



DRIVER ACCIDENT REPORT

Immediately notify Source Logistics, Inc. of all accidents.

Call the police and file an accident report.

Complete this form before leaving the accident scene.

Turn in this form and all other paperwork to the Company.

Date of Accident _____ Time _____ am / pm

Your Name _____

Home Terminal _____

Tractor No. _____ Trailer No(s) _____

Nearest City _____ State _____

If the accident was outside city limits, indicate distance from nearest town

_____ miles _____ of _____
north south east west City or Town, State

Location of Accident

Urban Rural Private Property Terminal Interstate

Roadway on which accident occurred _____

at its intersection with _____
name of intersecting street or highway

not at intersection, _____ feet/ miles _____
north south east west

of _____
nearest road, highway, mile marker overpass or other landmark

Road Surface (blacktop, concrete, gravel, other) _____

Road Conditions (dry, wet, snowy, icy, other) _____

Weather Conditions (clear, raining, snow, fog, windy, other) _____

Light Conditions (daylight, dawn, dusk, dark, artificial, other) _____

As a result of this accident, was there any:

1. Human Fatality? NO YES

2. Injury Which Required Medical Treatment Away From The Accident Scene? NO YES

3. Disabling Damage To Any Vehicle? NO YES

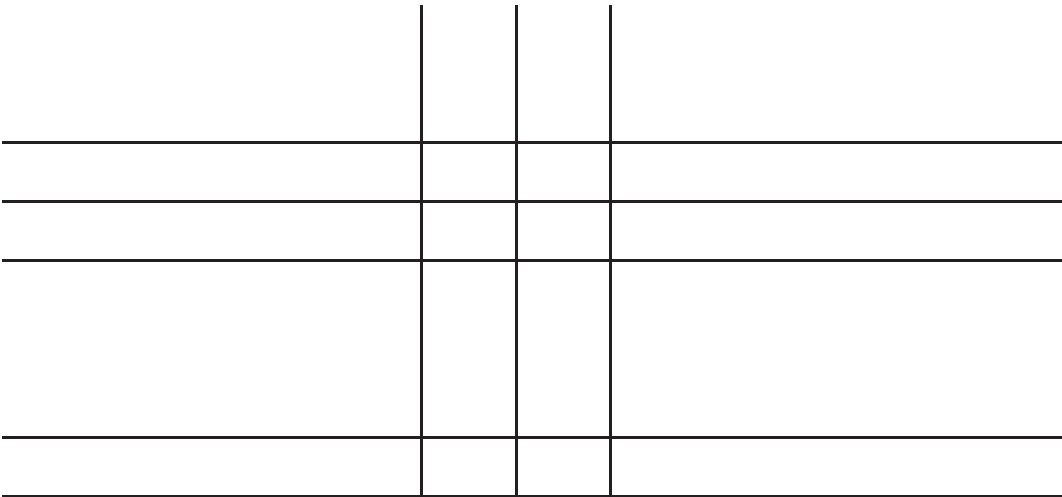
4. Release Of Hazardous Material? NO YES

Explain in your own words what happened (use additional paper if needed)

Signature _____ Date _____

Draw a diagram of the accident.

Show the position of all vehicles and pedestrians, path of vehicles, the point of collision, traffic signs and signals, and the names of streets and roads. Use additional paper if needed.



The Other Vehicle (No. 1)

Driver's Name _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____

License Number _____ State _____

Owner's Name _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____

Vehicle Make _____ Year _____ Model/Unit _____

Tag _____ State _____

D.O.T. - I.C.C. - M.C. No. _____

Insurance Company _____ Agent _____

Policy No _____ Phone (_____) _____

Passenger - Occupant Name(s) _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____

Police Information

Department _____ Phone (_____) _____

Officer's Name(s) _____ Badge No. _____

Accident Report/Case/Incident No. _____

Were you issued a citation? NO YES

If YES, what charge(s) _____

Was anyone else issued a citation? NO YES

If YES, what Driver(s) _____

What charge(s) _____

Witness Information

Name _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____

The Other Vehicle (No. 2)

Driver's Name _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____

License Number _____ State _____

Owner's Name _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____

Vehicle Make _____ Year _____ Model/Unit _____

Tag _____ State _____

D.O.T. - I.C.C. - M.C. No. _____

Insurance Company _____ Agent _____

Policy No _____ Phone (_____) _____

Passenger - Occupant Name(s) _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____

Injuries

Was anyone injured in this accident? NO YES

If YES, Name of injured Person _____

Describe injury _____

Was anyone taken to a Hospital? NO YES

If YES, Hospital Name _____

City _____ Phone (_____) _____

Towing

Were any vehicle towed from the accident scene? NO YES

If YES, which vehicle _____

Towing Company Name _____ Phone (_____) _____

Describe damage _____