



FLEET MANAGEMENT

EVENT REPORT FORM

Driver Name: _____
Job Title: _____
Facility/Location: _____
Vehicle Manager: _____
Program Manager: _____
Date of Incident: _____
Date of Report: _____

Pursuant to the Manitoba Highway Traffic Act, vehicle users are required by the HTA, Section 318.1(3), without delay, to disclose in writing to their direct supervisor the following:

- (a) particulars of traffic accidents they are involved in, both during and off work hours, regardless of whether the accident happened in a Southern Health-Santé Sud vehicle.
 Note: an Occurrence Report ORG.1810.PL.001.FORM.01 must also be filed when a traffic accident has occurred in a Southern Health-Santé Sud vehicle.
- (b) convictions in Canada and the United States of America arising from the operation or having care and control of a motor vehicle, under the following:
 - (i) HTA Violations – speeding tickets, moving violations, etc.
 - (ii) Criminal Code Violations – gross speeding, dangerous driving, etc.
 - (iii) Transportation of Dangerous Goods Act (Canada) (TDG) violations
- (c) a suspension, cancellation, prohibition or change in classification of the person's driver's license or an out-of-province driving permit held by the person.

Nature of Event (Speeding Ticket, Accident, Etc...): _____

License suspended as a result? Yes No

Criminal Charges pending? Yes No

Comments: _____

Driver Name Signature: _____

Date: _____

Manager Signature: _____

Date: _____

CC: Program Manager, Commercial Fleet Safety Central Repository, Employee File