

<p style="text-align: center;"><b>COMMERCIAL MOTOR VEHICLE DRIVER ACCIDENT REPORTING FORM</b></p>
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**Today's Date:** \_\_\_\_\_

**Driver's Full Name:** \_\_\_\_\_

**Driver License #:** \_\_\_\_\_

Federal regulations at 49 CFR Part 390.15 require a driver involved in an accident to file a report with their employer using this form if the vehicle they were driving has a gross vehicle weight rating (GVWR) of more than 26,001 pounds and is operating in interstate commerce or a has a GVWR of more than 17,001 pounds and is operating in intrastate commerce and the accident resulted 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 incur 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: \_\_\_\_\_

\_\_\_\_\_