



# Accident & Moving Violations Report

Member Name: \_\_\_\_\_ Trip #: \_\_\_\_\_  
 Member ID: \_\_\_\_\_ Level of Service: \_\_\_\_\_  
 Provide Name: \_\_\_\_\_  
 Driver Name: \_\_\_\_\_  
 Vehicle, VIN, Lic #: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  
 Location of Incident: \_\_\_\_\_  
 Date and Time Reported to WellTrans: \_\_\_\_\_

**Nature of Incident (mark with an X)**

Auto Accident:  Patient Injury:  Moving Violation:   
 Rider Injury:  Provider Complaint:  Other:

**Member Disposition (mark with an X)**

Treat on Scene:  Taken to Hospital By TP:  Taken to Hospital by EMS:   
 Refused Treatment  Member Claims Uninjured:

**Driver's Statement:**

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All accidents/incidents must be reported to WellTrans immediately following occurrence. Call WellTrans at 866-982-3983.

