



**PETRIN
MECHANICAL
(ALBERTA) LTD.**

Vehicle Incident Report Form

Must be originated by the employee who was driving a PM(A)L vehicle involved in a collision with any other vehicle or object if any property is damaged.

Incident Date? _____

Time? _____ am / pm

Incident type:

- Vehicles collided causing injury
- Struck object causing property damage
- Near Miss
- Vehicles collided - no injury
- Single Vehicle Accident - damage to PML vehicle only

Originating employee's name? _____

Other personnel present / Witnesses? (Be sure to get addresses and phone # for witnesses - use back of page if needed)

Where did it happen? _____

What went wrong? _____

What was done immediately? _____

Employee's Signature _____

Other Vehicle (If other vehicles were involved, use other side and provide similar information)

a. Driver's name		b. Driver's address (Street, city, postal code)			
c. Driver's licence #	d. Driver's phone number () -	e. Birthdate		f. Vehicle licence #	
g. Vehicle owner's name and address (if different)		h. Owner's Phone # () -		i. Estimated damage cost?	
j. Vehicle description (Color, make model year)			k. Insurance company's name		
l. Insurance agent's name		m. Agent's phone #		n. Policy number	
o. Other occupants (Complete other side)					
p. Describe damage					