



**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			