

Transportation provider must:

1. Call 911 immediately if damage or injuries are involved and request medical assistance and an officer to file a report (if applicable).
2. Include a signed, detailed statement from the driver unless the driver has been injured.
3. In the event of a collision with another vehicle, ensure that information is exchanged with the driver of the other vehicle, including driver's license number, insurance information, and a description of the vehicle.

Transportation Providers shall complete all applicable sections of this form. Submit this form to LogistiCare the same day but:

FAX THE COMPLETED REPORT FORM TO:

1-866-660-4372

POLICE CONTACTED? Yes ☒ No ☐

POLICE REPORT FILED? Yes ☒ No ☐

TICKET/CITATION ISSUED? Yes ☒ No ☐

Who Received Ticket/ Citation? Nicholas Green

POLICE AGENCY San Diego Police Department

OFFICER'S NAME Samuel

WAS AN AMBULANCE CALLED? Yes ☐ No ☒

LIST ALL PASSENGERS IN THE VEHICLE:

NAME	<u>Sarah Joe</u>
Trip #	<u>kz2t683g</u>
Injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Transported by Ambulance??	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

TRANSPORTATION PROVIDER:

Name United Taxi of San Diego

Date 24th Feb Time 06:41 AM AM/PM

Location of Accident: 3750 Ward Rd, San Diego, CA 92116, USA

TRANSPORTATION PROVIDER VEHICLE/ DRIVER INFO:

Vehicle Toyota Prius 2011

License No ABCD56565 Vehicle No TR-1234

Owner Marisa Marisa

Driver Nicholas Green

Driver's License: LC1342344

Damage scratches on the front bumper

OTHER VEHICLE/DRIVER INFO:

Driver's Name: Pal Singh

Address: 300 Fir St, San Diego, CA 92101

City & State: San Diego, CA

Phone 0987645312 # Passengers: 1

Driver's License No HJK12780 State: CA

Vehicle kia Sportage 2007

Vehicle License Plate No GHZ13368 State: California

Owner of Vehicle: Miriams

Address: 1909 India St, San Diego, CA 92101

City & State: San Diego, California Phone: 1234567890

Insurance Co: American Insurance

Policy No A18199

Damage: Little scratches on the front bumper.

Transportation provider must:

- Immediately report accident and incidents to LogistiCare regardless of time of day to 1-866-246-9979.
- Complete form in its entirety.
- Include a signed, detailed statement from the driver unless the driver has been injured.
- Obtain the police report submit to LogistiCare as soon as available.

The driver of the vehicle should describe what occurred using as much detail as possible unless the driver has been injured, in which case a company representative shall describe what occurred:

The other is old, fainted during drive. so applied harsh brakes.

DRIVER SIGNATURE

*Must be signed by the Driver unless Driver is injured.
confirm that the information provided herein is accurate and complete to the best of my knowledge.



02/24/2022

Signature

Date

Nicholas Green Driver At United Taxi of San Diego

Printed name and position with transportation provider