

NESD Head Start Program, Inc.
Head Start Vehicle Accident Report

This report will be completed as soon as possible by the driver of the vehicle and the report will be submitted to the Transportation Manager.

Name of Driver: _____

Model of Vehicle / License Number: _____

Date of Accident: _____ Time of Accident: _____

Location of Accident: _____

Was Law Enforcement Notified? If yes, Police / Sheriff? _____

Was an official accident report completed by law enforcement? _____

Was a citation issued? If yes, to whom? _____

Were there any injuries due to the accident? _____

Was an ambulance necessary? _____

Was there any damage to the Head Start vehicle? If so, was it major damage? Describe: _____

This space is available to write down specifics (how it happened) regarding the accident:

Signature of Driver _____ Date _____

Reviewed by Transportation Manager _____

Date _____
