

**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:

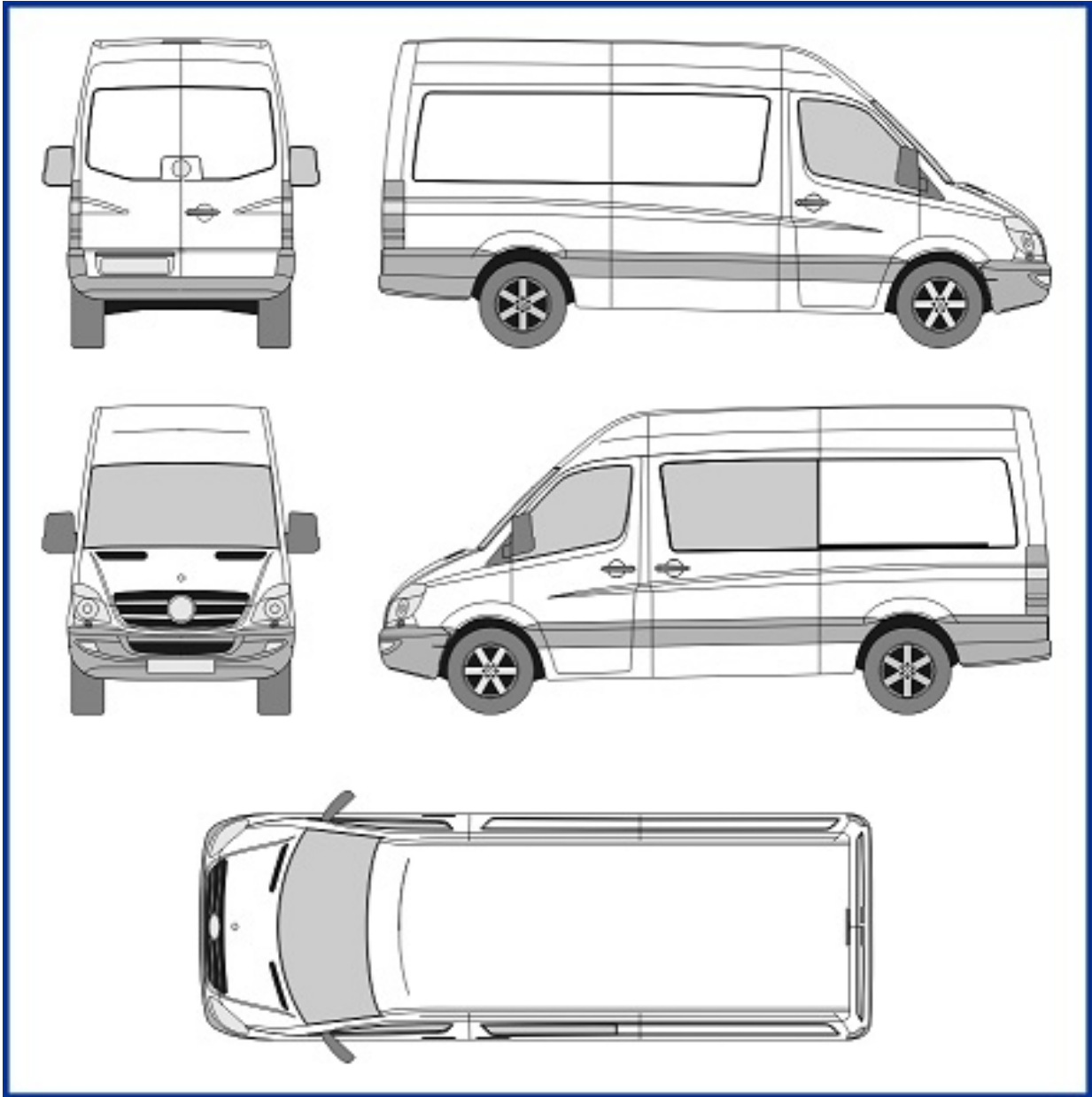
Copied To: _____ Executive Director
_____ Relevant Coordinator
_____ Relevant Senior Case Manager (if applicable)
_____ Health & Safety Location Rep
_____ Administrative Coordinator.

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

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Vehicle: _____

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.