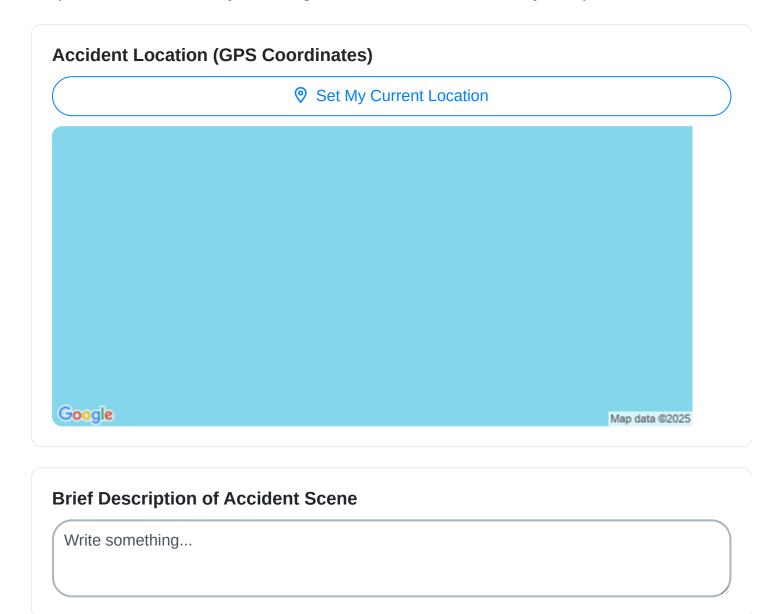


Vehicle Accident Reporting and Investigation Checklist

Immediate Actions & Safety

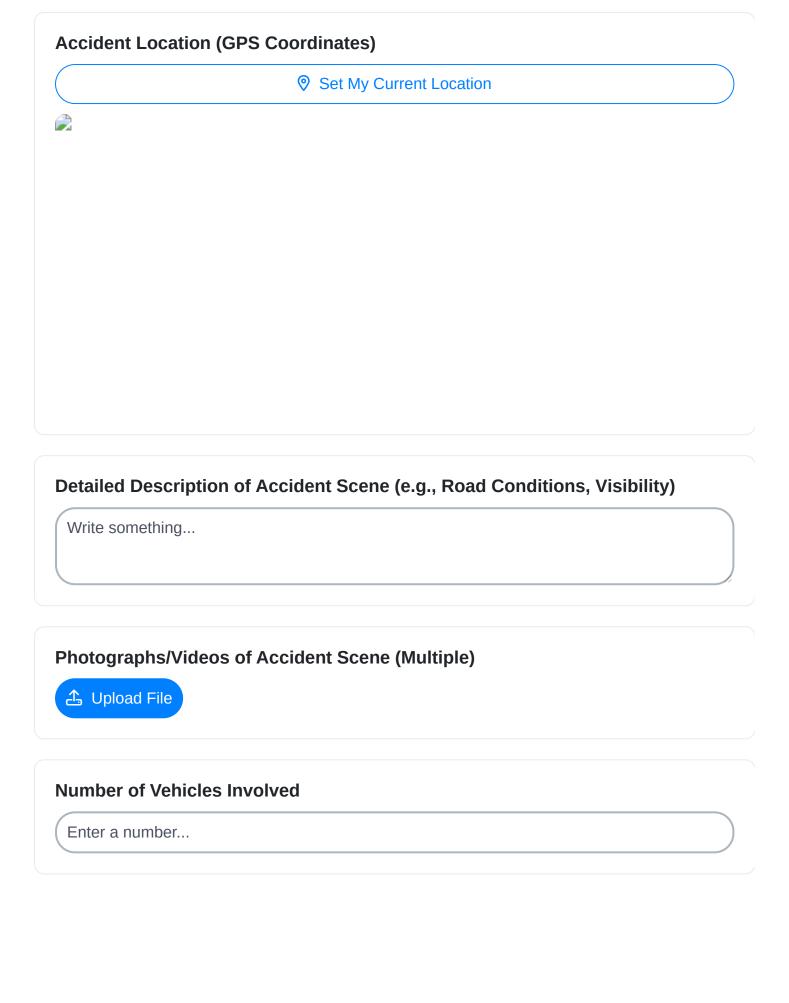
Steps to take immediately following an accident to ensure safety and preserve evidence.



