



**Department of Human Services  
Office of Facilities and Support Services, Transportation Services  
Section Vehicle Operator Accident and Incident Follow-Up Form**

Date of accident/incident: \_\_\_\_\_ Date follow up received by RTO: \_\_\_\_\_

Vehicle Operator: \_\_\_\_\_ Vehicle #: \_\_\_\_\_ Tag #: \_\_\_\_\_

Items being submitted with this follow up:

Police Report       Witness Statements       Agency Report       Inspection Report       Other\*

\*If Other, please explain: \_\_\_\_\_

Pertinent details not previously provided (if more space is needed, include additional sheets):

Was a resolution needed/requested?     Yes     No

Describe the resolution (if more space is needed, include additional sheets):

Was a consumer behavior plan needed/requested?     Yes     No

Describe what steps have been taken to prevent further behavior incidents (add sheets as needed):

Date follow up sent to TSS Atlanta: \_\_\_\_\_