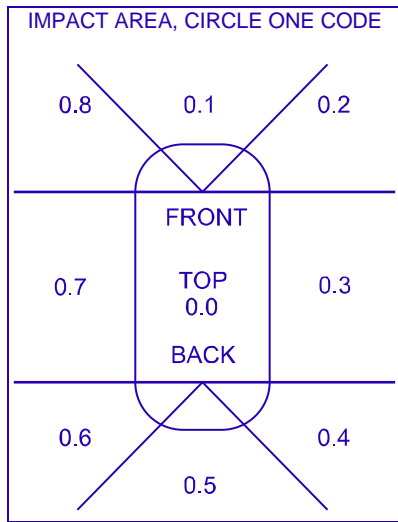




VEHICULAR INCIDENT REPORT

COMPLETE ALL BOXES; IF UNKNOWN, PUT "UNK"; IF NOT APPLICABLE, PUT "NA"



DATE	TIME AND DATE OF ACCIDENT	TIME AND DATE OF NOTIFICATION	VEH NUMBER	MODEL
PLACE	NEAREST CITY OR TOWN		STATE OR PROV.	
	ON (STREET OR HIGHWAY)		<input type="checkbox"/> AT (STREET, HIGHWAY OR OTHER LANDMARK) <input type="checkbox"/> NEAR	
TRIP OR ROUTE	TRIP NO. OR ROUTE NO.	ENROUTE FROM	ENROUTE TO	
POLICE INVESTIGATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, NAME OF OFFICER WITH BADGE #		REPORT NO.	
	IF SO, NAME OF DEPARTMENT OR PATROL & LOCATION			
TICKETS ISSUED? <input type="checkbox"/> V1 DRIVER <input type="checkbox"/> OTHER DRIVER <input type="checkbox"/> NONE		IF SO, CHARGE		

0.9 MULTIPLE AREAS/OVERTURN/BOTTOM

ACCIDENT TYPE	INVOLVING
<input type="checkbox"/> 1.1 OVERTURN	<input type="checkbox"/> 2.3 PEDESTRIAN
<input type="checkbox"/> 1.2 V1 OFF ROAD	<input type="checkbox"/> 2.4 BICYCLIST
<input type="checkbox"/> 1.3 SIDESWIPE	<input type="checkbox"/> 2.5 ANIMAL
<input type="checkbox"/> 1.4 FIXED OBJECT	<input type="checkbox"/> 2.6 PARKED VEHICLE
<input type="checkbox"/> 1.5 INTERSECTION	<input type="checkbox"/> 2.7 YARD OR CITY PROPERTY
<input type="checkbox"/> 1.6 REAR END	<input type="checkbox"/> 2.8 WHEELCHAIR SECUREMENT
<input type="checkbox"/> 1.7 FRONT END	<input type="checkbox"/> 2.9 _____
<input type="checkbox"/> 1.8 _____ OTHER	<input type="checkbox"/> 2.9 _____ OTHER

WHEN POSSIBLE, PHOTOGRAPH THE INSURANCE CARD AND DRIVER'S LICENSE

DAMAGE TO V1 VEHICLE	DESCRIBE DAMAGE	WAS VEHICLE TOWED?		
VEH. 2	DRIVER'S NAME	PHONE () ()	AGE (EST.)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	DRIVER'S ADDRESS (STREET & NO., CITY, STATE OR PROV.)		OPER. LIC. NO.	STATE OR PROV.
	OWNER'S NAME	PHONE () ()	VEH. YEAR, MAKE & MODEL	
	OWNER'S ADDRESS (STREET & NO., CITY, STATE OR PROV.)		VEH. LIC. NO.	STATE OR PROV.
	DESCRIBE DAMAGE			WAS VEHICLE TOWED?
	INSURANCE POLICY		POLICY NUMBER	

MOVEMENT

VEHICLE
COV #2 #3

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.1 STRAIGHT AHEAD - PASSING
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.2 STRAIGHT AHEAD - BEING PASSED
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.3 STRAIGHT AHEAD - NOT PASSING OR BEING PASSED
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.4 MERGING / LANE CHANGE
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.5 TURNING LEFT
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.6 TURNING RIGHT
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.7 BACKING
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.8 STOPPED IN TRAFFIC
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.9 STOPPED AT RR CROSSING
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.10 WEAVING
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.11 SKIDDING
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.12 WRONG SIDE
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.13 TD VEHICLE PARKED
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.14 _____ OTHER

VEH. 3	DRIVER'S NAME	PHONE () ()	AGE (EST.)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	DRIVER'S ADDRESS (STREET & NO., CITY, STATE OR PROV.)		OPER. LIC. NO.	STATE OR PROV.
	OWNER'S NAME	PHONE () ()	VEH. YEAR, MAKE & MODEL	
	OWNER'S ADDRESS (STREET & NO., CITY, STATE OR PROV.)		VEH. LIC. NO.	STATE OR PROV.
	DESCRIBE DAMAGE			WAS VEHICLE TOWED?
	INSURANCE POLICY		POLICY NUMBER	

