LGTC Accident/ Incident Report

Date of Accident/Incident: _____ **Time of Accident/Incident:** _____

Location of accident or incident: _____

Transportation Provider: _____ **Date Reported to LGTC:** _____

Contact Person: _____ **Telephone #:** _____

Address: _____ **Fax #:** _____

Driver of Provider's Vehicle: _____ **Driver's License #** _____

Make, Model & Year of Provider's Vehicle _____

Vehicle Plate #: _____ **VIN** _____

Vehicle Owner: _____ **Insurance Carrier:** _____ **Policy #** _____

Damage to Provider's Vehicle: _____

Driver of Other Vehicle: _____ **Driver's License #** _____

Make, Model & Year of Other Vehicle _____

Vehicle Tag #: _____ **VIN** _____

Vehicle Owner: _____ **Insurance Carrier:** _____ **Policy #** _____

Damage to Other Vehicle: _____

Detailed Description of accident/incident: (attach additional pages if necessary) _____

Were emergency services called? 911 ___ Police ___ Ambulance___ Tow truck ___ No____

If Motor vehicle accident, who was charged? _____

Attached: Police Report _____ Other _____

Check all that apply

Injuries: No _____ Yes _____ Minor _____ Serious_____Fatal_____

Injured: Client (s) _____ Driver _____ Attendant _____ Escort _____ Other _____

Name #1:_____Medicaid #:_____Phone #: _____

Address: _____

Description of Injury: _____

Treated at: Scene _____ Medical Facility_____Name Med. Facil.: _____

Brief Description of Treatment: _____

Name #2:_____Medicaid #:_____Phone #: _____

Address: _____

Description of Injury: _____

Treated at: Scene _____ Medical Facility_____Name Med. Facil.: _____

Brief Description of Treatment: _____

Name #3:_____Medicaid #:_____Phone #: _____

Address: _____

Description of Injury: _____

Treated at: Scene _____ Medical Facility_____Name Med. Facil.: _____

Brief Description of Treatment: _____

Name #4:_____Medicaid #:_____Phone #: _____

Address: _____

Description of Injury: _____

Treated at: Scene _____ Medical Facility_____Name Med. Facil.: _____

Brief Description of Treatment: _____

Report Submitted by:_____Phone #: _____ Date:_____

Print/type name

_____

Signature