

TAXI INCIDENT REPORT

(SAMPLE)

(FLEET NAME)

(SAMPLE)

Date of Incident: _____

Date of Report: _____

Time it occurred: _____

Reporting Party

Name of Taxi Driver: _____

Name: _____

Vehicle #: _____

Phone Number: _____

Vehicle #: _____

Shift/Address: _____

Taxi Descriptive Information: _____

Report Taken By: _____

Title: _____

Time: _____

DESCRIBE INCIDENT: (may type up to 11 lines - attach additional pages if needed)

[Large empty rectangular box for incident description]

Comments:

[Large empty rectangular box for comments]

Action Taken:

[Large empty rectangular box for action taken]

Fleet Manager Signature

Date: