

Return this form to the
Safety Department within
24 hours of an accident.

SHEEDY DRAYAGE CO.

VEHICLE ACCIDENT REPORT FORM

Driver's Plant No: _____

Truck No: _____

1. ACCIDENT INFORMATION

ACCIDENT DATE/TIME	a.m. p.m.	LOCATION OF ACCIDENT (include city & state)	POLICE DEPT. TO WHOM REPORTED
ORIGIN & DESTINATION OF YOUR TRIP			POLICE OFFICER
Job No. for your delivery:			

2. SHEEDY VEHICLE & DRIVER

MAKE	MODEL	YEAR	VEHICLE I.D. OR SERIAL NO.	CENT. FLEET NO.	LICENSE PLATE NO.
NAME OF DRIVER			HOME ADDRESS	TELEPHONE (home)	
DEPARTMENT WHERE EMPLOYED			OFFICE ADDRESS	TELEPHONE (office)	
DRIVERS LICENSE NO.	DATE OF BIRTH	SOCIAL SECURITY NO.			
DESCRIBE VEHICLE DAMAGE			WHERE & WHEN CAN VEHICLE BE SEEN?		

3. OTHER VEHICLE OR PROPERTY

MAKE	MODEL	YEAR	LICENSE PLATE NO.	INSURANCE CARRIER & ADDRESS
NAME OF DRIVER			ADDRESS	TELEPHONE
OWNER			ADDRESS	TELEPHONE
DESCRIBE VEHICLE DAMAGE			WHERE & WHEN CAN VEHICLE BE SEEN?	

4. ACCIDENT DESCRIPTION

DESCRIPTION OF ACCIDENT (use additional sheet if necessary)

5. INJURIES? YES NO list information below:

INJURED NAME & ADDRESS	INJURIES	AGE	VEHICLE
INJURED NAME & ADDRESS	INJURIES	AGE	VEHICLE
INJURED NAME & ADDRESS	INJURIES	AGE	VEHICLE

6. WITNESSES? YES NO list information below:

WITNESS NAME & ADDRESS	VEHICLE	OTHER
WITNESS NAME & ADDRESS	VEHICLE	OTHER
WITNESS NAME & ADDRESS	VEHICLE	OTHER

REMARKS

Driver Signature

Date

Supervisor Signature

Date

Additional Information:

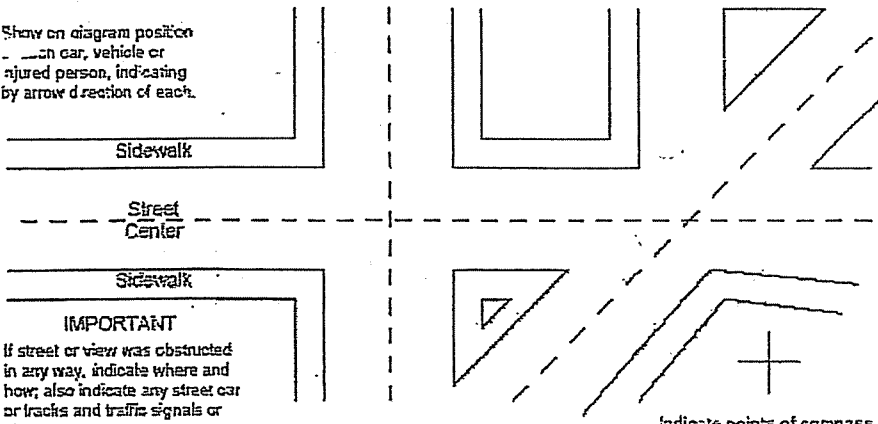
Information Regarding accident:

1. Road conditions (dry, glare, icy, rain, gravel, blacktop etc.) _____
2. At what distance was danger noticed? _____
3. Speed at time of accident? _____
4. Add any other relevant information: _____

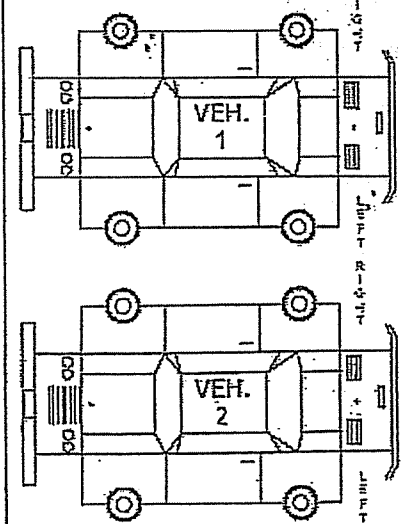
Describe in Detail What Happened (Use additional paper if necessary)

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Straight Road | <input type="checkbox"/> Hillcrest | <input type="checkbox"/> One Lane |
| <input type="checkbox"/> Curve - R or L | <input type="checkbox"/> Uphill | <input type="checkbox"/> One and One-Half Lane |
| <input type="checkbox"/> Level | <input type="checkbox"/> Downhill | <input type="checkbox"/> Two Lane or Four Lane |

Show on diagram position of each car, vehicle or injured person, indicating by arrow direction of each.



Mark Damaged Areas



Signature (Driver)

Date

Signature (Supervisor)

Date