



**Volunteer
Transportation
Center, Inc.**

Incident/Accident Report

Report all incidents/accidents within 24 hours.

Driver Name _____

1. Date and Time of Incident: _____

2. Location of Incident: _____

3. Name and Phone of Rider(s) Involved:

a. _____

b. _____

c. _____

4. Seat belt in use? Yes / No

5. If a child under age eight, was a car seat or booster seat in use? Yes / No

6. Name and Phone Number of Witness(es) to Incident:

a. _____

b. _____

c. _____

7. Were another agency(s) {i.e. Police, DSS, Fire Dept.} involved? Yes / No

Provide the name of the officer and accident report number; include phone number: _____

What is a reportable incident?

- motor vehicle accident
- receiving a ticket
- being stopped by a law enforcement official
- medical emergency occurring while you are transporting a client
- any time 9-1-1 is called while you are driving
- an altercation between clients or between driver and client
- if a driver or client injures themselves during a trip

Questions?
Call your Program Director

Explain the incident in detail: (continue on added sheet if needed)

Volunteer Driver Signature

Date

For Office Use

Received by: _____

Date received: _____

Follow up completed: _____