



Operations Attachment -ACDSNB Accident Report Form

Belton, South Carolina

HWY20FH001

(2 pages)

ACDSNB

TRANSPORTATION VEHICLE ACCIDENT REPORT FORM

The information provided on this ACDSNB Transportation Vehicle Accident Report Form will be used to compile accurate, uniform, and reliable information about Agency vehicle (van, bus, small vehicle, and multi-function bus) accidents so that problems and trends may be identified and needed safety programs can be developed.

Complete and turn in this form to Transportation Dept. within two (2) business days of the accident if it involved a ACDSNB vehicle, or:

- \$2,500 or more of total property damage, or
- Personal injury (requiring treatment away from the scene), and/or fatality, to any involved vehicle occupant or pedestrian.

This form must be completed by the operator involved in the accident, or operator supervisor, and any staff passengers. **A supervisor must review and sign the completed form.** Enter only one response for each question.

Accident
Description _____

1. Driver Name _____

2. Date of Accident _____ 3. Day of week _____ 4. Time _____

AM PM

5. Vehicle Body Make _____ 6. Bus/vehicle # _____

7. Vehicle Type: Small Vehicle Bus Lift Van Van Lift Bus

8. Model Year _____ 9. Vehicle Capacity _____

10. Department Name _____

11. Was the Operator? a. Route Operator b. Activity Trip Operator c. OTHER

12. Operator's Age:

a. 21-30 b. 31-40 c. 41-50 d. 51-60 e. 61-70 f. 71 +

13. Operator's Experience Driving Agency Vehicle:

a. less than 1 year b. 1-4 Years c. 5-9 years d. 10-14 Years e. 15-19 Years f. 20 + Years

14. In the last 3 years, how many Agency vehicle accidents has the operator had? (do not include this accident) _____