CDN. POWER PAC
ELECTRICAL DIVISION

Vehicle Incident Report

Instructions: In case of an incident involving a company-owned vehicle, the driver of the vehicle must:

1. Report the incident promptly to a local law enforcement agency and obtain a copy of the officer's report.
2. Contact your supervisor and/or fleet manager as soon as practical to report the incident.
3. Within 24 hours of the incident, submit this completed & signed form to your supervisor.

Agency/Dept. Location

Agency/Department Name	Division	Agency Number
Supervisor's Name		Phone Number ( )
Street Address	City	Postal Code

Location of the Incident

Street/Highway				Incident Date (mm/dd/yy)
City	County	Province	Incident Time	☐ AM ☐ PM

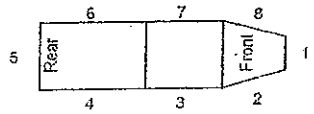
Company Vehicle Information

☐ Assigned
☐ Pool/ Functional

Company Vehicle Owner Agency/Dept. Name		Reason for Vehicle Use		
Year	Make/Model	Body Type	Mileage	Color
Fleet Number	Vehicle Identification Number		License Plate Number	

Describe Parts Damaged

Circle numbered areas of vehicle damage.



Information on Driver of Company Vehicle

Driver Name (Print)	☐ Driver Injured ☐ Wearing Seat Belt	Home Phone ( )	Work Phone ( )
Email Address	Date of Birth	Driver's License Number	
Work Address	City	Province	Postal Code
Home Address	City	Province	Postal Code

Were There Passengers in the Vehicle? ☐ Yes ☐ No

If Yes, List Names: _____

_____

_____

Injuries	Wearing Seat Belt
☐ Yes ☐ No	☐ Yes ☐ No
☐ Yes ☐ No	☐ Yes ☐ No

Information On Vehicle Occupants

Were any of the vehicle passengers sent to a medical facility? ☐ Yes ☐ No

Name of Passengers

Name of Medical Facility ☐ Yes ☐ No

Other Party(s) Involved

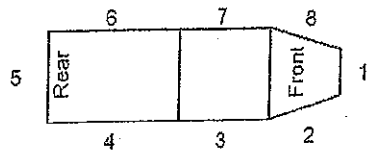
add additional sheets if more than one other party involved)

(Please indicate what type of property was damaged.)

☐ automobile
☐ fence
☐ building
☐ guard rail
☐ other _____

Describe Parts Damaged

If automobile, circle numbered areas of vehicle damage.



Property Owner (if different from driver) | Home Phone ( ) | Work Phone ( )

Home Address | City | Province | Postal Code

Year | Make/Model | Body Type | License Plate Number

Vehicle Identification Number | Insurance Company | Phone ( )

Agent Name | Address

Driver Name | ☐ Driver Injured ☐ Wearing Seatbelt | Home Phone ( ) | Work Phone ( )

Home Address | City | Province | Postal Code

Driver's License Number | Drivers Date of Birth

Were there passengers in this vehicle? ☐ Yes ☐ No

If Yes, List Names: _____

Injuries
☐ Yes ☐ No
☐ Yes ☐ No

Wearing Seat Belt
☐ Yes ☐ No
☐ Yes ☐ No

Was the accident investigated by a law enforcement agency?
☐ Yes ☐ No

Were photographs taken at the scene?
☐ Yes ☐ No

By whom?

Name of the Investigating Officer

Law Enforcement Agency Name

Case Number

Were citations issued?
☐ Yes ☐ No

To whom?

Road Conditions
☐ Wet ☐ Dry ☐ Icy
☐ Other _____

Additional Comments:

Did the other vehicle have lights on? (if other vehicle involved)
☐ Yes ☐ No
☐ Bright ☐ Dim

At what speed were you (Company vehicle) traveling?

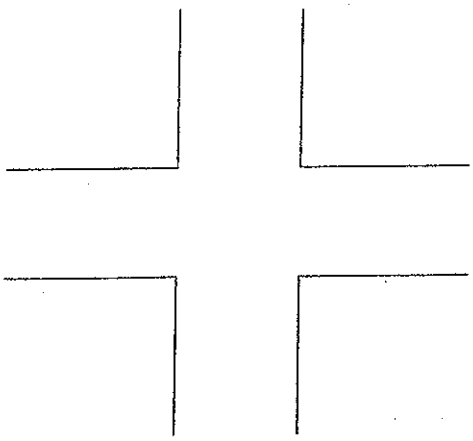
Posted Speed Limit

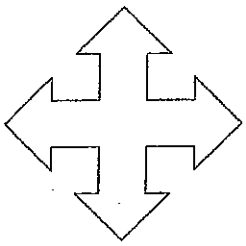
What traffic controls were in effect?	For whom?	Who had the right of way?
What signals were given by you?	What signals were given by the other driver?	
What did you do to avoid the incident?	What did the other driver do to avoid the incident?	

Witness Information	Name of Witness		
	Home Address		Phone Number ( )
	City	Province	Postal Code

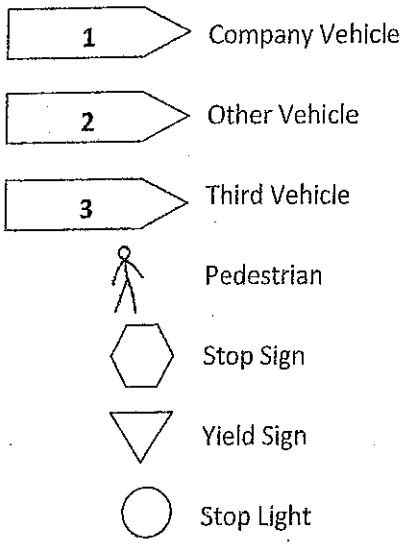
Driver Description of the Incident ☐ Attached sheets include additional description, witness and passenger information.

Please complete this diagram. Indicate names of streets, direction, position of vehicles and point of contact. Use a solid line to show path before the incident and a dotted line to show path after the accident.





Indicate North



As the driver of the company owned vehicle described in this report, I acknowledge that all information provided is true and accurate to the best of my knowledge.	**Scope of Employment Statement** As supervisor of this position, I affirm that the individual named driver was operating the vehicle within his or her authorized scope of employment at the time of the incident. ☐ Yes ☐ No
Name of Driver (Print)	Name of Supervisor (Print)
Signature of Driver *(Required)* Date (mm/dd/yy)	Signature of Supervisor *(Required)* Date (mm/dd/yy)