



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

Effective Date 2026-07-31 Form#: 20260730-0010 Rev 1.0 Page 1 of 2

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

Date of Incident: _____ Time of Incident: _____ Date Reported: _____
mm/dd/yy mm/dd/yy 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 involving Third Party |
| ☐ Multiple Vehicle Collision involving Tri-Energy vehicles | ☐ Single Vehicle Collision with Animal |
| ☐ Multiple Vehicle Backing Up | ☐ Collision involving Third Party |
| ☐ Multiple Vehicle Backing Up | ☐ Collision involving Tri-Energy vehicles |
| ☐ Single Vehicle Backing Up Collision | |

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



