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

HUMAN RESOURCES
OCCUPATIONAL
RISK MANAGEMENT

City of Houston PD781 - Driver's Report of a Vehicular Incident

611 Walker, 4th Floor, TX 77002 | 832-393-7233
safety@houstontx.gov | www.houstontx.gov/hr/riskmgmt.html

FOR OFFICE USE ONLY
Claim Number

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

Department	Division	Date of Accident	Day of the week	Hour
Choose department				☐ am ☐ pm

CITY OF HOUSTON

DRIVER

Name	Home Phone Number	Cell Phone Number	Age	Sex
hello				

Employee ID	Address	State	Zip Code

TDL Number	Expiration	License Restrictions
☐ Operator ☐ Commercial ☐ Chauffeur		

Does City driver have insurance for driving City vehicle?	Insurance Company Name	Policy Number
☐ Yes ☐ No		

VEHICLE

Make	Model	Year

Shop Number	License Plate Number	Mileage Reading

Damage	Does vehicle have seat belts?
	☐ Yes, Front only ☐ Yes, Front & Back ☐ No
	Were seat belts in use? ☐ Yes ☐ No
	Did vehicle airbags deploy? ☐ Yes ☐ No
	Were lights/sirens on at the time of the collision? ☐ Yes ☐ No ☐ N/A

OTHER VEHICLES 1

DRIVER 1

Name	Home Phone Number	Cell Phone Number	Age	Sex

Address	State	Zip Code

Driver's Lisence Number	Expiration Date	State

VEHICLE

Make	Model	License Plate Number	Year	State

Damage

OWNER

Name	Home Phone Number	Cell Phone Number

Address	State	Zip Code

INSURANCE CARRIER

Name	Policy Number	Phone Number

Address	State	Zip Code

OTHER VEHICLES 2

DRIVER 2

Name	Home Phone Number	Cell Phone Number	Age	Sex

Address	State	Zip Code

TDL Number	Expiration Date	State

VEHICLE

Make	Model	License Plate Number	Year	State

Damage

OWNER

Name	Home Phone Number	Cell Phone Number

Address	State	Zip Code

INSURANCE CARRIER

Name	Policy Number	Phone Number

Address	State	Zip Code

INJURED

Name	Age	Sex	Nature of Injury	Taken by EMS
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

CONDITIONS

WEATHER

☐ Clear ☐ Cold ☐ Raining
☐ Cloudy ☐ Hot ☐ Other

ROAD SURFACE

☐ Dry ☐ Slippery
☐ Icy ☐ Other
Describe Other

SPEED

What speed were you driving when the accident occurred? _____ MPH
What was the Speed Limit? _____ MPH
Speed of the other vehicle? _____ MPH

POLICE

Officer's Name	Badge Number

Arrest Made ☐ Yes ☐ No If YES, name _____

Citation Issued ☐ Yes ☐ No If YES, name _____

OCCUPANTS

CITY OF HOUSTON		OTHER VEHICLES			
Name	Address	Name	Address	Name	Address
Name	Address	Name	Address	Name	Address
Name	Address	Name	Address	Name	Address

WITNESSES		
Name	Address	
Name	Address	
Name	Address	

WITNESSES			
Street address or highway number on which accident occurred	City	State	Speed Limit

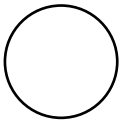
☐ At its intersection with _____

☐ Not at an intersection _____ feet ☐ North ☐ S ☐ E ☐ W of _____

State What Happened

Show Position of Vehicle

Indicate North by Arrow



Driver's Signature	Date	Work Phone