**Vehicle Accident/ Incident Reporting Form**

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| **This form must be completed by the driver or person involved in an accident or incident and sent to the Fleet Officer and Programme Manager in Country and the Programme Coordinator at DCA HQ as soon as reasonably possible following an incident or accident resulting in the damage / loss of DCA assets.****You will be notified if any additional information of supporting documentation is required.**  |

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| **Country Programme:** |  | **Accident/Incident location:** |  |
| **Report completed by:** |  | **Position:** |  |
| **Signed:** |  | **Date:**  |  |

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| **Accident/Incident Details:**  |
| **Date:** |  | **Time:** |  |
| Please provide as much detail as possible about how the accident occurred, in case of RTAs include road conditions, approximate speed of all vehicles, number and names of passengers. Please also provide photos or a sketch map of the accident/incident scene. |
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| **Itemise Equipment loss:**Please provide as much detail as possible for all items damaged / lost |
| **Item**Include Make/Model/Manufacturer  | **Purchase Value**If known | **Current Value**If known | **Date of Purchase** Detail approximate age of item if not known |
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| **DCA vehicle(s) involved if applicable:**  |
| **Vehicle Type:** |  | **Date:** |  |
| **Vehicle Plate no:** |  | **Driven by:** |  |
| **Usual base:** |  | **Position:**  |  |
| **Detailed description of damage to DCA Vehicle:**To include approximate cost to repair/replace if known |
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| **Third Party vehicle(s) involved if applicable:**  |
| **Vehicle Type:** |  | **Position** |  |
| **Vehicle Plate no:** |  | **Date**  |  |
| **Owned by, name:** |  | **Telephone number:** |  |
| **Detailed description of damage to Third Party Vehicle**To include approximate cost to repair/replace if known |
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| **Other damage(s) involved:** Please include details of any damage to property/livestock/equipment, including name of owner, extent of damage, approximate cost to repair/replace if known  |
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| **Casualties:**  |
| **No of casualties:** |  | **Was hospital treatment needed by any of the casualties?** |  |
| **No of None DCA casualties:**  |  | **No of DCA staff casualties:** |  |
| Please provide details of any injuries sustained as a result of the incident (to include passengers and pedestrians), details of condition and medical assistance provided |
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| **Police Report:**  |
| **Reported to police?** |  | **Date reported:** |  |
| **Police report available?**  |  | **Police ref no:** |  |
| **Police station name:** |  | **Police station address:** |  |
| **Police station telephone:** |  | **Police Officer name:** |  |

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| **Witnesses:**  |
| **Was the event witnessed?** |  | **Name of witness:**  |  |
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| **Action Taken by Line Manager/ Manager Responsible:** |
| **What immediate action has been taken to prevent a similar incident and by whom?** |
| **Does the incident need further investigation to determine the underlying causes and corrective action?** |
| **What disciplinary action if any will be recommended to take against the employee concerned:** |
| **Name:** |  |
| **Position:** |  |
| **Signature:** |  |
| **Date:** |  |