



MOTORIST CALL-IN REPORT

(All boxes are to be checked with response, click to initiate check mark if N/A or deficiencies leave blank, and fill in comment section!)

This form is to document motorist call-ins on County vehicles, including complaints and compliments.

Department Information

Report Date: ___/___/___

Report Time: ___:___ AM PM

Department: _____

Description of Concern: Unsafe Motor Vehicle Operation

Gratitude Call

Vehicle Information

Tag Number: _____ Unit Number: _____ Occupants: _____

Make / Model of Vehicle: _____ Color: _____

Estimated Speed: _____ Speed Limit: _____

Date of Occurrence: ___/___/___ Day of Week: _____ Time: ___:___ AM PM

Traffic/Weather Conditions

Dawn <input type="checkbox"/>	Daylight <input type="checkbox"/>	Dusk <input type="checkbox"/>	Dark <input type="checkbox"/>
Traffic Conditions	Light <input type="checkbox"/>	Moderate <input type="checkbox"/>	Heavy <input type="checkbox"/>
Weather Condition	Dry <input type="checkbox"/>	Raining <input type="checkbox"/>	Snow / Sleet / Ice <input type="checkbox"/>

Where did this occur: Auto – Font 200 characters max

Description of motor vehicle operation: Auto – Font 800 characters max

Thank you for this information. We apologize for any inconvenience and appreciate your call. This information will be forwarded to our Office of Risk & Safety for a follow-up.

Would you like a call from our Risk & Safety Director? Yes No

Name: _____ Phone Number: _____

*Please attach any additional pictures, diagrams or statements.
Submit Report to the Office of Risk & Safety.*