



Completed By (For Internal Use):

Incident Report

Fax Toll-Free to 866-487-6570

Section A: General Information (Complainant)

PLEASE PRINT

Name (First/Last):

Customer General Public C2C Driver Owner-Operator C2C Employee

City:

State/Prov.:

Tel. (Day):

Tel. (Night):

Section B: Description of Event

When:

Time if incident:

Approx.

Date Reported:

Time Reported:

Where: City:

State/Prov.:

What happened? (description of event and how it occurred)

Were there any injuries or property damage? (description of injury or damage)

What factors contributed to the event?

How could this have been avoided?

Corrective action taken (INTERNAL USE: document dates and times):