PEDESTRIAN / BICYLIST

<input type="checkbox"/> 4.1 WALKING/RIDING WITH TRAFFIC
<input type="checkbox"/> 4.2 WALKING/RIDING AGAINST TRAFFIC
<input type="checkbox"/> 4.3 COMING FROM BEHIND PARKED VEH.
<input type="checkbox"/> 4.4 CROSSING AT INTERSECTION
<input type="checkbox"/> 4.5 CROSSING NOT AT INTERSECTION
<input type="checkbox"/> 4.6 ALIGHTING FROM A VEHICLE
<input type="checkbox"/> 4.7 _____ OTHER

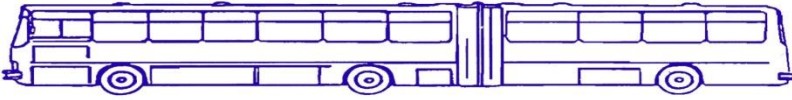
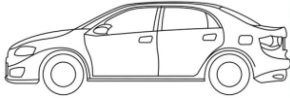
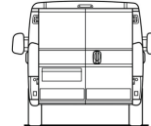
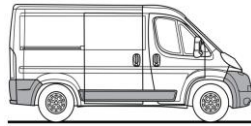
PERSONS IN ACCIDENT	NO. OF PERSONS (INCL. DRIVER)	NO. OF PERSONS COMPLAINING OF INJURY	PERSONS TRANSPORTED TO HOSPITAL	NUMBER PERSONS ADMITTED TO HOSPITAL	VEH. 1	VEH. 2	VEH. 3	S P E E D	POSTED SPEED LIMIT		
									VEH. 1	VEH. 2	VEH. 3
									MPH	MPH	MPH
									ESTIMATED SPEED WHEN DANGER NOTICED	MPH	MPH
									ESTIMATED SPEED AT IMPACT		
									MPH	MPH	MPH

PASSENGER INJURY / FALL

<input type="checkbox"/> 5.1 BOARDING VEHICLE
<input type="checkbox"/> 5.2 ALIGHTING FROM VEHICLE
<input type="checkbox"/> 5.3 CAUGHT IN DOORS
<input type="checkbox"/> 5.4 SEATED
<input type="checkbox"/> 5.5 IN MOTION IN VEHICLE
<input type="checkbox"/> 5.6 _____ OTHER

SMARTDRIVE Installed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Was Video Available? <input type="checkbox"/> YES <input type="checkbox"/> NO	Clip Number.
Was the camera operational? <input type="checkbox"/> YES <input type="checkbox"/> NO		
INCIDENT REPORTED TO TRANSDEV RISK MGMT / WEBRISK <input type="checkbox"/> YES <input type="checkbox"/> NO	REFERENCE NUMBER	
ANYONE TRANSPORTED TO HOSPITAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOSPITAL NAME	CITY & STATE

MARK "X" WHERE DAMAGE OR CONTACT OCCURRED

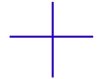


INSTRUCTIONS

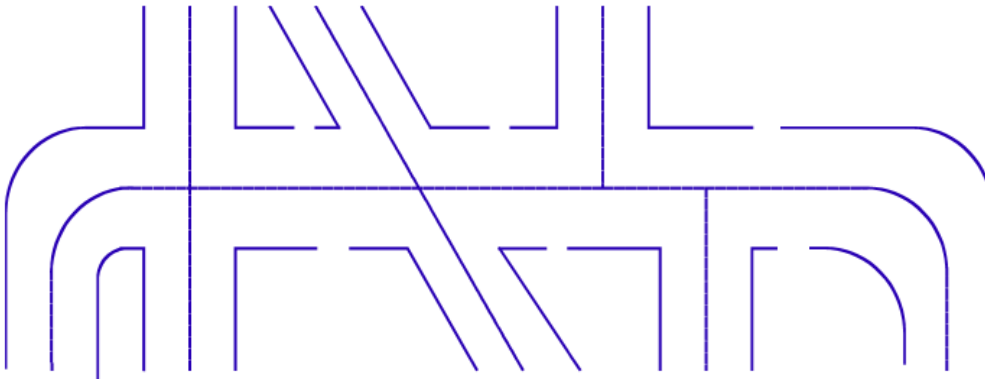
- Choose sections of diagram that will show outline of roadway at place of accident.
- Use solid line to show path of vehicle BEFORE accident: 1
dotted line AFTER accident: 1
- Number each vehicle and show direction of travel by arrow: 1 2
- Show PEDESTRIAN by: ○

- Show RAILROAD by: + + + + +
- Show TRAFFIC LIGHT by: *
- Show STOP SIGN by: ◇
- Indicate distance and direction from point of impact to nearest bridge, culvert or other landmarks.
- Indicate names of streets or route numbers of roadways.

