



Modivcare Member Incident / Accident / Injury Report

This report must be submitted within 24 hours for any transportation event whether or not an injury occurs.

This includes, but is not limited to, an incident involving loading or unloading, a fall, auto accident, device securement issue, harsh braking, member conduct/misconduct, or an action requiring a driver to take a defensive measure during transport. The form should also be used to report any work-related incident involving a Modivcare employee.

Please note: An incident often serves as a basis for a future lawsuit. You may have a duty to preserve records and other potential evidence related to this incident, including but not limited to, communications, emails, photographs, videos, electronic files, and paper or other hard copy documents. Please be advised that if this incident becomes a lawsuit, the destruction or loss of any potentially relevant information related to this incident – even if inadvertent – could subject your company to significant court sanctions.

Section I – Member Information

Member Name:	Trip #:
Member Address:	Member Phone #:
City, State, Zip:	Member Age:

Section II – Transportation Provider (TP) & Driver Information

TP Name/Company Name:	Driver's Name:
TP Address and Phone #:	Driver Phone #:
Time Driver Began Shift: _____ AM / PM	# of Trips Completed Prior to Incident for the Day:
Vehicle Make/Model:	Vehicle License Plate #:
VIN #:	Insurer Name & Phone #:
Driver CTAA/PASS Trained: Yes or No (Circle 1) Vehicle Camera: Yes or No (Circle 1)	Description of Other Driver Training: Date of Training(s):

Section III – Trip Information

Incident Date: ____/____/____ Incident Time: _____ AM / PM Reported to Modivcare Date: ____/____/____ Time: _____ AM / PM Modivcare Trip #:	Location of Incident: Description of Weather and Road Conditions (please describe): _____
Pick-up Location: <input type="text" value="On-time Pickup? Yes or No (Circle One)"/>	Drop-off Location: <input type="text" value="On-time Drop-off? Yes or No (Circle One)"/>
Multi-loaded trip: Yes or No (Circle One)	Attendant or Escort Present: Yes or No (Circle One)
Service Animal Present: Yes or No (Circle One)	Assistive Mobility Device: Yes or No (Circle One) Describe Device:



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Time: _____ AM / PM (Circle One)

Was the person receiving the member advised of the incident? Yes or No (Circle One)

Member's Acceptance of Medical Treatment Action OR Member's Refusal of Medical Treatment.

NOTE: If acting on the member's behalf, please include name, date and signature of person/representative completing this form.

Member Accepted Medical Treatment: Yes or No (Circle One)

Date: _____ Time: _____ AM / PM (Circle One)

Member Name/Representative (please print): _____

Member/Representative Signature: _____

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