

Form Number LLCF-073	Issue Date: 11/27/1995	Revision Date: 01/15/26	Form Number LLCF-073
Vehicle Incident Report			

Initial Reporting	Has law enforcement been contacted to complete a report? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Has the HSE-Hotline been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If on customer property, has the customer been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If "no" to any question above, why? <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

GIS Companies' Driver Information	1. First Name: _____	2. Last Name: _____
	3. Emp. No.: _____	4. DOB: _____
	5. Driver's License No: _____	6. CDL No. (If applicable): _____
	7. Address: _____	
	Street	City
	State	
	Zip	8. Phone No.: _____

GIS Companies' Vehicle Information	9. Year: _____	10. Make: _____	11. Model: _____
	12. Body: _____	11. Asset No.: _____	12. Mileage: _____
	13. Vin No.: _____		14. License Plate No: _____

General Incident Information	15. Date of Incident: _____	16. Time of Incident: _____
	17. Location of Incident: <input type="checkbox"/> Public Roadway <input type="checkbox"/> Private Access (Parking lot, etc.)	
	<input type="checkbox"/> Customer Property: _____	
	Name & Location	
	18. If Public Roadway: _____	
	Street, Number or Closest Mile Marker	
19. Closest Intersection: _____		
Street, Number or Closest Mile Marker		
20. _____		
City	State	Zip

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Conditions & Character	<p>21. Light Conditions: <input type="checkbox"/> Dawn <input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Other <input type="checkbox"/> Dark – Lighted <input type="checkbox"/> Dark – Not Lighted</p> <p>22. Road Character: <input type="checkbox"/> Level <input type="checkbox"/> Curve <input type="checkbox"/> Hillcrest <input type="checkbox"/> Straight <input type="checkbox"/> On Grade</p> <p>23. Road Surface: <input type="checkbox"/> Dry <input type="checkbox"/> Muddy <input type="checkbox"/> Wet <input type="checkbox"/> Icy <input type="checkbox"/> Snowy</p>
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Incident Narrative	<p>24. Driver's Description of the Incident:</p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>
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Incident Diagram	<p>25. Use one of these outlines to sketch the scene of the incident. Indicate North with an arrow in the box to the right.</p> <div style="border: 1px solid black; width: 50px; height: 30px; float: right; margin-top: 10px;"></div>
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