



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 ☐

Daylight ☐

Dusk ☐

Dark ☐

Traffic Conditions

Light ☐

Moderate ☐

Heavy ☐

Weather Condition

Dry ☐

Raining ☐

Snow / Sleet / Ice ☐

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.*