



Department of Human Services
Office of Facilities and Support Services, Transportation Services Section
F Regional Transportation Office Initial Accident and Incident Reporting
Form

The Regional Transportation Office (RTO) completes this form to provide information on accidents and incidents reported to the RTO by DHS/DBHDD vehicle operators, human service providers or Coordinated Transportation System providers and submits to the District Operations Manager and DHS Risk Management.

Vehicle Accident Incident Illness Observation Other*

*If Other, please explain: _____

Date and Time of Occurrence: _____ Region: _____

Date Reported to RTO: _____ Date Reported to Atlanta TSS Staff: _____

Contractor Name: _____

Subcontractor Name (if applicable): _____

Human Service Provider (HSP) (if applicable): _____

Vehicle Owner: _____

Vehicle Number and/or Tag Number: _____

Location of Accident or Incident: _____

of Consumers Onboard: _____

Name(s) of Consumer(s) Onboard: _____

HSP of Consumer(s): _____

Were any consumers injured? If so, provide details, including any EMS treatment or transport to hospital:

911 Notified? Yes No** Citation Issued? Yes No**

**Provide Details:

Brief summary of accident/incident; attach additional pages as needed:

What follow-up information is

needed in order to close the
issue?