

**ACCIDENT NOTIFICATION**

# INCIDENT REPORT INVOLVING THIRD PARTY OR CONTRACTOR’S EQUIPMENT

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DATE OF ACCIDENT: |       | TIME: |       | AM | [ ]  | PM | [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| HWY. NO: |       | LOCATION: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CONSTRUCTION ZONE: |  | MAINTENANCE ZONE: |  | OTHER: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| IS HIGHWAY CLOSED: |       | TRAFFIC RESTRICTED: |  | DURATION: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| WEATHER CONDITION: |       | ROAD CONDITIONS: |       |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| COLLISION TYPE: | REAREND: | [ ]  | SIDESWIPE: | [ ]  | HEAD-ON: | [ ]  | OTHER: | [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| POLICE CONTACTED: |  | DETACHMENT: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | OFFICER: |       | FILE# (if available): |       |

|  |  |
| --- | --- |
| If applicable |  |
| CONTRACTOR NAME: |       | SITE REP: |       |

|  |  |  |
| --- | --- | --- |
| NUMBER & TYPES OF VEHICLES  | 1. |       |
| INVOLVED: (company name/address | 2. |       |
| if applicable and available) | 3. |       |

|  |  |  |
| --- | --- | --- |
| NUMBER OF OCCUPANTS | 1. |       |
| IN EACH VEHICLE: | 2. |       |
|  | 3. |       |

|  |  |
| --- | --- |
| NUMBER & TYPES OF INJURIES: |  |
| THIRD PARY: | NONE |     | MINOR |     | SERIOUS |     | FATAL |     |

|  |  |
| --- | --- |
| Number & types for contractor staff (if applicable) |  |
| CONTRACTOR: | NONE |     | MINOR |     | SERIOUS |     | FATAL |     |

|  |  |
| --- | --- |
| BRIEF DESCRIPTION:  |  |
|       |
|  |
| MAINTENANCE ACTIVITY | (before, during, or after): |
|       |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| INFO. REPORTED BY: |       | DATE: |       | TIME: |       | AM | [ ]  | PM | [ ]  |
| FORM COMPLETED BY: |       | PHONE #: |       |
| DEPT. SITE REP: |       | PHONE #: |       |
|  |  | EMAIL ADDRESS | FAXED EMAILED FILE COPY |
| COPIED TO: | Office of the ADM  |       |  [ ]  [ ]  |
|  | Regional Director  |       |  [ ]  [ ]  |
|  | Operations Manager  |       |  [ ]  [ ]  [ ]  |
|  | Communications  |       |  [ ]  [ ]  |
|  | Safety Officer |       |  [ ]  [ ]  |
|  | 511Alberta  | trans.511@gov.ab.ca |  [ ]  [ ]  |
|  |         |       |  [ ]  [ ]  |
|  |         |       |  [ ]  [ ]  |
| **NOTE: THIS FORM IS FOR DEPARTMENT USE ONLY** |