

**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** | | | | | | | | | | | | |