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
□ N/A
Date of Accident
Enter date
Time of Accident

Accident Scene Management

Procedures for securing and documenting the accident scene.



Evidence Secured/Moved (Select all that apply) Debris Tire Marks Fluid Spills
Vehicle Parts
Date Scene Secured
Enter date
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
Data of Internal Depart Submission
Date of Internal Report Submission Enter date

Time	e of Internal Report Submission
Brie	f Summary of Accident for Internal Communication
Wri	te something
	<u> </u>
Vehi	cle Identification Number (VIN)
Ent	er a number
Driv	er Notification Status
	otified
	o Notify otification Attempted - Unsuccessful
	otilication Attempted - Onsuccessial
Initia	al Photos/Video of Vehicle (Optional)
4	Upload File
Don	orting the Assidant (External)
-	orting the Accident (External)
Proced Bodies)	ures for reporting the accident to external authorities (Police, Insurance, Regulatory).
Polic	ce Contacted?
	es
∐N	U

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	

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	
Copy of Driver's License (Front & Back)	
Copy of Driver's License (Front & Back) License (Front & Back)	
Copy of Driver's License (Front & Back) License (Front & Back) Vehicle Identification Number (VIN)	
Copy of Driver's License (Front & Back) License (Front & Back)	
Copy of Driver's License (Front & Back) L Upload File Vehicle Identification Number (VIN)	ions)
Copy of Driver's License (Front & Back) License (Front & Back) Vehicle Identification Number (VIN) Write something	ions)

Vehicle Insuran Provider A Provider B Provider C Other	nce Provider	
Vehicle Odome	eter Reading (at time of accident)	
Enter a number		
Collecting factual d	nvestigation - Data Gathering data through interviews, inspections, and documentation.	
	Set My Current Location	
Date of Accider	nt	
Enter date)

Time of Accident
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	fuero Duiscou
Statements Write someth	
Photos/Vide	os of Accident Scene
Accident	Investigation - Analysis & Root Cause
Analyzing colled	cted data to determine the accident's cause and contributing factors.
	ibuting Factors (Select all that apply)
☐ Distraction ☐ Fatigue	(Cell Phone, Navigation)
	(Alcohol, Drugs)
Inexperience	
Reckless D	riving
Medical En	nergency
None	
Environmen	tal Contributing Factors (Select all that apply)
_	Pain, Snow, Ice, Fog)
Road Cond	litions (Potholes, Gravel)
Poor Lighting	ng
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)

Write something		
	ions & Preventative Measures prevent similar accidents in the future.	
Identify Contributing	Factors (Select all that apply)	
Driver Error (Speeding	y, Distraction, etc.)	
Vehicle Maintenance		
Road Conditions (Wea	ther, Visibility, etc.)	
Inadequate Training		
Navigation Error Other (Specify in LON	C TEVT)	
Describe Specific Act	cions to Correct Identified Driver Error(s)	
Describe Preventative applicable)	e Measures to Address Vehicle Maintenance Issues ((if
Write something		
Frequency of Driver I	Refresher Training (Months)	

Update Route Planning Procedures? Yes No Review Required	
Detail any Changes to Vehicle Inspection Schedules Write something	
Upload Revised Training Materials (if applicable) L 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) L Upload File
Date of Record Creation
Enter date
Time of Record Creation
Total Cost of Repairs (Estimated)
Enter a number
Summary of Corrective Actions Implemented
Write something
Record Status (e.g., Open, Reviewing, Closed)
☐ Open ☐ Reviewing
☐ Closed

	Set My Current Location	
2		
Reviewer Signatı	ure	