

Attachment 1
Form PD781 Driver's Report of a Motor Vehicle Incident

For Office Use Only
 Claim No _____

PD781 - Driver's Report of a Vehicular Incident

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

PLEASE PRINT

Department _____ Division _____

Date of Accident _____ Day of week _____ Hour _____ AM PM

City of Houston	<p>DRIVER</p> <p>Name _____</p> <p>Address _____ TX, ZIP Code _____</p> <p>Home # _____ Cell # _____ Age _____ Sex _____</p> <p>TDL# _____ Exp. _____ Employee# _____</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 20px;"> <input type="checkbox"/> Operator <input type="checkbox"/> Commercial <input type="checkbox"/> Chauffeur </div> <div style="border: 1px solid black; padding: 2px;"> License Restrictions _____ _____ </div> </div>
	<p>VEHICLE</p> <p>Make _____ Model _____ Year _____</p> <p>Shop# _____ License Plate _____ Mileage Reading _____</p> <p>Damage: _____ _____ _____ _____</p>
Other Vehicles #1	<p>Driver 1</p> <p>Name _____</p> <p>Address _____ State _____ ZIP Code _____</p> <p>Home # _____ Cell # _____ Age _____ Sex _____</p> <p>TDL# _____ Exp. _____ Sate _____</p>
	<p>Make _____ Model _____ Year _____</p> <p>License Plate# _____ State _____</p> <p>Damage: _____ _____ _____</p>
	<p>OWNER</p> <p>Name _____ Phone # _____</p> <p>Address _____ State _____ ZIP Code _____</p>

Other Vehicles #2	Driver #2 Name _____ Address _____ State _____ Zip _____ Home # _____ Cell # _____ Age _____ Sex _____ TDL# _____ Exp. _____ Sate _____																							
	Make _____ Model _____ Year _____ License Plate# _____ State _____ Damage: _____ _____																							
	OWNER Name _____ Phone # _____ Address _____ State _____ Zip _____																							
Injured	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name</th> <th style="width: 10%;">Age</th> <th style="width: 10%;">Sex</th> <th style="width: 30%;">Nature of Injury</th> <th style="width: 10%;">Taken by EMS</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>				Name	Age	Sex	Nature of Injury	Taken by EMS	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Name	Age	Sex	Nature of Injury	Taken by EMS																			
	_____	_____	_____	_____	_____																			
_____	_____	_____	_____	_____																				
_____	_____	_____	_____	_____																				
Conditions	WEATHER <input type="checkbox"/> Clear <input type="checkbox"/> Cold <input type="checkbox"/> Raining <input type="checkbox"/> Cloudy <input type="checkbox"/> Hot <input type="checkbox"/> Other Does Vehicle have seat belts <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Front Only <input type="checkbox"/> Front & Back <input type="checkbox"/> Were seat belts in use		ROAD SURFACE <input type="checkbox"/> Dry <input type="checkbox"/> Slippery <input type="checkbox"/> Icy <input type="checkbox"/> Other Other Describe _____																					
	Speed At what speed were you driving when accident occurred _____ MPH What was the Speed Limit _____ MPH Speed of other vehicle _____ MPH																							
Police	Officers Name _____ Badge # _____ Arrest Made <input type="checkbox"/> Yes <input type="checkbox"/> No If YES name _____ Citation Issued <input type="checkbox"/> Yes <input type="checkbox"/> No If YES name _____																							
	Occupants	City of Houston		Other Vehicles																				
Name		Address	Name	Address																				
_____		_____	_____	_____																				
_____	_____	_____	_____																					
_____	_____	_____	_____																					

Witnesses	Name	Address
	_____	_____
	_____	_____
	_____	_____

Location	City _____ State _____
	Road on which accident occurred _____ Speed Limit _____ Give street address or highway number
	<input type="checkbox"/> At its intersection with _____ Closest Intersection Street on Highway
	<input type="checkbox"/> Not at intersection _____ feet _____ North-South Of _____
	_____ feet _____ North-South

State what Happened

Show Position of Vehicle

Indicate North
By Arrow



INS	Does City driver have insurance for driving City vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No
	(if Yes) Insurance Company Name _____ Policy # _____

Driver's Signature _____ Date _____ Work Phone _____