

# Delivery Driver Accident Statement Sheet

## Driver Details

Full Name

Driver License Number

Employer

Vehicle Registration

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## Accident Details

Date

Time

Location

Describe what happened

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## Other Parties Involved

Name

Contact Information

Vehicle Registration

**Witness(es)**

Name(s) and Contact(s)

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**Injuries / Damage**

Details of any injuries

Details of any vehicle or property damage

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**Declaration**

I declare the above information is true to the best of my knowledge.

Driver Signature

Date