

Attachment 2
Form PD782 Supervisor's Report of a Motor Vehicle Incident



HUMAN RESOURCES
OCCUPATIONAL
RISK MANAGEMENT



City of Houston

For Office Use Only

Claim No. _____

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PD782 – Supervisor Investigation Report of Vehicle Incident

One copy must be submitted to the safety office within 72 hours of a vehicle Incident

(To be completed by the employee's supervisor or other responsible administrative official)

Supervisor's name:

Supervisor's Position:

Employee's name:

Employee No.:

Department / Division:

Vehicle Unit No.:

Length of time with the City:

Date of incident:

Time of incident:

Location of incident:

Weather:

Road conditions:

No. of passengers:

Were there any injuries?

Were seatbelts used? Yes: ☐

No: ☐

Improper maintenance? Yes: ☐

No: ☐

What was the employee doing when the incident occurred?

Was the incident preventable (check one box)? Yes ☐ No ☐

Traffic Violation Issued: Yes: ☐

No: ☐

Incident or citation No.:

Speed: ☐ 0-10 MPH ☐ 10-20 MPH ☐ 20-30 MPH ☐ 30-40 MPH ☐ 40-50 MPH ☐ 50-60 MPH ☐ Over 60 MPH

Lack of training or skill: Yes: ☐

No: ☐

If yes, explain:

Type of incident: Head on ☐ Sideswipe ☐ Right angle ☐ Front end ☐ Rear end ☐ Other ☐

Defensive Driving Certificate Date:

Motor Vehicle Report Date:

Supervisor's corrective action:

Was employee drug tested? Yes: ☐

No: ☐

Has employee previously been involved in other vehicle incidents? Yes: ☐

No: ☐

If yes, provide dates:



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Show Position of Vehicle

Indicate North
By Arrow

North

Supervisor's Signature