



Volunteer Incident/Accident Report

If there is any sort of incident involving injury to yourself or your client, or an incident involving your vehicle or the client while you are transporting them, contact Senior Services Coordinator or Care Partners Program Director immediately at 387-3788.

Please fill out the form below and return it to Care Partners office within 24 hours.

Volunteer name _____

Date of incident _____ Time of incident _____

Location of incident (address, mile marker, cross-streets) _____

Name of client (if involved) _____

Name of injured party (if any) _____

Description (nature and extent) of injury _____

Witnesses to incident:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Were police or emergency services called? Yes No

If yes, name of the police official or emergency responder _____

Accident report number (if applicable) _____

Describe the incident in your own words with as much detail as possible. (Use separate sheet of paper if necessary.)

If the incident involved a vehicle, complete the other side of form.

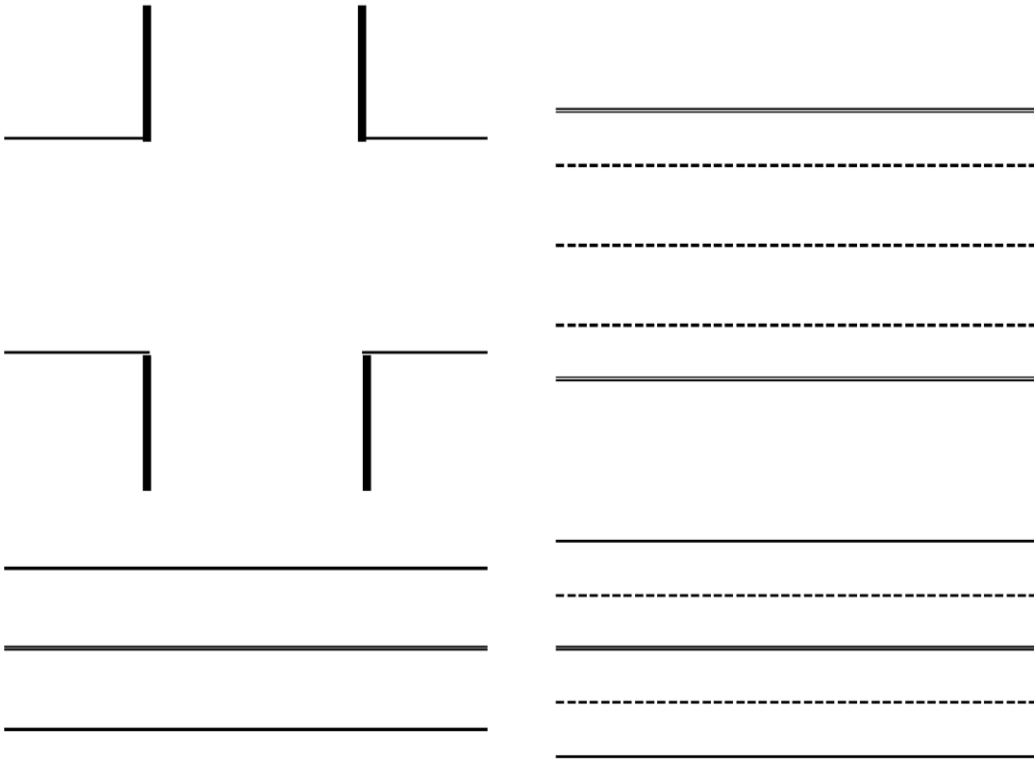
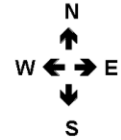
Volunteer Signature _____ Date _____

For incidents involving a vehicle

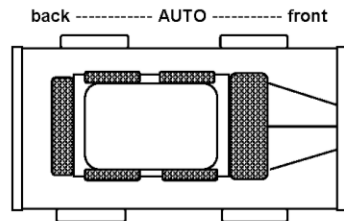
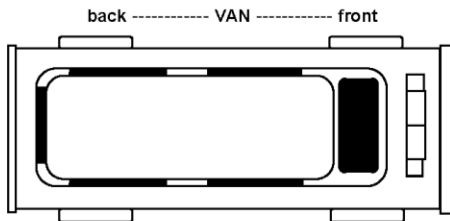
On the diagrams below, please draw the accident.
 (Be sure to include any stop signs or traffic signals.)

Legend:

- V 1 ▶ Your Vehicle
- V 2 ▶ Other Vehicle (if any)
- V 3 ▶ Other Vehicle (if any)



On the overhead diagrams below, please indicate the location of damage to *your* vehicle, if any.



If another vehicle was involved:

Name of other driver _____

Driver's address _____

Driver's phone _____

Driver's insurance company _____

Policy number _____

Damage to other vehicle _____