

INCIDENT REPORT FORM

Incident Report

REPORT INCIDENTS FROM YOUR PHONE
Photos, signatures and defect alerts built in.
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PAPER REPORT FORM

Complete every section. Only record what is safe to collect.

REPORTED BY

Driver name _____
Date DD / MM / YYYY _____
Time reported HH : MM _____
Contact number _____

VEHICLE

Registration _____
Make / model _____
Site / depot _____
Trailer reg _____

How to fill in: answer every question you can. **Answers in red** need a follow-up. List them under Follow-up items and tell your manager or transport office.

INCIDENT DETAILS

#	Question	Answer	Notes
Immediate Safety and Escalation			
1	Is the scene currently safe for you and others?	☐ Yes ☐ No	
2	Were there any injuries?	☐ Yes ☐ No	
3	If anyone was injured, provide known names, role, injury details and medical assistance given.	_____ _____ _____	
4	Were emergency services or police called?	☐ Yes ☐ No	
5	Police, emergency service reference number, officer name or station details.	_____	
6	Has your manager, transport office or nominated contact been notified?	☐ Yes ☐ No	
Incident Details			
7	Incident date and time.	DD / MM / YYYY HH : MM _____	
8	Where did the incident happen? Include address, road name, site area, delivery point or landmark.	_____ _____ _____	
9	What type of incident occurred?	☐ Collision ☐ Near miss ☐ Vehicle damage only ☐ Property damage ☐ Load shift or load loss ☐ Theft or vandalism ☐ Other	
10	Describe what happened before, during and after the incident. Do not admit liability.	_____ _____ _____	

#	Question	Answer	Notes
11	Road, site, weather and lighting conditions at the time.	☐ Dry ☐ Wet ☐ Ice or snow ☐ Poor visibility ☐ Dark ☐ Heavy traffic ☐ Uneven ground ☐ Restricted access ☐ Other Tick all that apply	
Third Parties and Witnesses			
12	Were any third-party vehicles, property, pedestrians or cyclists involved?	☐ Yes ☐ No	
13	Record third-party names, contact details, registration numbers and insurance details if available and safe to collect.		
14	Were there independent witnesses?	☐ Yes ☐ No	
15	Witness names and contact details.		
Damage, Spillages and Evidence			
16	Is there visible damage to the vehicle, trailer, load, tail lift or equipment?	☐ Yes ☐ No	
17	Describe visible damage and affected areas.		
18	Are there fuel, oil, chemical, load or other spillages?	☐ Yes ☐ No	
19	Is the vehicle safe and legal to continue operating?	☐ Yes ☐ No	
20	Upload photos of the scene, damage, road layout, third-party damage and relevant evidence where safe to do so.	☐ Photos taken	

FOLLOW-UP ITEMS

List anything that needs action after this incident, with the question number it relates to.

Item #	Follow-up needed	Priority	Reported to
		☐ Routine ☐ Important ☐ Urgent	
		☐ Routine ☐ Important ☐ Urgent	
		☐ Routine ☐ Important ☐ Urgent	
		☐ Routine ☐ Important ☐ Urgent	

DRIVER DECLARATION I confirm this report is accurate to the best of my knowledge. Signature _____ Date / time _____	OFFICE USE Received by _____ Action taken _____ ☐ Reviewed ☐ Closed Signature / date _____
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