

Truck/Train Wreck Report

Notified By: _____ Incident Report Date: _____

Person Notified: _____

Location of Wreck: _____

Jurisdiction (County) _____ City limits: _____

Date of Wreck: _____ Time of Wreck: _____

Wreck Content:(Meat, Milk, Fruits or Combinations): _____

Total Load amount: _____

Cargo Owner: _____ Point Person: _____

Owner Address: _____ Phone: _____

Tow Truck Owner: _____ Point Person: _____

Tow Truck Address: _____ Phone: _____

Is the Truck/Train Broken Open? Yes ☐ No ☐

Is the cargo damaged? Yes ☐ No ☐

Is the cargo contaminated? Yes ☐ No ☐

Did you visit the incident site or tow truck location? Yes ☐ No ☐

Date/time of visit: _____

Action Taken: _____

Insurance Company or Adjuster: _____

Insurance Address: _____ Phone: _____

Disposition of food, drugs, and cosmetics? _____

Disposition of other Products: _____

Was EHFS/444-2837 assistance requested? Yes ☐ No ☐

Was the assistance received? Yes ☐ No ☐

Comments: _____

Sanitarian Signature: _____ Date: _____

Please use this completed form to inform EHFS of the incident and details.

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