

**SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER
TRANSPORTATION SERVICES**

Driver Accident Form

(Instructions: The driver is to complete this form in it's entirety when involved in any vehicular accident involving a SHCMHC vehicle and attach it to the Adverse Incident Report.)

STEP 1: Contact the Police, Emergency Vehicles, if necessary, and Your Supervisor Immediately.

- **Announce the type of emergency (accident, medical emergency, etc.)**
- **Give vehicle number and your name**
- **State your exact direction – Road/Street name and direction headed**
- **Describe the condition of any injured occupants. Include the number of injured and describe the severity of their injuries**

STEP 2: Aid The Injured

- **Provide necessary assistance (for which you have been trained) to passengers. Consult your Quick Reference If necessary. Do not remove passengers from the vehicle unless an emergency situation exists, such as fire.**

STEP 3: Warn Other Drivers

- **Place warning devices well in front of and behind the accident scene**

STEP 4: Do Not Discuss the Accident With Anyone Except the Police or Your Supervisor.

- **Do not discuss the accident with passengers, drivers of other vehicles or witnesses.**

STEP 5: Record Information On Other Drivers

Driver's Name _____

Address _____

Telephone _____ **Date of Birth** _____

Make of Vehicle _____ **Year** _____ **Plate#** _____

Describe Damage to Other Vehicle: _____

Driver's Name _____

Address _____

Telephone _____ **Date of Birth** _____

Make of Vehicle _____ **Year** _____ **Plate#** _____

Describe Damage to Other Vehicle: _____

STEP 6: Record Information on Those Injured

Name _____

Address _____

Telephone _____ **Date Of Birth** _____

Describe Injury _____

Injured Person Was: (circle one)

In your Vehicle **In Another Vehicle** **Pedestrian**
Name _____

Address _____

Telephone _____ Date Of Birth _____

Describe Injury _____

Injured Person Was: (circle one)

In your Vehicle

In Another Vehicle

Pedestrian

Name _____

Address _____

Telephone _____ Date Of Birth _____

Describe Injury _____

Injured Person Was: (circle one)

In your Vehicle

In Another Vehicle

Pedestrian

Name _____

Address _____

Telephone _____ Date Of Birth _____

Describe Injury _____

Injured Person Was: (circle one)

In your Vehicle

In Another Vehicle

Pedestrian

Name _____

Address _____

Telephone _____ Date Of Birth _____

Describe Injury _____

Injured Person Was: (circle one)

In your Vehicle

In Another Vehicle

Pedestrian

STEP 7: Collect Contact Information From Witnesses

Name _____

Address _____

Day Phone _____ Evening Phone _____

Name _____

Address _____

Day Phone _____ Evening Phone _____

Name _____

Address _____

Day Phone _____ Evening Phone _____

STEP 8: Record Non-Vehicle Property Damage

Object Damaged _____

Describe Damage _____

Location _____

Object Damaged _____

Describe Damage _____

Location _____

Object Damaged _____

Describe Damage _____

Location _____

STEP 9: Record the Names Of Police Officers

Name _____

Jurisdiction _____ Badge # _____

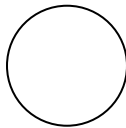
Name _____

Jurisdiction _____ Badge # _____

Was a Summons Issued? _____ Yes _____ No

To Whom? _____

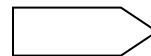
STEP 10: Sketch The Accident



Indicate North by Drawing
An Arrow in the circle



Your Vehicle



Other Vehicles

STEP 11: Describe The Accident

Description: _____

STEP 12: Complete a SHCMHC Adverse Incident Report, attach this completed form and submit it to your supervisor prior to the end of your shift.

STEP 13: Complete below as driver of this vehicle

Print Name: _____

Signature: _____

Date: _____