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| DRIVER INFORMATION | Driver's Name: | |
| | License Number: | Expiration Date: |
| | Site or Department: | |
| | Job Title: | |
| | Supervisor's Name: | |

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|-------------------------|------------------------------|-------------------|---|
| ACCIDENT DETAILS | Date of Accident: | Time of Accident: | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| | Date reported to supervisor: | Cart ID Number: | |
| | Accident Location: | | |
| | Description of Accident: | | |
| | List Witnesses if any: | | |

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|---|---|--|
| INJURY/PROPERTY DAMAGE INFORMATION | Did an injury occur? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, who was injured? <input type="checkbox"/> Self * <input type="checkbox"/> Another employee* <input type="checkbox"/> Student** <input type="checkbox"/> Volunteer** <input type="checkbox"/> Other** _____ |
| | Any damages to District property? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please describe: |
| | Any damages to other property? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please describe: |
| *For Employee Incidents: Follow the Work-related injury reporting process or contact the WC/ RTW Office | | |
| **For Third Party Incidents: Contact the Business Office for reporting instructions | | |

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| Employee's Signature | Date: |
| Supervisor's Signature | Date: |

Submit completed reports to the Classified Human Resources Department's Administrative Secretary II

HR Use Only:

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| Date Received: | Follow-Up Needed: |
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