



**Department of Human Services  
Office of Facilities and Support Services, Transportation Services  
Section Vehicle Operator Accident and Incident Follow-Up Form**

**Date of accident/incident:** \_\_\_\_\_ **Date follow up received by RTO:** \_\_\_\_\_

**Vehicle Operator:** \_\_\_\_\_ **Vehicle #:** \_\_\_\_\_ **Tag #:** \_\_\_\_\_

**Items being submitted with this follow up:**

**Police Report**       **Witness Statements**       **Agency Report**       **Inspection Report**       **Other\***

**\*If Other, please explain:** \_\_\_\_\_

**Pertinent details not previously provided (if more space is needed, include additional sheets):**

**Was a resolution needed/requested?**     Yes     No

**Describe the resolution (if more space is needed, include additional sheets):**

**Was a consumer behavior plan needed/requested?**     Yes     No

**Describe what steps have been taken to prevent further behavior incidents (add sheets as needed):**

**Date follow up sent to TSS Atlanta:** \_\_\_\_\_