



S&W READY MIX CONCRETE VEHICLE INCIDENT INVESTIGATION REPORT

REVISED: 05/20/09

PARTICULARS OF ACCIDENT

Date of Accident _____ Day of Week _____ Time _____ Occurred In _____ County _____

On _____ Hwy.#, Address or _____ Approximately _____ Miles _____ of _____
Job Site Loc _____ (N.,E.,S.,W.) _____ Nearest Town _____

Road Condition: wet dry icy Law Enforcement Officer _____

Weather Conditions: clear cloudy foggy rain snow Badge # _____
City _____ City _____ Sheriff _____
City Police _____

COMPANY VEHICLE & DRIVER INFORMATION

Loc. Assigned: _____ Vehicle #: _____ License Plate #: _____ Trailer #: _____ License Plate #: _____

YEAR _____ MAKE _____ MODEL _____ VIN: _____

Driver _____ Race _____ Sex _____ Phone No. Home _____

Address: _____ Work _____

City: _____ State: _____ Zip: _____ DOB: _____

Drivers License #: _____ SSN: _____ DOH: _____

State of Issue: _____

Describe What Happened: _____

If a drawing would help in describing accident, please attach

OTHER VEHICLE(S) & WITNESS INFORMATION

VEH #1 Year _____ Make _____ Model _____ Vehicle License # _____

Driver _____ Race _____ Sex _____ DOB _____

Address _____ Phone # _____

City _____ State _____ Zip _____

Drivers License #: _____ State of Issue: _____ VIN: _____

Insurance Agency: _____ Policy No. _____ Phone No. _____

VEH #2 Year _____ Make _____ Model _____ Vehicle License # _____

Driver _____ Race _____ Sex _____ DOB _____

Address _____ Phone # _____

City _____ State _____ Zip _____

Drivers License #: _____ State of Issue: _____ VIN: _____

Insurance Agency: _____ Policy No. _____ Phone No. _____

WITNESSES

Name _____ Phone No. _____

Address _____

Name _____ Phone No. _____

Address _____

RETURN TO SAFETY MANAGER WITHIN 24 HOURS OF NOTIFICATION

S&W Vehicle Incident Report

1 Description of damages to each vehicle (be specific) _____

2 **INJURIES**

Name _____ Phone # _____
Address _____

Describe Injuries: _____

Name _____ Phone # _____
Address _____

Describe Injuries: _____

3 Results of Investigation (Please include all contributing factors, safety concerns, length of skid marks, est. speed, etc.)

4 Did our driver receive citation? Yes
If so, please attach copy or enter charges No

9 Did other driver receive citation? Yes
If so, please attach copy or enter charges No

5 Was towing required? Yes
No

10 Was drug/alcohol test directed? Yes
If so, with whom and when? No

5a. Our vehicle
TRAILER

11 Wrecker service used? Yes
If so, who? _____ No

5b. Other vehicle

12 Was there an oil or fuel spill? Yes
No

6 Is clean-up required? Yes
No

13 DOT Recordable? _____ Yes
No

Who did clean-up? _____

7 Was anyone transported by ambulance? Yes
No

Who was transported? _____
Where? _____

8 Did you go to the accident scene? Yes
No

Investigator's Signature: _____

Date: _____