

<p style="text-align: center;">COMMERCIAL MOTOR VEHICLE DRIVER ACCIDENT REPORTING FORM</p>

Today's Date: _____

Driver's Full Name: _____

Driver License #: _____

Federal regulations at *49 CFR 390.15(b)* require all employers to maintain at least the following information regarding any accident (as defined below) of this driver for three years, as well as all other accident reports required by State or other governmental entities or insurers.

The regulations at *49 CFR 390.5* define an "accident" as "an occurrence involving a commercial motor vehicle operating on a highway in interstate or intrastate commerce which results in: (i) A fatality; (ii) Bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or (iii) One or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle(s) to be transported away from the scene by a tow truck or other motor vehicle."

The term accident does not include: (i) an occurrence involving only boarding and alighting from a stationary motor vehicle; or (ii) an occurrence involving only the loading or unloading of cargo.

Date of accident: _____

Municipality and state in which accident occurred: _____

Number of people injured: _____

Number of fatalities: _____

Were hazardous materials, other than fuel spilled from the fuel tanks of motor vehicles involved in the accident, released? If "yes", identify such materials here: _____
