No
- ☐ Unknown

Details of Regulatory Body Notification (if applicable)

Write something...

Date of External Reporting

Enter date...

Time of External Reporting

Enter time...

Vehicle & Driver Documentation

Gathering and reviewing essential vehicle and driver-related paperwork.

Driver's Full Name

Write something...

Driver's Employee ID

Write something...

Driver's License Expiration Date

Enter date...

Copy of Driver's License (Front & Back)

 Upload File

Vehicle Identification Number (VIN)

Write something...

Vehicle Maintenance Records (Last 5 Inspections)

Write something...

Vehicle Insurance Provider

- ☐ Provider A
- ☐ Provider B
- ☐ Provider C
- ☐ Other

Vehicle Odometer Reading (at time of accident)

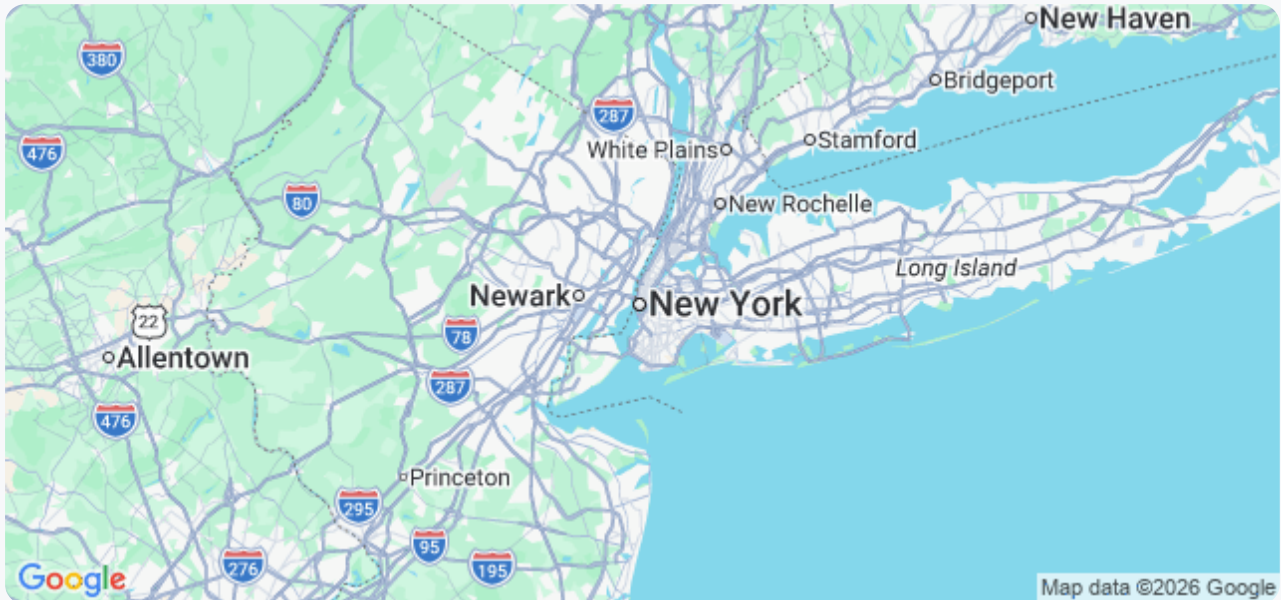
Enter a number...

Accident Investigation - Data Gathering

Collecting factual data through interviews, inspections, and documentation.

Accident Location (GPS Coordinates)

 [Set My Current Location](#)

**Date of Accident**

Enter date...

Time of Accident

Enter time...

Description of Accident Scene

Write something...

Road Conditions (Select all that apply)

- ☐ Dry
- ☐ Wet
- ☐ Icy
- ☐ Snowy
- ☐ Foggy
- ☐ Poor Visibility
- ☐ Other (Specify)

Weather Conditions at Time of Accident

- ☐ Clear
- ☐ Rain
- ☐ Snow
- ☐ Fog
- ☐ Windy
- ☐ Overcast

Estimated Speed of Vehicle (MPH)

Enter a number...

Statements from Driver

Write something...

Photos/Videos of Accident Scene

 Upload File

Accident Investigation - Analysis & Root Cause

Analyzing collected data to determine the accident's cause and contributing factors.

Driver Contributing Factors (Select all that apply)

- ☐ Distraction (Cell Phone, Navigation)
- ☐ Fatigue
- ☐ Impairment (Alcohol, Drugs)
- ☐ Inexperience
- ☐ Reckless Driving
- ☐ Medical Emergency
- ☐ None

Environmental Contributing Factors (Select all that apply)

- ☐ Weather (Rain, Snow, Ice, Fog)
- ☐ Road Conditions (Potholes, Gravel)
- ☐ Poor Lighting
- ☐ Obstructed Visibility
- ☐ None

Estimated Speed of Vehicle(s) at Time of Impact (MPH)

Enter a number...

Detailed Description of Events Leading to Accident (from interviews/statements)

Write something...

Type of Vehicle Malfunction (If Applicable)

- ☐ Brake Failure
- ☐ Steering Failure
- ☐ Tire Blowout
- ☐ Engine Failure
- ☐ No Malfunction

Summary of Witness Statements (include discrepancies)

Write something...

Primary Root Cause of Accident

- ☐ Driver Error
- ☐ Vehicle Malfunction
- ☐ Environmental Condition
- ☐ Other (Specify in Long Text)

Additional Notes/Observations Regarding Accident Analysis

Write something...

Corrective Actions & Preventative Measures

Implementing changes to prevent similar accidents in the future.

Identify Contributing Factors (Select all that apply)

- ☐ Driver Error (Speeding, Distraction, etc.)
- ☐ Vehicle Maintenance Issue
- ☐ Road Conditions (Weather, Visibility, etc.)
- ☐ Inadequate Training
- ☐ Navigation Error
- ☐ Other (Specify in LONG_TEXT)

Describe Specific Actions to Correct Identified Driver Error(s)

Write something...

Describe Preventative Measures to Address Vehicle Maintenance Issues (if applicable)

Write something...

Frequency of Driver Refresher Training (Months)

Enter a number...

Update Route Planning Procedures?

☐

Yes

☐

No

☐

Review Required

Detail any Changes to Vehicle Inspection Schedules

Write something...

Upload Revised Training Materials (if applicable)

 Upload File

Date of Implementation of Corrective Actions

Enter date...

Describe any changes to driver onboarding or assessment process

Write something...

Record Keeping & Documentation

Maintaining accurate and complete records of the accident and investigation.

Accident Report Summary

Write something...

Police Report (if applicable)

 Upload File

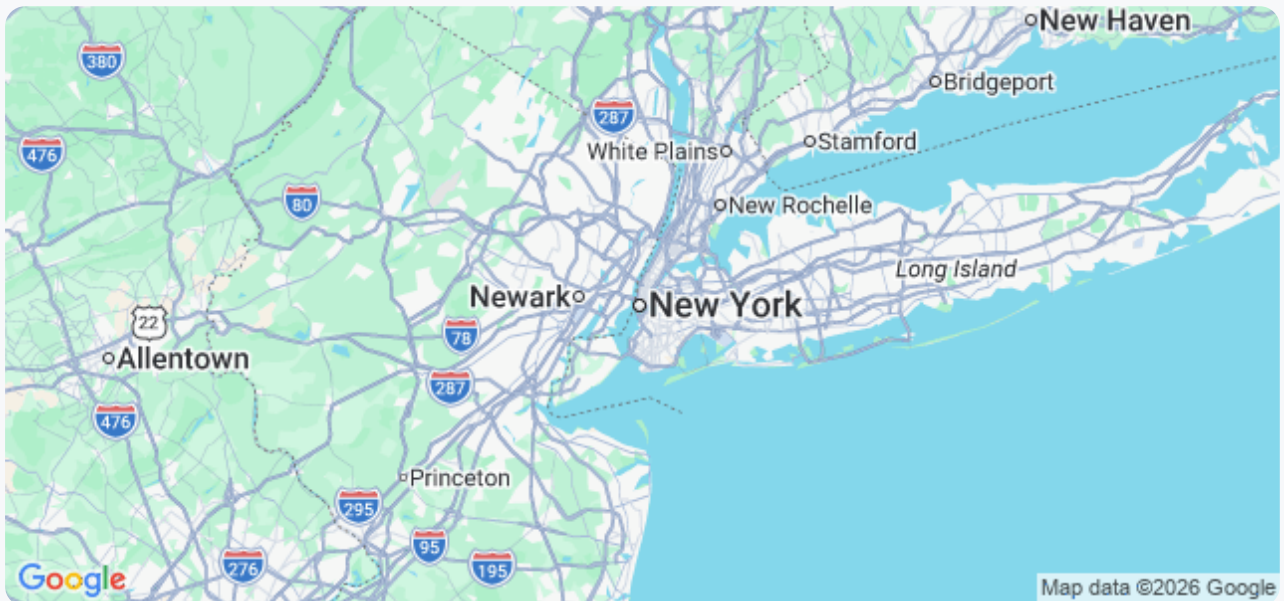
Date of Record Creation**Time of Record Creation****Total Cost of Repairs (Estimated)****Summary of Corrective Actions Implemented**

Record Status (e.g., Open, Reviewing, Closed)

- ☐ Open
- ☐ Reviewing
- ☐ Closed

Record Storage Location (Physical or Digital)

 [Set My Current Location](#)



Reviewer Signature