VEHICLE INCIDENT REPORT FORM

Our Driving Concern
an nsc program

Save a Life
Texas Department of Transportation

Incident TYPE

Incident type is (**check one**):	☐ **Two** (or more) **vehicles**	☐ **Vehicle** and **pedestrian**(s)	☐ **Vehicle only** (e.g. hit a tree)

WHEN did the incident happen?

Date	Day of Week		Time	☐ AM ☐ PM
Weather Conditions			**Road** Conditions	

What PEOPLE were involved?

VEHICLE 1

Driver Name			
Driver Phone			
Driver Insurance Policy (Carrier and Policy Number)			
Was driver's seat belt on?	☐ Yes	☐ No	
Was driver (check all that apply):			
☐ Sleep deprived? ☐ On overtime hours?	☐ On OTC medication? ☐ On prescription meds?		
Cited? ☐ Yes ☐ No	*If Yes, cited for:*		
Describe injuries. Taken to hospital or treated at scene?			

VEHICLE 2

Driver Name			
Driver Phone			
Driver Insurance Policy (Carrier and Policy Number)			
Was driver's seat belt on?	☐ Yes	☐ No	
Was driver (check all that apply):			
☐ Sleep deprived? ☐ On overtime hours?	☐ On OTC medication? ☐ On prescription meds?		
Cited? ☐ Yes ☐ No	*If Yes, cited for:*		
Describe injuries. Taken to hospital or treated at scene?			

PASSENGERS • VEHICLE 1

Passenger 1 Name	**Passenger 2** Name
Passenger 1 Phone	**Passenger 2** Phone
Describe injuries. Taken to hospital or treated at scene?	***Describe injuries. Taken to hospital or treated at scene?***

WITNESSES AT SCENE (Who were **NOT** involved in the incident)

Witness 1 Name	**Witness 2** Name
Witness 1 Phone	**Witness 2** Phone

LAW OFFICER AT SCENE

Officer Name	Officer's Jurisdiction
Officer Phone	Police Report Number
Officer Badge No.	

What VEHICLES were involved?

VEHICLE 1			VEHICLE 2		
Make/Model/Year			Make/Model/Year		
Commercial vehicle?	☐ Yes	☐ No	Commercial vehicle?	☐ Yes	☐ No
License Plate (**State** and **Number**)			License Plate (**State** and **Number**)		
Towed?	☐ Yes	☐ No	Towed?	☐ Yes	☐ No
Towing Company			Towing Company		
Is **DRIVER** the **OWNER** of vehicle?	☐ Yes	☐ No	Is **DRIVER** the **OWNER** of vehicle?	☐ Yes	☐ No

DOCUMENTATION or MEDIA

VIDEO or **PHOTOS** taken?
By whom?
Video or photo taker's contact info

WHERE did the incident happen?

STREET Address OR **INTERSECTION**
SKETCH the incident scene as if you were a bird flying over it. Label all streets. Indicate lanes and use arrows to indicate the direction vehicles were traveling.


What happened?

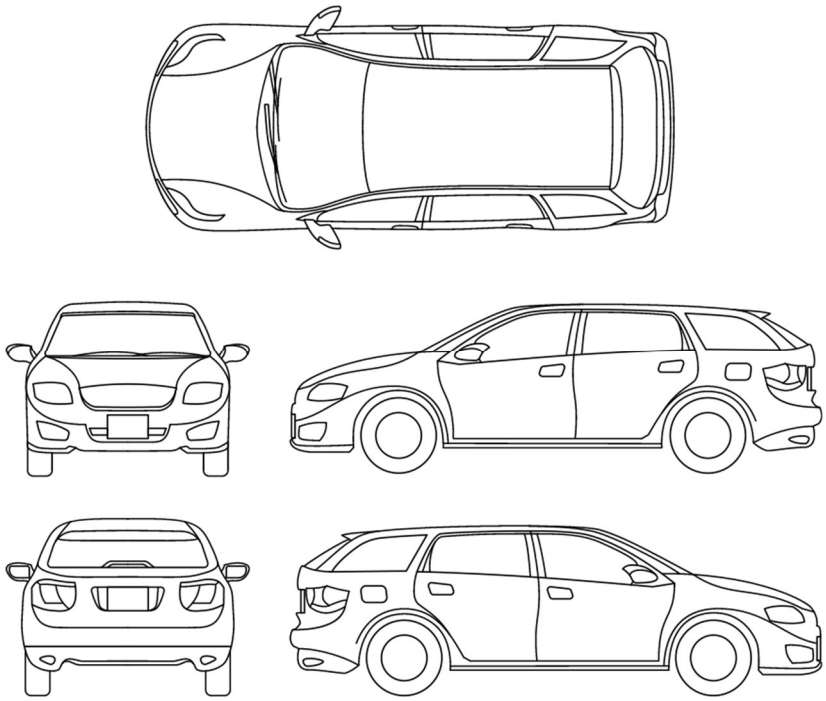
*In your description, **do not use pronouns** (he, she, it) to refer to people or vehicles. Use their names. Be sure to describe any vehicle malfunctions or conditions that contributed to the incident.*

DESCRIBE the incident and the **sequence** in which things happened.

What was the damage?

VEHICLE 1

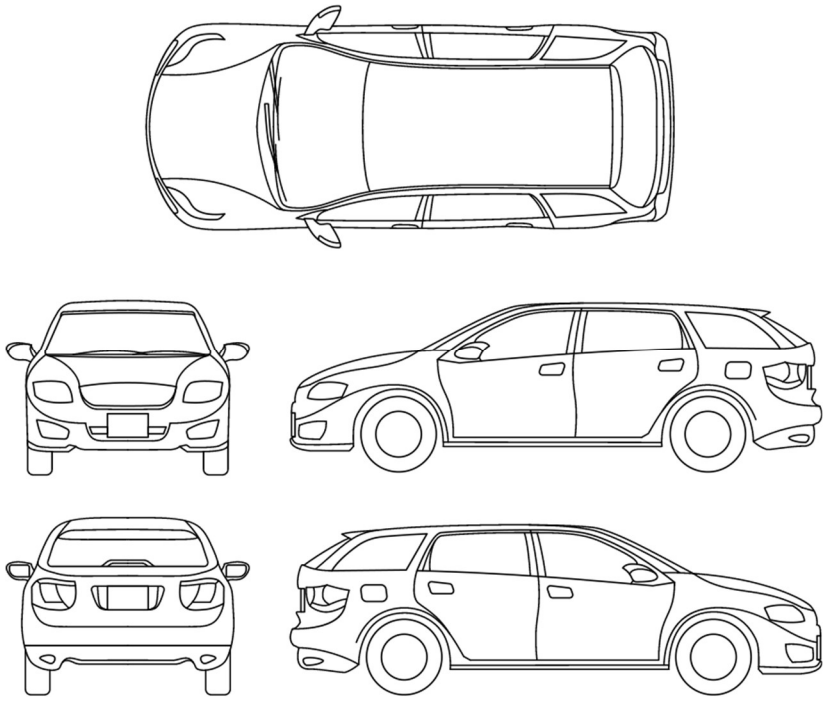
Mark the diagram to show areas of damage.



Cargo damage? *If yes, list and describe.*

VEHICLE 2

Mark the diagram to show areas of damage.



Cargo damage? *If yes, list and describe.*

Report submitted by:	Name	Phone