

ANNUAL ACCIDENT REGISTER

FROM _____, 20____ TO _____, 20____

REPORTABLE ACCIDENTS INCLUDE: FATALITIES, INJURIES WITH AWAY-FROM SCENE TREATMENT, OR TOW-AWAYS

DATE & TIME OF ACCIDENT		LOCATION OF ACCIDENT			# OF DEATHS	# OF NON-FATAL INJURIES	H/M RELEASED	DRIVER'S NAME	COPY OF STATE OR INSURANCE REPORT
DATE	TIME	STREET ADDRESS	CITY	STATE					

COMPANY NAME _____

SIGNATURE _____