HERZOG SAFETY REPORTS

Vehicle Accident Report

* - denotes required information

PERSONAL INFORMATION

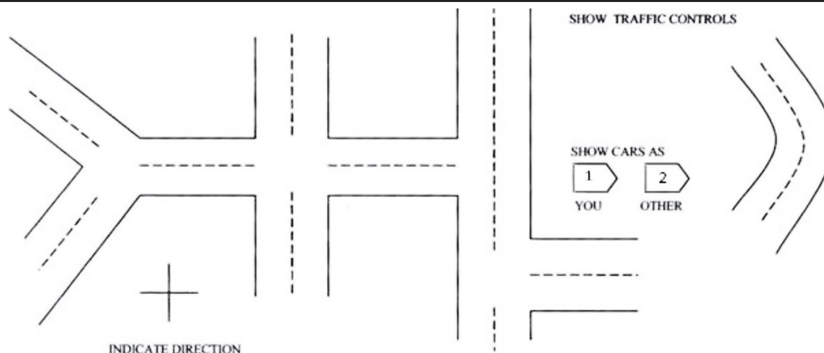
*Last Name: ______ *First Name: ______
MI: ______ *SSN: ______
*Address: ______ *City: ______
*State: ______ *ZIP Code: ______
Phone: ______ *Date of Birth: ______
*Gender: ☐ Male ☐ Female Job Title: ______
Date of Hire: ______ No. Hours Work per Day: ______
Company Name: Shift-Start Time/End Time: ______ / ______
No. Days Worked per Week: ______ *Job Number: ______

ACCIDENT INFORMATION

Date: ______ Time: ______ Driver/Operator Involved: ______
Date Reported: ______ *Vehicle/Equipment #: ______
Location (Street, City, State): ______ Vehicle plate #: ______
What purpose was the vehicle/equipment being used for: ______
Weather Conditions (Check all that apply):
☐ Clear ☐ Sunny ☐ Snow ☐ Rain ☐ Ice
☐ Fog ☐ Wet ☐ Hot ☐ Cold ☐ Partly Cloudy
Was post-incident drug screen collected?
☐ Yes ☐ No
*Was the incident reported to police/authorities?
☐ Yes ☐ No
If Yes, to whom?: ______
Authority phone #: ______
Police report #: ______ Badge/ID #: ______
Were any citations issued?: ☐ Yes ☐ No If Yes, to whom?: ______
Was vehicle damaged?: ☐ Yes ☐ No If Yes, give repair estimate: ______
If Yes, describe damage:
______
______

ACCIDENT DESCRIPTION

Describe what happened (refer to vehicle by number)
______
______
______
______



What caused the accident:
______
______
______
______

Were you injured?: ☐ Yes ☐ No If Yes, describe injuries (be sure to fill out injury form)
______
______
______

OTHER DRIVER/VEHICLE/PROPERTY INFORMATION

Name of Owner: ______ Phone: ______
Address: ______ City: ______
State: ______ ZIP Code: ______
Name of driver: ______ Phone: ______
Address: ______ City: ______
State: ______ ZIP Code: ______
Driver License: ______ State: ______
Was driver injured?: ☐ Yes ☐ No If Yes, describe injuries: ______
Vehicle Make: ______ Vehicle Model: ______
Vehicle Year: ______ Vehicle Color: ______
Vehicle plate #: ______
Driver's Insurance Company: ______ Driver Insurance Policy #: ______
Driver Insurance Address: ______ Driver Insurance Phone: ______
Was vehicle damaged?: ☐ Yes ☐ No If Yes, give repair estimate: ______
If Yes, describe damage: ______

OTHER PEOPLE INVOLVED/WITNESSES

Name: ______ Phone: ______
Address: ______ City: ______
State: ______ ZIP Code: ______
Was person injured?: ☐ Yes ☐ No
If Yes, describe injuries ______

Name: ______ Phone: ______
Address: ______ City: ______
State: ______ ZIP Code: ______
Was person injured?: ☐ Yes ☐ No
If Yes, describe injuries ______

SIGNATURES

☐ **I attest that the above information is complete and correct to the best of my knowledge.**

***Date:** ______ **Department:** ______
Superintendent Name: ______ Supervisor Name: ______
*Did employee request medical treatment? ☐ Yes ☐ No Was supervisor on jobsite during incident? ☐ Yes ☐ No