DESTINY MANAGEMENT
Vehicle Accident Report

1. If you are involved in a vehicle accident involving an agency vehicle **or** if transporting a client in your personal vehicle when the accident occurs, complete this form and return to your immediate supervisor within 24 hours.
2. IF INJURIES ARE INCURRED, complete the Accident/Incident Investigation Report, and return it your immediate supervisor within 24 hours.
3. If any **clients** were injured in the incident, complete the QM02 within 24 hours and return to your immediate supervisor. Supervisor must forward the original form to Risk Management / Safety Committee.
4. Obtain a copy of the police report. Forward to Risk Management / Safety Committee upon receipt.

DRIVERS

Destiny Management Driver	Other Driver
Name of Driver:	**Name of Driver:**
Address:	**Address:**
Driver's License No.:	**Driver's License No.:**
Telephone No.:	**Home Phone:** / **Bus. Phone:**
Describe Injuries: ☐ **No Injuries**	**Describe Injuries:** ☐ **No Injuries**
Insurance Co.:	**Registered Owner:**
Policy No.:	**Insurance Co.:**
	Policy No.:
☐**Moving** ☐**Stopped/Parked** ☐**Bicycle** ☐**Pedestrian**	☐**Moving** ☐**Stopped/Parked** ☐**Bicycle** ☐**Pedestrian**

VEHICLES

Facility Vehicle			Other Vehicle		
Year:	**Make:**	**Model:**	**Year:**	**Make:**	**Model:**
License Plate No.:			**License Plate No.:**		
Describe Vehicle Damage:			**Describe Vehicle Damage:**		

WITNESSES/PASSENGERS

☐ **Witness**	☐ **Passenger**	**Name:**	**Address:**	**Phone No.:**
☐ **Witness**	☐ **Passenger**	**Name:**	**Address:**	**Phone No.:**
☐ **Witness**	☐ **Passenger**	**Name:**	**Address:**	**Phone No.:**

ACCIDENT

Date:	Time of Day:	# Vehicles:	# Injured:	# Passengers (Facility Vehicle):	# Passengers (Other Vehicle):

Location of Accident:

Description of Accident:

Describe Damage to Other Property (if any):

ATTACHMENTS: ☐ **Photo(s)** ☐ **Diagram(s)** ☐ **Repair Bills** ☐ **Statement(s)** ☐ **Other:**

REPORTED TO: ☐ **Local Police** ☐ **Sheriff** ☐ **NC Highway Patrol** **Case No.:**

See Reverse

DESTINY MANAGEMENT
Vehicle Accident Report

DIAGRAM

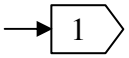
Complete Diagram Below

Use one of the outlines to sketch the scene of your accident, writing in street or highway names or numbers.

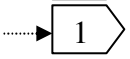
Use number 1 to indicate the agency or staff vehicle.

1. Number each vehicle and show direction of travel by arrow:

2. Use solid line to show path before accident:



3. Use dotted line to show path after accident:



4. Show pedestrians by:

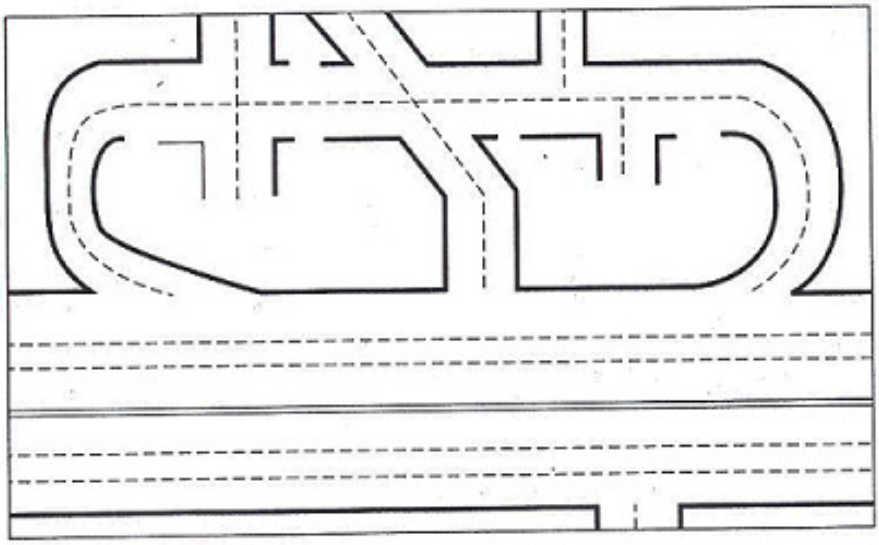
5. Show railroad by:

6. Show distance and direction to landmarks; identify landmarks by name or number.

Complete the diagram showing direction and positions of vehicles or property involved. Attach additional sheets if necessary.

Draw Arrow to Indicate North:

N



REPORT BY

Name of Reporting Employee:	**Title:**	**Phone No.:**
Signature of Reporting Employee:		**Date:**
Supervisor Signature:		**Date:**

FOR OFFICE USE ONLY

- **Police Report Obtained:**
  - ☐ **Yes Date: _____** ☐ **No**
- **Accident Report – Staff Completed and returned to Developmental Disabilities Coordinator within 24 hours?**
  - ☐ **Yes** ☐ **No**
- **Client Incident Report(s) Completed and returned to Developmental Disabilities Coordinator within 24 hours?**
  - ☐ **Yes** ☐ **No**

Risk Management / Safety Committee Review Date: _____ Signature: _____