



INCIDENT REPORT FORM

To Be Completed Immediately Following Any Incident

Date of Incident	Time of Incident	Vehicle #

Driver Name: _____

Client Name(s) Involved: _____

Location/Route: _____

Odometer Reading: _____

Type of Incident

- Vehicle Accident / Collision
- Behavioral Incident
- Medical Incident / Seizure
- Injury (Client, Driver, or Other)
- Property Damage
- Elopement / Attempt to Exit Vehicle
- Missed Trip / Scheduling Incident
- Other: _____

Description of Incident

Describe what happened, in the order it occurred. Use additional pages if necessary.

: _____

: _____

: _____

: _____



Witnesses

Name	Role (Driver/Passenger/Bystander)	Phone Number

Immediate Actions Taken

: _____

: _____

Notifications Made

Notified	Yes/No	Time	Notes
Parent/Guardian			
Support Coordinator			
Day Program/School			
Emergency Medical Services (911)			
Law Enforcement			
Company Supervisor/Owner			

Follow-Up Needed

: _____

Driver Signature

Date

Date

Date



COVERED JOURNEY TRANSPORTATION CO.

Where Every Journey Is Covered With Care

Supervisor/Reviewer Signature

Date

Date

Date

Parent/Guardian Acknowledgment of Notification (optional, may be signed at a later time)

Parent/Guardian Signature

Date

Date

Date