

Truck Wreck Report

Notified by: _____ Date: _____

Notified: _____

1) Location of wreck: _____
2) When: _____
3) What is in the wreck (general) (Meat, milk, fruit or combined) and total amount of the load? _____

4) Responsible Firm and individual _____
Address: _____
Phone: _____

5) Wrecker Service: _____
Name: _____
Address: _____
Phone: _____

6) Truck and trailer firm identification and responsible person: _____

7) Is the vehicle(s) broken open? Yes No

8) Is there visible contamination? Yes No

9) Visited site? Yes No When? _____

10) Action Taken? _____

11) Insurance company or adjuster: _____
Address: _____
Phone: _____

12) Disposition of contaminated foods, drugs, and cosmetics? _____

13) Disposition of other product? _____

14) Was assistance requested from FCSS/444-2837? Yes No

15) Provided? Yes No

16) Comments: _____

Sanitarian Signature

Please use this completed form to notify FCSS of the accident and details.