

***Aging Services for Communities
Accident or Injury Incident Report***

1. Driver Name:

2. Date and Time of Incident:

3. Location of Incident:

4. Name, Address, and Phone of Rider(s) Involved:

a.

b.

c.

5. Seat belts in use? yes / no

6. If a child under six, was a car seat or booster seat in use? yes / no

7. Name and Phone Number of Witness(es) to Incident:

a.

b.

c.

8. Were the police involved? yes / no

If yes, provide the name of the officer and accident report number:

9. Explain the incident in detail:

Volunteer Driver Signature: _____

Date: _____

Complete this form and return to Volunteer Transportation Coordinator at Aging Services for Communities (ASC) at 155 S.E. Elm Ave., P.O. Box 7, Montgomery, MN 56069 or call 507-364-5663 or fax to 507-364-5454 for all vehicle accidents or injuries while transporting.