Accident Report

<table>
<tr><td>Accident Date:</td><td>Accident Time:</td><td>Reported by:</td></tr>
<tr><td>Terminal:</td><td colspan="2">Location of accident:</td></tr>
<tr><td rowspan="2">Drivers Name:</td><td>Tractor #:</td><td>Trailer #:</td></tr>
<tr><td colspan="2">Was Driver Injured: ☐ Yes ☐ No</td></tr>
<tr><td colspan="3">Describe Injuries:</td></tr>
<tr><td>Will Driver seek medical attention:
☐ Yes ☐ No</td><td colspan="2">Where:</td></tr>
<tr><td colspan="3">Description of the accident:</td></tr>
<tr><td colspan="3">Our damage is:</td></tr>
<tr><td colspan="2">Can your vehicle proceed safely: ☐ Yes ☐ No</td><td>Wrecker needed: ☐ Yes ☐ No</td></tr>
</table>

<table>
<tr><td>Other Drivers Name & address</td><td>Make/Model/Year</td><td>Describe Damage</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td>Property/Car Owner</td><td>Phone #</td><td>Insurance Company and Policy Number</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td colspan="3">Was anyone injured in other vehicle: ☐ Yes ☐ No</td></tr>
<tr><td>Name:</td><td>Description of injuries</td><td>Taken to:</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td colspan="2">Safety Dept. notified on:</td><td>Reported by:</td></tr>
</table>

<table>
<tr><td colspan="3"><u>Safety Department Use</u></td></tr>
<tr><td>Date Received:</td><td>Type: Miscellaneous</td><td>Location: Customer</td></tr>
<tr><td>DOT Recordable: ☐ Yes ☐ No</td><td colspan="2">Classification: ☐ Preventable ☐ Non-preventable</td></tr>
<tr><td>Signature:</td><td colspan="2">Comments:</td></tr>
</table>