



# ON TIME · ACCURATE · DELIVERY

*Serving others - one package at a time!*

## Delivery Specialist Accident Investigation Form

Name of employee involved in accident: \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Vehicle Number \_\_\_\_\_

Date of Accident \_\_\_\_\_ Time of Accident \_\_\_\_\_

### Exact Location of Accident:

Address \_\_\_\_\_, City \_\_\_\_\_, State: Georgia, Zip \_\_\_\_\_

or GPS Coordinates: \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

### Accident/Incident Details

Did the employee incur any injuries as a part of the accident? If so, describe:

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

Where there any damages to the Vehicle? If so, describe

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

What was the cause of the incident?

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

Where citation issued?  YES  NO *(If so, include copy with the report)*

### Road and Environmental conditions

Road Surface: (Concrete, gravel, asphalt, etc...) \_\_\_\_\_

Road Conditions: (Fair, Snowy, wet, icy, etc...) \_\_\_\_\_

Light conditions: (Daylight, dusk, night, etc...) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date