



**Department of Human Services
Office of Facilities and Support Services, Transportation Services
Section Vehicle Operator Initial Accident and Incident Reporting Form**

This form is to be completed by local vehicle operators to report accidents and/or incidents involving consumers of the Coordinated Transportation or those transported in a Department of Human Services' (DHS)/Department of Behavioral Health and Developmental Disabilities' (DBHDD) vehicle, and accidents involving administrative vehicles. This may include vehicle accidents, consumer injuries, behavior incidents or any incident the vehicle operator feels should be reported. Complete this form with as much detail as possible and send/email to the appropriate DHS Regional Transportation Office within **24 hours** of the accident/incident. Requests for additional information may follow.

Vehicle Accident **Incident** **Illness** **Observation** **Other***

***If Other, please explain:** _____

Date of Incident: _____ **Time:** _____ **Location:** _____

Vehicle #: _____ **Tag #:** _____ **Vehicle Operator:** _____

Vehicle Operator Type: **DHS/DBHDD** **Direct Contractor** **Subcontractor**

Police Notified: **Yes** **No**** **Report Filed:** **Yes** **No****

****If No, please explain:** _____

Description (Be specific, include all consumers involved and add additional pages if necessary):

Any witnesses to the accident/incident? **Yes** **No** **# of consumers on board:** _____

Were consumers Injured? **Yes** **No**

Consumer Name(s)(no initials) _____
(attach additional sheets if necessary)

Medical treatment provided? **Yes** **No** **Medical treatment refused?** **Yes** **No**

Location of medical treatment: _____

Human Service Provider (HSP) notified: **Yes** **No** **HSP phone:** _____

HSP name (attach a list for multiple HSPs): _____

Parent or guardian of consumer notified? **Yes** **No** **Person notified:** _____

Name of person issuing this report (print name): _____ **Phone:** _____

On behalf of: _____

DHS Staff Use Only

Last DHS inspection of vehicle operator (date): _____ **Corrective Actions?** **Yes** **No**

Corrective actions followed up on by TSS? **Yes** **No** **Completed?** **Yes** **No**

DHS Staff involved in inspections: _____

DHS Staff reviewing and submitting report: _____

Date report was received by RTO: _____ **Date RTO sent to TSS Atlanta:** _____