

# VEHICLE ACCIDENT INVESTIGATION FILE

Driver: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Terminal: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Accident Location: \_\_\_\_\_

Truck/Tractor Number: \_\_\_\_\_ Trailer Number/s: \_\_\_\_\_

## INSTRUCTIONS:

Use this Vehicle Accident Investigation File to record and maintain information about the accident. The file and its related accident investigation forms can be used to document and collect accident information from its initial report through settlement. This file contains the forms listed below. As the accident investigation proceeds, other agencies and individuals may supply additional information to complete the file.

## CONTENTS:

- (1) Vehicle Accident Investigation File Folder (3886)
- (1) Checklist for Accident Investigation Forms (3888)
- (1) Accident Investigation Call Record (3892)
- (1) Accident Record – Contacts (3895)
- (3) Accident Investigation – Witness (3898)
- (1) Accident Investigation Pictures Envelope (3899)
- (1) FMCSA Accident Record 505171
- (1) Department of Transportation Hazardous Materials Incident Report (9266)

## Additional File Documents:

\_\_\_\_\_  
\_\_\_\_\_



**NOTE:** If the driver is required to comply with federal motor carrier safety regulations §382.303 post-accident testing for alcohol and controlled substance testing, advise the driver when the accident is reported. Alcohol testing must be completed according to the DOT's 2-hour and 8-hour rules. Controlled substance testing must be completed within 32 hours following the accident.

SAMPLE

**SAMPLE**

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Accident Report Number: