

**GROUND TRANSPORTATION UNIT
NOTICE OF TRAFFIC ACCIDENT
REPORT FORM**

NAME OF COMPANY _____

NAME OF DRIVER _____

VEHICLE NUMBER _____

DATE OF ACCIDENT _____

TIME OF ACCIDENT _____

LOCATION OF ACCIDENT _____

POLICE CASE NUMBER _____

WAS DRIVER GIVEN A DRUG TEST AS PER SECTION 33-029 (E) (1) (2) (3) ?

YES _____ **NO** _____

COMMENTS _____

SUBMITTED BY _____ **DATE** _____

**THIS FORM MUST BE SUBMITTED OR FAXED TO THE GROUND
TRANSPORTATION UNIT WITHIN FORTY EIGHT (48) HOURS FROM THE
TIME OF SUCH OCCURANCE AS PER CHAPTER 33, SECTION 33-055 (C) TO
442 NINTH STREET, SAN ANTONIO, TEXAS 78215. FAX # 210-207-2235**