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: ________________________________

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

Volunteer Driver Signature ____________________ Date ______________________

For Office Use
Received by: ________________ Date received: ____________ Follow up completed: ____________

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