

Sample Policies and Forms

Sample Vehicle Incident Investigation Report

Primary Investigator's name: _____ Investigation date: _____

Job title: _____ Phone: _____

Driver Information

Driver's name: _____ Date of birth: _____

Occupation: _____ Phone: _____

Sex: Male Female *(circle one)*

Date and time of incident: _____ Time: _____ AM/PM

Exact location of the incident: _____

Witnesses: _____

Police Report number and Police Department: _____

| | | |
|--|-----|----|
| Did Driver complete an Incident Report Guide? | Yes | No |
| Did the incident result in the death of any persons? | Yes | No |
| Did the incident result in the hospitalization of any persons? | Yes | No |
| Was medical treatment provided? | Yes | No |
| Was the driver wearing/using a seat belt? | Yes | No |
| Did the employee lose time from work? | Yes | No |

Incident Description

Describe in detail how the incident occurred: _____

Was this a **Preventable** Incident? *(Check all causes below that apply):*

| | | | |
|------------------------------------|--|---|--|
| <input type="checkbox"/> Backing | <input type="checkbox"/> Improper turn or lane change | <input type="checkbox"/> Rear-end collision | <input type="checkbox"/> Failure to use turn signals |
| <input type="checkbox"/> Speeding | <input type="checkbox"/> Cell phone use or texting | <input type="checkbox"/> Other distracted driving | <input type="checkbox"/> Disregarding traffic signal |
| <input type="checkbox"/> Road rage | <input type="checkbox"/> Driving in wrong direction/lane | <input type="checkbox"/> Alcohol or drug use | <input type="checkbox"/> Misjudged clearance |

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Sample Vehicle Incident Investigation Report (continued)

Was this a **Non-Preventable** Incident? (Check all causes below that apply):

Hit by vehicle Hit while legally parked Hit in rear Struck by debris or object
 Stolen Vandalism Other

Incident Analysis

What conditions contributed most directly to this incident? _____

What are the root or fundamental causes of the incident? _____

Was the incident a result of violation of established safety policies? Yes No

If yes, explain: _____

Are changes necessary in the operations or procedures to prevent this type of incident in the future? Yes No

Recommended Corrective Actions

Describe recommendations for corrective action(s): _____

Schedule or date for the completion of corrective action(s): _____

Primary Investigator's Signature

Date

Name (print)