MOTOR VEHICLE INCIDENT REPORT

CF-S-09B

iTrak #:

CF-S-09 is required to be completed along with this form

Complete One Form For Each Vehicle Involved!

DRIVER INFORMATION:

Driver name: _____ Unit #: _____

Type of vehicle involved: ☐ NSC Regulated ☐ Non-NSC ☐ Sub-Contractor ☐ ISP ☐ Rental ☐ Third Party

Was a traffic violation issued? ☐ Yes ☐ No If yes, ticket # issued: _____ Were seat belts used? ☐ Yes ☐ No

Posted speed limit? _____ km/hr Speed at time of event: _____ km/hr

Valid driver's license number: _____ Date of last abstract pulled: DD/MM/YY

Third party insurance number: _____ Third party's insurance provider: _____

VEHICLE INCIDENT CLASSIFICATION:

☐ Animal/ Wildlife	☐ Making U-turn	☐ Rear-end	☐ Side-swipe same direction
☐ Backing	☐ Off-road left	☐ Rear-ended	☐ Struck by object
☐ Forced off road	☐ Off-road right	☐ Right Angle	☐ Struck object
☐ Head-on	☐ Passing left turn	☐ Roll-over	☐ Struck pedestrian/ cyclist
☐ Jack-knife trailer	☐ Passing right turn	☐ Side-swipe opposite direction	☐ Turn left across path

ENVIRONMENTAL CONDITIONS:

Light Conditions: ☐ Artificial ☐ Bright Sun ☐ Daylight ☐ Night ☐ Bright Lights ☐ Dawn ☐ Dusk ☐ Overcast

Weather Conditions:

☐ Blizzard	☐ Freezing Rain	☐ Light Snow	☐ Dust
☐ Chinook	☐ Hail	☐ Overcast	☐ Sandstorm
☐ Clear	☐ Heavy Rain	☐ Sleet	☐ Sunny
☐ Cloudy	☐ Heavy Snow	☐ Smoke	☐ Windy
☐ Fog/ Mist	☐ Light Rain		

Wind Direction: ☐ North ☐ North West ☐ South East ☐ South West ☐ North East ☐ East ☐ South ☐ West

Wind Speed: (estimated km/hr) _____ km/hr Precipitation (amount at time of incident): _____ cm/mm Temperature (estimated °C) _____ °C

MOTOR VEHICLE INCIDENT FACTS AND DETAILS

Road Type: ☐ Black Top ☐ Cambered ☐ Gravel (loose material ☐ Pavement ☐ Pavement ☐ Dirt/ Unimproved ☐ Flat ☐ Off-road ☐ Ruts ☐ Ruts ☐ Divided Highway ☐ Grader wind-row

Road Layout: ☐ Bridge ☐ Curve Left ☐ Grade Down ☐ Hill Crest ☐ Straight ☐ Construction ☐ Curve Right ☐ Grade Up ☐ Narrow

Road Conditions: ☐ Black Ice ☐ Dry ☐ Ice Patches ☐ Snow Covered ☐ Washboard/Rut, Pothole ☐ Clear ☐ Heavy Traffic ☐ Lose Sand/ Gravel ☐ Snow Packed ☐ Wet ☐ Defective Roadway ☐ Ice Covered ☐ Muddy ☐ Under Construction

Traffic Conditions: ☐ Heavy ☐ Light ☐ Merging ☐ No Traffic ☐ Stop & Go

Was a pre-trip vehicle inspection performed? ☐ Yes ☐ No Last monthly inspection completed: _____

Condition of Vehicle:

Lights:	☐ OK	☐ Required Attention	☐ Unacceptable	Details: _____
Tires:	☐ OK	☐ Required Attention	☐ Unacceptable	Details: _____
Windows	☐ OK	☐ Required Attention	☐ Unacceptable	Details: _____

Driver Actions:

☐ Backing unsafely	☐ Driving through safety zone	☐ Hit and run	☐ Passing on wrong side
☐ Cutting in	☐ Exceeding speed limit	☐ Parking improperly	☐ Pulling out from curb
☐ Didn't have right-of-way	☐ Failing to observe traffic signal	☐ On wrong side of road	☐ Swerving
☐ Disregarding RxR sign	☐ Failing to signal	☐ Passing at intersection	☐ Too fast for conditions
☐ Driving off roadway	☐ Following too close	☐ Passing on curve/ hill	

In-vehicle distraction:

☐ Eating/ Drinking	☐ Other distraction	☐ Outside person/ object/ event	☐ Unknown distraction
☐ Moving other object in vehicle	☐ Other occupant	☐ Smoking	☐ Vehicle/ climate control
☐ Other device/ object			

FATIGUE MANAGEMENT

Hours since last break:	☐ <1	☐ 1-2	☐ 2-4	☐ 4-8	☐ 8+
Hours since last sleep:	☐ <2	☐ 2-8	☐ 8-16	☐ 16-24	☐ 24+
Days since last day off work:	☐ <6	☐ 6-11	☐ 12-21	☐ 22-31	☐ 31+
Direction of Travel:	☐ Going straight	☐ Parked	☐ Skidding	☐ Slowing/ stopping	☐ Turning Left ☐ Turning Right
Distance Driven Prior to Incident (km):	☐ 0-50	☐ 51-200	☐ 201-400	☐ 401-600	☐ 601+
Hours Worked on Day of Event:	☐ <3	☐ 4-5	☐ 6-7	☐ 8-9	☐ 10-12 ☐ 13+
Hours Slept in Last 24 Hours:	☐ <2	☐ 2-4	☐ 4-6	☐ 6-8	☐ 8+
Years Since Last Driver Evaluation (CF-S-51):	☐ <1	☐ 1-3	☐ 3-5	☐ 5+	☐ Never