

COMMUNITY LIVING-CENTRAL HURON  
VEHICLE INCIDENT REPORT

Staff/Volunteer's Name: \_\_\_\_\_  
Vehicle Involved: \_\_\_\_\_ (Agency or Personal - circle one)  
Date/Time of Incident: \_\_\_\_\_ Date/Time Reported: \_\_\_\_\_  
Incident Reported to: \_\_\_\_\_  
Location of Incident: \_\_\_\_\_

Please check all that apply: Provide Description/Details and Use Picture on Back  
\_\_\_\_ Auto damage \_\_\_\_\_  
\_\_\_\_ Property damage \_\_\_\_\_  
\_\_\_\_ Theft \_\_\_\_\_  
\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_ Bodily Injury \_\_\_\_\_  
Employee Incident/Accident Form must be completed same day as injury and returned to the relevant Supervisor.

Cause of Incident/Contributing Factors:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Others Involved:  
(provide name, address and phone #)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Company of Others Involved  
(provide name, address and phone #)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses Involved:  
(provide name, address and phone #)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Police Contacted: Yes \_\_\_ No \_\_\_  
Name of Police Officer and Detachment:  
\_\_\_\_\_  
Report completed by Police? Yes \_\_\_ No \_\_\_  
Charges laid? Yes \_\_\_ No \_\_\_

Staff/Volunteer Signature \_\_\_\_\_  
Date \_\_\_\_\_

Details of charges, if applicable:  
\_\_\_\_\_  
\_\_\_\_\_

Copied To: \_\_\_\_\_ Executive Director  
\_\_\_\_\_ Relevant Coordinator  
\_\_\_\_\_ Relevant Senior Case Manager (if applicable)  
\_\_\_\_\_ Health & Safety Location Rep  
\_\_\_\_\_ Administrative Coordinator.

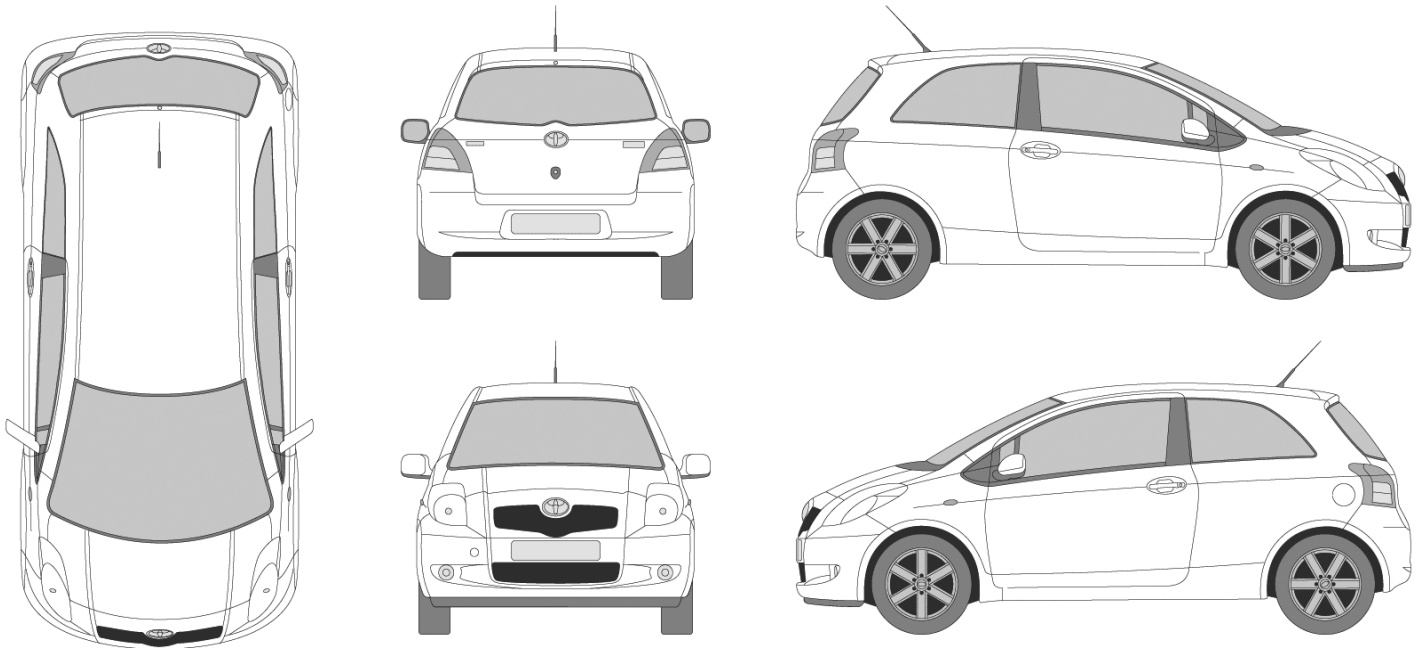
**Complete form & return to relevant Supervisor or designate, who will make copies.**

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VEHICLE INCIDENT REPORT

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Vehicle: \_\_\_\_\_

Date: \_\_\_\_\_



Inspected By: \_\_\_\_\_

Senior Case Managers: When Vehicle Inspection Report received, initial and date damage on picture. Copy back to a new (blank) form and return to relevant location. Clean (updated) form needs to be completed each time damage is reported.