Complete the following diagram showing direction & position of vehicles or property involved, designating clearly point of contact.



Indicate points of compass N.E.S.W.



TRAFFIC LANES		ROADWAY		SIGNALS	PAVING	WEATHER	LIGHT
NO. OF LANES	9.1 <input type="checkbox"/> LANES MARKED	10.1 <input type="checkbox"/> STRAIGHT	10.7 <input type="checkbox"/> DRY	11.1 <input type="checkbox"/> STOP SIGN	12.1 <input type="checkbox"/> CEMENT	13.1 <input type="checkbox"/> CLEAR	15.1 <input type="checkbox"/> DAYLIGHT
	9.2 <input type="checkbox"/> LANES UNMARKED	10.2 <input type="checkbox"/> CURVE	10.8 <input type="checkbox"/> WET	11.2 <input type="checkbox"/> TRAFFIC LIGHT	12.2 <input type="checkbox"/> BRICK	13.2 <input type="checkbox"/> RAIN	15.2 <input type="checkbox"/> DARK
WIDTH OF EACH FT.	9.3 <input type="checkbox"/> NO ROAD DEFECTS	10.3 <input type="checkbox"/> DOWN GRADE	10.9 <input type="checkbox"/> MUDDY	11.3 <input type="checkbox"/> POLICEMAN	12.3 <input type="checkbox"/> ASPHALT	13.3 <input type="checkbox"/> SNOW	15.3 <input type="checkbox"/> DUSK
	9.4 <input type="checkbox"/> HOLES, RUTS, ETC.	10.4 <input type="checkbox"/> UP GRADE	10.10 <input type="checkbox"/> SNOWY	11.4 <input type="checkbox"/> WARNING SIGNAL	12.4 <input type="checkbox"/> GRAVEL	13.4 <input type="checkbox"/> SLEET	15.4 <input type="checkbox"/> DAWN
<input type="checkbox"/> DIVIDED	9.5 <input type="checkbox"/> LOOSE MATERIAL	10.5 <input type="checkbox"/> LEVEL	10.11 <input type="checkbox"/> ICY	11.5 <input type="checkbox"/> R.R. GATES	12.5 <input type="checkbox"/> _____ (OTHER)	13.5 <input type="checkbox"/> FOG	IF DARK, WAS HIGHWAY LIGHTED?
<input type="checkbox"/> _____ (OTHER)	9.6 <input type="checkbox"/> _____ (OTHER)	10.6 <input type="checkbox"/> HILL CREST	11.6 <input type="checkbox"/> YIELD SIGN	11.7 <input type="checkbox"/> _____ (OTHER)	LOCATION		15.5 <input type="checkbox"/> YES <input type="checkbox"/> NO
	FLAGS, FLARES, FUSES, ETC. DISPLAYED 10.12 _____	11.8 <input type="checkbox"/> NOT WORKING			14.1 <input type="checkbox"/> CITY & SUBURBAN	14.3 <input type="checkbox"/> INTERSECTION	15.6 <input type="checkbox"/> _____ (OTHER)
					14.2 <input type="checkbox"/> RURAL	14.4 <input type="checkbox"/> NON-INTERSECT.	
						14.5 <input type="checkbox"/> CITY PROPERTY	

DRIVER: DESCRIBE ACCIDENT FULLY (CONTINUE ON PAGE THREE IF NECESSARY.)

DESCRIPTION OF ACCIDENT (CONTINUED)

Lined area for describing the accident.

SAFETY MANAGER OR GM SIGNATURE
(Ensure report is complete before forwarding)

DRIVER'S SIGNATURE AND EMPLOYEE NUMBER

DATE OF REPORT

SUPERVISOR'S OBSERVATIONS / COMMENTS / FINDINGS:

Lined area for supervisor's observations, comments, and findings.

Road Supervisor Name:

Signature:

Date:

WITNESSES – Critical

PERSONS OTHER THAN OCCUPANTS OF VEHICLES INVOLVED: LIST PASSERBY, OTHER MOTORISTS OR PERSONS AT SCENE OF ACCIDENT – WHETHER EYE WITNESSES OR NOT. (Use Witness Cards if Available)

NAME	AGE	HOME PHONE	BUSINESS PHONE	ADDRESS (STREET & NO., CITY & STATE OR PROV.)

OCCUPANTS OF TRANSDEV VEHICLE DO NOT REPEAT NAMES OF THOSE SHOWN ABOVE.

NAME	AGE	HOME PHONE	BUSINESS PHONE	ADDRESS (STREET & NO., CITY & STATE OR PROV.)

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