FREMONT COUNTY ASSOCIATION OF GOVERNMENTS

WIND RIVER TRANSPORTATION AUTHORITY

Driver Incident Report

Driver: fill out Parts A through F in ink and hand this form to the dispatcher before the end of your shift, or as your supervisor directs. Write what you saw, heard and did. Do not guess about cause or fault.

Emergencies come first. If anyone is hurt or in danger, call 911, then notify dispatch. Fill out this form afterward.

PART A — DRIVER AND TRIP

Driver name		**Date of incident**	
Vehicle #		**Time of incident**	☐ AM ☐ PM
Route / service		**Passengers on board**	
Location			
Weather	☐ Clear ☐ Cloudy ☐ Rain ☐ Snow ☐ Fog ☐ High wind ☐ Other: _____		
Road surface	☐ Dry ☐ Wet ☐ Snow or slush ☐ Ice ☐ Gravel or dirt ☐ Other: _____		
Light	☐ Daylight ☐ Dawn or dusk ☐ Dark, street lights ☐ Dark, no lights		
Vehicle was	☐ Moving ☐ Stopped in traffic ☐ At a stop, loading or unloading ☐ Parked		

PART B — TYPE OF INCIDENT Check all that apply

☐ Passenger injury or fall	☐ Medical emergency on board	☐ Driver injury
☐ Vehicle collision or animal strike	☐ Property damage, no other vehicle	☐ Near miss
☐ Passenger conduct or dispute	☐ Threat, assault or harassment	☐ Fare dispute
☐ Wheelchair lift or securement	☐ Vehicle or equipment failure	☐ Road or weather hazard
☐ Unsafe act or condition	☐ Service refused or boarding denied	☐ Other: _____

PART C — WHAT HAPPENED In order, from start to finish. Include what was said.

Need more room? Use a blank sheet, write your name and the date on it, and staple it to this form.

PART D — PEOPLE INVOLVED AND WITNESSES

Name	Role (passenger, other driver, pedestrian, witness)	Phone	Injured?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Describe any injuries	

PART E — DAMAGE AND OTHER VEHICLE Skip if nothing was damaged

Damage to WRTA vehicle			
Damage to other vehicle or property			
Other driver or owner		**Phone**	
Plate # and state		**Make / model**	
Insurance company		**Policy #**	

PART F — RESPONSE AND NOTIFICATIONS

Dispatch notified	☐ Yes ☐ No Time:	**911 called**	☐ Yes ☐ No
Law enforcement agency		**Case #**	
Officer name and badge #		**Citation issued**	☐ No ☐ Yes, to:
EMS responded	☐ Yes ☐ No	**Anyone taken for medical care**	☐ Yes ☐ No
Vehicle towed	☐ Yes ☐ No	**Photos taken**	☐ Yes ☐ No

I have reported what I saw, heard and did, completely and truthfully, to the best of my knowledge.

Driver signature		**Date and time**	

DISPATCH AND SUPERVISOR USE ONLY

Received by		**Date and time received**	
Report ID assigned	IR_	**Supervisor notified**	Time:
Vehicle removed from service	☐ Yes ☐ No	**Camera video held**	☐ Yes ☐ No ☐ N/A
FTA post-accident test	☐ Not an accident ☐ Required, ordered at _____ ☐ Not required (reason on file)		

Supervisor signature		**Date**	

Post-accident testing (49 CFR 655.44): test as soon as practicable. If the alcohol test is not done within 2 hours, record why; stop attempts at 8 hours. Drug test within 32 hours. Forward this form to WRTA Management for investigation.