SSD-017

VEHICLE & EQUIPMENT ACCIDENT REPORT

Respond safely. Preserve facts and evidence. Identify causes and prevent recurrence.

2 Project Information		**3 Report Number**	
5 Accident Location		**4 Date and Time of Accident**	
1 Company Information		**Accident Time / Shift**	Time: _____ ☐ Day ☐ Night ☐ Other
Activity / Movement at Time		**Persons / Units Involved**	
Report Prepared By		**18 Supervisor Review**	

1–9 Accident, Equipment, and Party Information

Complete known facts promptly; mark unknown items for follow-up.

7 Operator Information	8 Other Parties Involved | 9 Witness Information
Operator name: _____	8 Other Party name / company: _____
Employer / job title: _____	Contact / insurance: _____
License / qualification: _____	Vehicle / property: _____
Phone / email: _____	9 Witness name / company: _____
Seat belt / restraint used: ☐ Yes ☐ No	Witness contact: _____
Statement obtained: ☐ Yes ☐ No	Statement obtained: ☐ Yes ☐ No
	Additional parties / witnesses attached: ☐ Yes ☐ Other: _____

10 Weather and Site Conditions

Record conditions at the time and place of the accident.

WEATHER	Clear / dry	Rain / wet	Snow / ice	Wind / dust	Heat / cold
SITE	Lighting / visibility	Road / ground condition	Traffic / congestion	Grade / clearance	Barricades / spotter

Accident class: VEHICLE MOBILE EQUIPMENT PROPERTY DAMAGE INJURY / OTHER

Response: Provide emergency care, control traffic and energy, prevent further harm, preserve the scene when safe, notify required parties, and complete regulatory, insurance, and contractual reporting separately as applicable.

11 Description of the Accident

Record the sequence objectively and distinguish facts from assumptions.

#	TIME / SEQUENCE	EVENT / ACTION / OBSERVED FACT	CONDITIONS / CONTRIBUTING FACTORS	EVIDENCE	FOLLOW-UP	SOURCE / PERSON
1				O / W / D / P	O / W / D / P	
2				O / W / D / P	O / W / D / P	
3				O / W / D / P	O / W / D / P	
4				O / W / D / P	O / W / D / P	
5				O / W / D / P	O / W / D / P	
6				O / W / D / P	O / W / D / P	
7				O / W / D / P	O / W / D / P	

Evidence Key: O = Observed W = Witness D = Document P = Photo / video

Investigation reminder: Protect people first, secure the scene, identify drivers and witnesses, photograph positions and damage, preserve electronic and maintenance records, avoid assigning blame, and document uncertainties for follow-up.

6–14 Equipment, Damage, Injury, and Response Details

6 Vehicle or Equipment Information (Type, Make, Model, Unit Number, License/Asset Number)	12–14 Damage, Injuries, and Emergency Response
Type: _____ Make: _____ Model: _____ Unit Number: _____ License/Asset Number: _____ VIN / serial no.: _____ Owner: _____ Attachment / load: _____ Hour meter / mileage: _____ Pre-use inspection complete: ☐ Yes ☐ No Mechanical issue reported: ☐ Yes ☐ No Telematics / camera available: ☐ Yes ☐ No ☐ Other: _____	12 Property Damage Assessment: _____ Estimated cost: _____ Equipment removed from service: ☐ Yes ☐ No 13 Injuries Sustained: ☐ None ☐ Yes Injured person / treatment: _____ 14 Emergency Response Actions: _____ Emergency services / report no.: _____ Spill / fire / release controlled: ☐ Yes ☐ No Traffic / scene secured by: _____ Towing / recovery: _____ Notifications made: _____ Additional details: _____ ☐ Other: _____

15 Photos and Attachments Checklist

Emergency / Law Enforcement Contact		**Medical Provider / Facility**	
Scene / Recovery Staging Area		**Accident Address / Coordinates**	
Emergency Services Called?	☐ No ☐ Yes - agency / report: _____	**Environmental Release?**	☐ No ☐ Yes - material / quantity: _____
Vehicle / Equipment Storage Location		**Notification Method / Reference**	☐ Radio ☐ Phone ☐ Verbal ☐ Other: _____

16 Root Cause Analysis

☐ Scene / position photos	☐ Damage photos	☐ Driver / witness statements	☐ Police / agency report
☐ Inspection / maintenance records	☐ License / qualification records	☐ Telematics / video / electronic data	☐ Other: _____

Evidence Preservation / Change Notice

Do not move vehicles or equipment unless needed for rescue, safety, traffic control, or authorized direction. Preserve photos, telematics,

inspection and maintenance records, permits, training, statements, and damaged components. Record who collected each item, storage, and

any transfer or change in condition.

Evidence / Attachment No.		**Date / Time**	
Evidence Description / File / Storage Location		**Collected / Preserved By**	

18–20 Review, Approval, and Verification *Confirm findings, actions, responsibility, and closure requirements.*

REVIEW / APPROVAL	PRINTED NAME	SIGNATURE	DATE
Report Preparer			
18 Supervisor Review			
19 Management Approval			
Insurance / Legal Review (if required)			

17 Corrective and Preventive Actions: Assign an owner, target date, and verifier.

Use one line per corrective or preventive action. Interim controls remain until permanent actions are complete. The verifier confirms implementation and effectiveness; overdue or ineffective actions must be escalated and reopened.

17 CORRECTIVE / PREVENTIVE ACTION	RESPONSIBLE PERSON	TARGET / COMPLETED	20 FOLLOW-UP VERIFIED

18 Supervisor Review | 19 Management Approval | 20 Follow-Up Verification | 21 Record Retention

20 Follow-Up Verification	☐ Effective ☐ Reopen / follow-up	Date / Time	
18 Supervisor Review	☐ Complete ☐ Escalation required	19 Management Approval / Comments	
21 Record Retention Location / Period		Record Closed / Retained By	

IMPORTANT: This report supports accident documentation and prevention but does not replace emergency response, law-enforcement cooperation, regulatory reporting, insurance or contractual notice, drug/alcohol testing requirements, legal hold, or workers' compensation processes. The employer remains responsible for timely reporting, qualified investigation, corrective action, privacy, and secure retention.