

ACCIDENT – INCIDENT – NEAR MISS REPORT FORM

Drivers Name: _____

Operator's Vehicle(s) Reg: _____

Incident No: _____

Date	
Time	
Location	
Others Involved	Yes / No
Details of Others (VEHICLE/OPERATOR NAME AND ADDRESS)	
Witness Details	
Incident Details	
What are the circumstances	
Corrective Action	Date
Action to Prevent Recurrence	Date
Follow-up	Date

Close out - all corrective actions and any actions to prevent recurrence have been completed.

Signed (Driver) _____ Date _____

Signed (HVA Responsible Person) _____ Date _____