ELTA Logistics LLC — Driver Incident / Accident Report

Confidential office form | Complete legibly; do not enter sensitive personal data in public systems.

Use: Complete each applicable field, sign/date where indicated, have authorized office staff review, then file in the restricted company folder.

Driver name: _____

Date/time and location: _____

Unit / trailer ID: _____

Emergency services notified: _____

Injury / damage summary: _____

Police report number: _____

Witnesses: _____

Photos / BOL / DVIR attached: _____

Office follow-up: _____

Driver signature/date: _____

Safety review signature/date: _____

OFFICE REVIEW — Received by: _____ Date: _____ Missing items / follow-up: _____