

HEAVY GOODS VEHICLE INCIDENT RECORD

*Haulage Company:	
*Date of Incident: / /	*Vehicle Registration Number:
Address of Company (if known): _____ _____	
*Your name or Parish/Town Council name:	
Your Address (including postcode): _____ _____	
Tel. No. (Home)	Tel. No. (Work)
Email:	
*Describe Incident: 	
Has this happened before? <input type="checkbox"/> Y / <input type="checkbox"/> N	
*Type of Incident: (please put a cross in the appropriate box(es))	
Vehicle parked overnight on highway <input type="checkbox"/>	Noisy/disruptive behaviour <input type="checkbox"/>
Vehicle parked on verge/footpath <input type="checkbox"/>	Damage to road/verge/land/property <input type="checkbox"/>
Vehicle travelling through weight restricted road <input type="checkbox"/>	Litter left behind <input type="checkbox"/>
Vehicle travelling on an unsuitable minor road <input type="checkbox"/>	Vehicle causing an obstruction <input type="checkbox"/>
Other (please specify): _____ _____	
Would you like to be kept informed of any action taken? <input type="checkbox"/> Y / <input type="checkbox"/> N	

▪ * Indicates mandatory fields, record cannot be processed without this information