

Delivery Vehicle Accident Investigation Report

General Information

Date of Report

Report Number

Prepared By

Department

Vehicle Information

Vehicle Type

Vehicle Make/Model

License Plate

Driver Name

Employee ID

Accident Details

Date and Time of Accident

Location of Accident

Description of Accident

Weather and Road Conditions

Persons Injured (if any)

Damage Assessment

Vehicle Damage Description

Estimated Repair Cost

Other Property Damage

Contributing Factors

Investigation Findings

Root Cause

Follow-Up Actions

Corrective Actions Taken

Recommended Preventive Measures

Sign-Off

Supervisor/Manager Name

Date