Form Number LLCF-073

Issue Date: 11/27/1995

Revision Date: 01/01/24

Form Number LLCF-073

Vehicle Incident Report

Initial Reporting	Has law enforcement been contacted to complete a report?		Yes		No				
	Has the HSE-Hotline been notified?		Yes		No				
	If on customer property, has the customer been notified?		Yes		No				
	If "no" to any question above, why?								
	1. First Name: 2. Last Name:								
	3. Emp. No.: 4. DOB:								
OIO Commonical	5. Driver's License No: 6. CDL No. (If a								
GIS Companies' Driver Information									
	7. Address: Street	City			State				
	Zip 8. Phone No.:								
GIS Companies'	9. Year: 10. Make: 11.	Mod	del:						
Vehicle	12. Body: 11. Asset No.: 12.	Mile	eage: _						
Information	13. Vin No.: 14. License	e Pla	te No:						
	45 Detection to								
	15. Date of Incident: 16. Time of Inc								
	17. Location of Incident: ☐ Public Roadway ☐ Private A	Acces	s (Park	ing ic	ot, etc.)	,			
General Incident Information	☐ Customer Property:	Nam	ne & Locati	on					
	18. If Public Roadway:								
	Street, Number or Closest I	Mile Mar	ker						
	19. Closest Intersection: Street, Number or Closest I	Mile Mar	ker						
	20.								
	City State Zip								
	CONTINUED ON NEVT DACE								
CONTINUED ON NEXT PAGE									

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	21.	Light Conditions:		Dawn [Dark – Lig		aylight 🗆	Dus Dar	sk □ Other k – Not Lighted	
Conditions & Character	22.	Road Character:		Level Straight		Curve On Grade		Hillcrest	
	23.	Road Surface:		Dry Icy		Muddy Snowy		Wet	
Incident Narrative	24.	Driver's Description of t	the Ir	cident:					
	25.	Use one of these outlines the box to the right.	to ske	ich the scene o	f the in	cident. Indicate N	orth w	th an arrow in	
Incident Diagram									
CONTINUED ON NEXT PAGE									

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Point of Impact	26. Check all boxes where point of impact occurred on company vehicle. Arrow indicates front of vehicle.	
Damage	27. Check all boxes where damage occurred on company vehicle. Arrow indicates front of vehicle.	
Additional Information	28. Estimated speed of company vehicle at time of impact: _ 29. If applicable, investigating agency: □ State □ Agency Name: Contact Number Report No.: Officer Name:	
Additional Employees	30. Besides the driver, were there any additional GIS employed Yes No No 30A. Employee Name: 30B. Employee Name: 30C. Employee Name:	ees in the vehicle? Injured? Yes No Yes No Yes No
Tow & Storage Information	31. Was the company vehicle towed? 32. Current location of vehicle? Address: City: State:	☐ Yes ☐ No Zip:

Submit this form to: incident@gisy.com

