

**Attachment 2**  
**Form PD782 Supervisor's Report of Motor Vehicle Incident**



### PD782 – Supervisor Investigation Report of Vehicle Incident

One copy must be submitted to the safety office within 72 hours of a vehicle Incident

(To be completed by the employee's supervisor or other responsible administrative official)

Supervisor's name:

Supervisor's Position:

Employee's name:

Employee No.:

Department / Division:

Vehicle Unit No.:

Length of time with the City:

Date of incident:

Time of incident:

Location of incident:

Weather:

Road conditions:

No. of passengers:

Were there any injuries?

Were seatbelts used? Yes:

No:

Improper maintenance? Yes:

No:

What was the employee doing when the incident occurred?

Was the incident preventable (check one box)? Yes  No

Traffic Violation Issued: Yes:

No:

Incident or citation No.:

Speed: 0-10 MPH 10-20 MPH 20-30 MPH 30-40 MPH 40-50 MPH 50-60 MPH Over 60 MPH

Lack of training or skill: Yes:

No:

If yes, explain:

Type of incident: Head on Sideswipe Right angle Front end Rear end Other

Defensive Driving Certificate Date:

Motor Vehicle Report Date:

Supervisor's corrective action:

Was employee drug tested? Yes:

No:

Has employee previously been involved in other vehicle incidents? Yes:

No:

If yes, provide dates:



**City of Houston**

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**For Office Use Only**

**Claim No** \_\_\_\_\_

Show Position of Vehicle

Indicate North  
By Arrow



\_\_\_\_\_  
Supervisor's Signature