

Attachment 1
Form PD781 Driver's Report of a Motor Vehicle Incident



HUMAN RESOURCES
OCCUPATIONAL
RISK MANAGEMENT

**City of Houston PD781 - Driver's Report of a Vehicular Incident**

9 611 Walker, 4th Floor, TX 77002 | 832-393-7233

safety@houstontx.gov | www.houstontx.gov/hr/riskmgmt.html

FOR OFFICE USE ONLY

Claim Number

PLEASE PRINT - One copy must be submitted to the safety office within 72 hours of a vehicle incident

Department Controller's Office	Division	Date of Accident	Day of the week	Hour ☐ am ☐ pm
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CITY OF HOUSTON	DRIVER				
	Name hello	Home Phone Number	Cell Phone Number	Age	Sex
	Employee ID	Address	State	Zip Code	
	TDL Number ☐ Operator ☐ Commercial ☐ Chauffeur	Expiration	License Restrictions		
	Does City driver have insurance for driving City vehicle? ☐ Yes ☐ No	Insurance Company Name		Policy Number	
	VEHICLE				
	Make	Model	Year		
	Shop Number	License Plate Number	Mileage Reading		
	Damage	Does vehicle have seat belts? ☐ Yes, Front only ☐ Yes, Front & Back ☐ No Were seat belts in use? ☐ Yes ☐ No Did vehicle airbags deploy? ☐ Yes ☐ No Were lights/sirens on at the time of the collision? ☐ Yes ☐ No ☐ N/A			

OTHER VEHICLES 1	DRIVER 1				
	Name	Home Phone Number	Cell Phone Number	Age	Sex
	Address	State			Zip Code
	Driver's Lisence Number	Expiration Date	State		
	VEHICLE				
	Make	Model	License Plate Number	Year	State
	Damage				
	OWNER				
	Name	Home Phone Number	Cell Phone Number		
	Address	State			Zip Code
INSURANCE CARRIER					
Name	Policy Number	Phone Number			
Address	State			Zip Code	

OTHER VEHICLES 2	DRIVER 2									
	Name				Home Phone Number		Cell Phone Number		Age	Sex
	Address							State	Zip Code	
	TDL Number				Expiration Date			State		
	VEHICLE									
	Make		Model		License Plate Number		Year		State	
	Damage									
	OWNER									
	Name					Home Phone Number		Cell Phone Number		
	Address							State	Zip Code	
INSURANCE CARRIER										
Name				Policy Number			Phone Number			
Address							State	Zip Code		

INJURED	Name		Age	Sex	Nature of Injury	Taken by EMS
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No

CONDITIONS	WEATHER				ROAD SURFACE			
	☐ Clear ☐ Cold ☐ Raining ☐ Cloudy ☐ Hot ☐ Other				☐ Dry ☐ Slippery ☐ Icy ☐ Other Describe Other _____			

SPEED	What speed were you driving when the accident occurred? _____ MPH									
	What was the Speed Limit? _____ MPH									
	Speed of the other vehicle? _____ MPH									

POLICE	Officer's Name					Badge Number				
	Arrest Made ☐ Yes ☐ No If YES, name _____									
	Citation Issued ☐ Yes ☐ No If YES, name _____									

OCCUPANTS	CITY OF HOUSTON				OTHER VEHICLES							
	Name		Address		Name		Address		Name		Address	
	Name		Address		Name		Address		Name		Address	
	Name		Address		Name		Address		Name		Address	

