



INTERNAL VEHICLE/EQUIPMENT INCIDENT REPORT

Keep this in your glove box

First Steps	While Still At the Scene
<ul style="list-style-type: none"> Stop your car. If you are blocking a lane of travel, move vehicle to side of road. Get aid for the injured- call 911 and ask for an ambulance. Call the police- call 911 even if there are no injuries. Notify your supervisor. 	<ul style="list-style-type: none"> When the police come, cooperate and tell them what you know. Take pictures.

Day/Date/Time:	AM / PM (circle one)
City Operator:	
Title:	
Equipment/Vehicle No.:	
Your Passengers:	
Location of Incident (be specific):	
Police Report Number:	

DAMAGE DESCRIPTION (Don't forget to take photos)	
Your Vehicle: Circle the numbers closest to the damaged areas.	Other Vehicle: Circle the numbers closest to the damaged areas.

ALL DRIVERS	*CDL Drivers Only operating CMV at time of Incident <i>Is alcohol and controlled substance testing required?</i>
Was there a fatality? ___ Yes ___ No	← If yes- Test*
Were you issued a citation? ___ Yes ___ No	← If yes- Go to next 2 questions
<ul style="list-style-type: none"> Was a vehicle towed away? ___ Yes ___ No Was any one transported away from the scene for medical treatment? ___ Yes ___ No 	← If yes- Test* <i>*Alcohol within 2 hours, no more than 8 hours post-accident.</i>
<ul style="list-style-type: none"> Who? <input type="checkbox"/> Driver <input type="checkbox"/> Co-worker <input type="checkbox"/> Other 	← If yes- Test* <i>*Controlled substance as soon as possible, no more than 32 hrs. post-accident.</i>

Explain below how the incident happened:	Indicate on the diagram how the incident happened:
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Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

___ Photos attached ___ Copy Vehicle Incident Report to Fleet Manager ___ Copy of completed Employee Incident Report(s) to HR