

Incident Report

1. Driver Name: _____

2. Date and Time of Incident: _____

3. Location of Incident: _____

4. Name, Address, and Phone of Rider(s) Involved:

a. _____

b. _____

c. _____

5. Seat belts in use? yes / no

6. If a child under six, was a car seat or booster seat in use? yes / no

7. Name and Phone Number of Witness(es) to Incident:

a. _____

b. _____

c. _____

8. Were the police involved? yes / no

If yes, provide the name of the officer and accident report number:

9. Explain the incident in detail:

Volunteer Driver Signature

Date

Complete this form and return to Volunteer Transportation Coordinator

FOLLOW UP BY CHURCH:

