

ACCIDENT REGISTER FOR DOT ACCIDENTS (390.15)

Company Name and Address: _____

Reporting Year: _____

This is a list of DOT recordable accidents that have occurred in the above calendar year.

Date	Location (City/State)	Driver Name	Number of Injuries	Number of Fatalities	Number of Vehicles Towed	HazMat Incident?

NOTE: This form is provided as a suggested format for recording accidents. A motor carrier may use any register format for documenting recordable accidents per Part 390.