



Form Number LLCF-073	Issue Date: 11/27/1995	Revision Date: 01/15/25	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: _____ <div style="text-align: center; font-size: small;">Street City State</div> <div style="text-align: center; font-size: small;">Zip</div>		
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: _____ <div style="text-align: center; font-size: small;">Name & Location</div>		
	18. If Public Roadway: _____ <div style="text-align: center; font-size: small;">Street, Number or Closest Mile Marker</div>		
	19. Closest Intersection: _____ <div style="text-align: center; font-size: small;">Street, Number or Closest Mile Marker</div>		
	20. _____ <div style="text-align: center; font-size: small;">City State Zip</div>		
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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>
Incident Narrative	<p>24. Driver's Description of the Incident:</p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>
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; height: 150px; width: 100%;"></div> <div style="border: 1px solid black; width: 50px; height: 30px; float: right; margin-top: 10px;"></div>
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Point of Impact	26.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Check all boxes where point of impact occurred on company vehicle. Arrow indicates front of vehicle.	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Damage	27.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Check all boxes where damage occurred on company vehicle. Arrow indicates front of vehicle.	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Additional Information	28.	Estimated speed of company vehicle at time of impact: _____	
	29.	If applicable, investigating agency: <input type="checkbox"/> State <input type="checkbox"/> Parish/County <input type="checkbox"/> City	
		Agency Name: _____ Contact Number: _____	
		Report No.: _____ Officer Name: _____	
Additional Employees	30.	Besides the driver, were there any additional GIS employees in the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Injured?	
	30A.	Employee Name: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	30B.	Employee Name: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	30C.	Employee Name: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tow & Storage Information	31.	Was the company vehicle towed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	32.	Current location of vehicle?	
		Address: _____ City: _____ State: _____ Zip: _____	

Submit this form to: **incident@gisy.com**

