Tri-Energy Services Ltd.
Canadian Safety Services Ltd.
105 Kuusamo Dr. Red Deer County, Alberta T4E 2J5
www.tri-energy.ca 403-887-5400

MOTOR VEHICLE COLLISION REPORT FORM

Attention: Please take as many photos as possible and include them when you send to Tri-Energy HSE Department.

Date of Incident: _____ (mm/dd/yy) Time of Incident: _____ Date Reported: _____ (mm/dd/yy)

Report Completed By: _____ (First Name) _____ (Last Name)

Actual Severity: ☐ TBD ☐ Report Only ☐ Minor ☐ Moderate ☐ Serious ☐ Major

Potential Severity: ☐ TBD ☐ Report Only ☐ Minor ☐ Moderate ☐ Serious ☐ Major

Event Type:

- ☐ Single Vehicle Collision with Object
- ☐ Multiple Vehicle Collision involvingTri-Energy vehicles
- ☐ Multiple Vehicle Backing Up
- ☐ Multiple Vehicle Backing Up
- ☐ Single Vehicle Backing Up Collision
- ☐ Multiple Vehicle Collision involving Third Party
- ☐ Single Vehicle Collision with Animal
- ☐ Collision involving Third Party
- ☐ Collision involving Tri-Energy vehicles

Asset/Vehicle #: _____

Police Contacted: ☐Yes ☐No Police Report #: _____ Officer Name: _____

☐ Regulatory Report Attached (if required)

Site Location: _____
(Include plant site, or highway #, Intersection, City, Province)

Incident Description:

_____
_____
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Weather Conditions:
☐ Sunny ☐ Raining ☐ Windy ☐ Cloudy ☐ Freezing Rain ☐ Snowing ☐ Hailing ☐ Other: _____

Road Conditions:
☐ Paved ☐Snow Covered ☐Gravel ☐Flooded ☐ Steep Decline ☐Steep Incline ☐Wet ☐Straight ☐Slippery

☐ Crowned: *(highest point in the center and lowest points are on either side at the edges)* ☐Other:_____

Traffic Conditions: ☐ Light ☐ Medium ☐ Heavy

Light Conditions: ☐ Light ☐ Dark ☐ Sunset ☐ Dim ☐ Sunrise ☐ Other:_____
Visibility: ☐ Clear ☐ Rain ☐ Smoke ☐ Fog ☐ Snow ☐ Dust

Speed: Posted Speed _____ ☐km/h or ☐mph Tri-Energy Vehicle: _____☐km/h or ☐mph
Other Vehicle: _____ ☐km/h or ☐mph

Direction of Travel: Tri-Energy Vehicle: ☐South ☐East ☐West ☐North
Other Vehicle: ☐South ☐East ☐West ☐North

Tri-Energy CSS Information

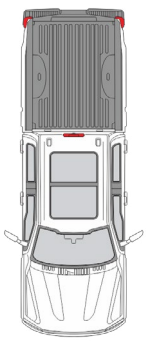
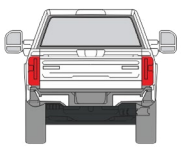
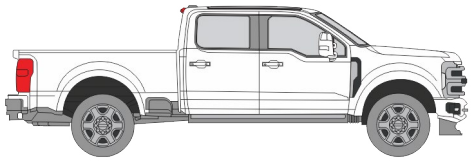
Driver Information: _____ First Name _____ Last Name _____ Date of Birth (mm/dd/yy) ☐Male ☐Female
_____ License Number _____ Province/State Issued _____ Address, City, Postal Code
_____ Contact Phone # _____ Work Phone #:

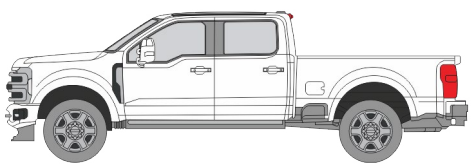
Vehicle Information: _____ Year _____ Make _____ Model _____ Asset Number

Other Driver Info: _____ First Name _____ Last Name _____ Date of Birth (mm/dd/yy) ☐Male ☐Female
_____ License Number _____ Province/State Issued _____ Address, City, Postal Code
_____ Contact Phone # _____ Work Phone #:

Vehicle Information: _____ Year _____ Make _____ Model _____ Asset Number
_____ Insurance Company _____ Broker _____ Policy # _____ Expiry Date

Vehicle Damage - *Mark the area(s) of damage to Tri-Energy/CSS Vehicle*



Incident Diagram

NORTH

WEST

EAST

SOUTH