

HAWGOOD HAULAGE P/L

ACCIDENT/INCIDENT REPORT

To be completed by the reporting employee...

	Name:
EMPLOYEE INVOLVED IN	Phone:
ACCIDENT/ INJURY OR INCIDENT	Address:
•••••••	Location of incident:
	Date of the incident: Time:
	Date the incident reported: Time:
	How/what did occur? Please draw a diagram on the next page if applicable.
ABOUT THE	
ACCIDENT/ INJURY OR INCIDENT	
	Did the police attend the incident? Is there a report?
	Were there any injuries sustained? YES - NO N/A
	If yes, please give details.
	Was the employee given medical treatment/ checks?
	Was there damage to the HH vehicle? Please describe the damage and take photos if possible.

	Was there damage to a third party vehicle or property? Please describe and take photos if possible.
DAMAGE TO ANOTHER VEHICLE OR PROPERTY	
	Third party Name:
	Phone number:
	License details:
WITNESS	Was there a witness to the incident? Provide contact details:
REPORTING	Driver's Name:
EMPLOYEE	Date:
	Employer: Geoff Hawgood
	Hawgood Haulage P/L
	Mob: 0412 722 533
	Date: