



Vehicle Close Call Report

Use this form to document a “near-miss” or “close call” incident involving your organization’s vehicles. Answer everything you can and check all boxes that apply.

Incident Background	
Date: _____ Time: _____	Conditions: <input type="checkbox"/> Sunny <input type="checkbox"/> Cloudy <input type="checkbox"/> Rainy <input type="checkbox"/> Icy <input type="checkbox"/> Windy <input type="checkbox"/> Storming <input type="checkbox"/> Snowy <input type="checkbox"/> Foggy <input type="checkbox"/> Dusty <input type="checkbox"/> Construction <input type="checkbox"/> Traffic <input type="checkbox"/> Railroad
Person reporting: _____ Contact info: _____ Were you a: <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Witness Vehicle(s) involved: _____ Were students present? Y/N Location/Route: _____	
Incident Details	
Describe what happened: _____ _____ _____ _____	
What could have happened: <input type="checkbox"/> Student injury <input type="checkbox"/> Staff injury <input type="checkbox"/> Community member injury <input type="checkbox"/> Community vehicle damage <input type="checkbox"/> Organization vehicle damage <input type="checkbox"/> Community property damage <input type="checkbox"/> Organization property damage <input type="checkbox"/> Other: _____	
Office Use Only	
Reviewed by: _____ Review date: _____ Likely incident cause(s): _____ _____ _____	
Recommended action(s): _____ _____ _____ _____	