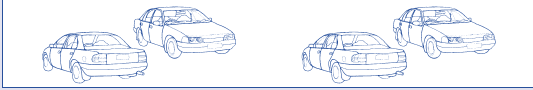
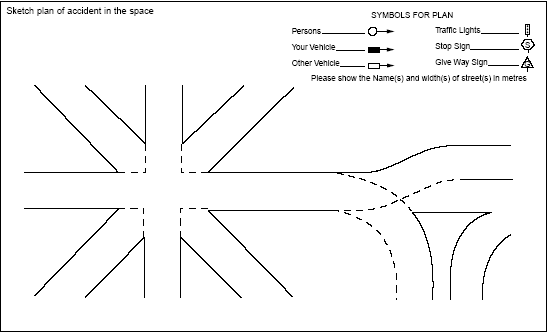
|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **DETAILS OF PERSON COMPLETING FORM:** | | | | | | |
|  | Name: |  | | | Date of Birth: |  | |
|  | Job Title: |  | | | Licence No. |  | |
|  | Program: |  | | | Licence Type: |  | |
|  | Phone No: |  | | | No of Years Driving: |  | |
|  | Any Driving Convictions in the Past 5 Years? | | |  | | | |
|  | Drivers Address: |  | | | | | |
|  | ***This information is true and correct to the best of my knowledge*** | | | | | | |
|  | **Signature of person completing form** | |  | | | Date: |  |
| **VEHICLE DAMAGE REPORT SECTION** | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2** | **VEHICLE DAMAGE DETAILS:** | | | | | | | | | | | |
|  | Registration Number: | | |  | | | |  | | |  | |
|  | Vehicle make / model: | | |  | | | | | | | | |
|  | Date of accident: | | |  | | | | Time: | | |  | am/pm |
|  | Drivers name: | | |  | | | | Signature: | | |  | |
|  | Licence Number: | | |  | | | | Expiry Date: | | |  | |
|  | Location of collision: | | |  | | | | | | | | |
|  | What caused the accident? | | |  | | | | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  | Road Type e.g. sealed, dirt track: | | | | |  | | | | | | |
|  | Estimated cost of repairs: | | $ | | | | | | | | | |
|  | What were the weather conditions at the time of accident? | | | | | | | |  | | | |
|  | Give a detailed description of the damage to all vehicles: | | | | | | | |  | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  | Was anyone injured? | No | | | Yes | | If yes complete the Register Injury Book | | | | | |
|  | Has driver recently consumed drugs or alcohol? | | | | | | No | Yes | |  | | |
|  | Shade in damaged sections to vehicles: | | | | | | | | | | | |
|  | Kyeema Vehicle Other Vehicle | | | | | | | | | | | |





|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3** | **DETAILS OF THIRD PARTY: (if Applicable)** | | | |
|  | Registration Number: |  | Vehicle make/model |  | |
|  | Drivers name: |  | Licence Number: |  | |
|  | Address: |  | Phone No: |  | |



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4** | **Report acknowledged on behalf of Kyeema Support Services Inc. by:** | | | |
|  | **Signature of Program Manager:** |  | Date: |  |
|  | **Signature of Chief Executive Officer:** |  | Date: |  |
|  | When completed a copy of the Incident report must be provided to the employee | | | Done |