

West Central Abilities Inc.

VEHICLE ACCIDENT REPORT

This Accident Report will be completed by the employee when an incident occurs that has caused physical harm, injury or death to a client, employee, visitor, or property damage, or vehicle damage.

All incidents are to be reported through the completion of an Accident Report Form.

All reports will be done in printing, with a written signature of the writer.

The Accident Report Form is to be in the hands of the Executive Director or designate as soon after the incident as is reasonably possible, or upon the office opening.

Agency vehicle involved: _____

License Plate #: _____

Date of accident: _____ or date noted: _____

Description of accident:

Description of damage:

Employee Driving:

Name(s) of all involved in accident:

Medical treatment:

Reported to and when, include names and brief description:

_____ Police: _____

_____ SGI: _____

_____ Management: _____

_____ Other: _____

Follow-up:

Date of report: _____

Witness of accident print name: Signature: Date:

Operator of vehicle print name: Signature: Date:

Management, print name: Signature: Date:

Executive Director: _____ Received: _____