

Driver Interview Report



Date/Time of Incident:		Time:					
Name of Driver Involved:							
Driver Mental/Physical Conditions:	Great	Good	Normal	Fair	Poor		
	Medications						
	Other						
Comments:							
Van Conditions:	Pre-Trip Inspection Completed		Equipment Working Properly				
(Vehicle ID number)	Great	Good	Fair	Poor			
Comments:							
Weather Conditions: <i>(select all that apply)</i>	Sunny/Clear	Cloudy	Raining	Snow	Warm	Cool	Cold
	Other						
Comments:							
Passenger Condition at Pickup: <i>(select all that apply)</i>	Great	Good	Fair	Poor	Normal		
	Alert	Verbal	Ambulatory		Needs Assistance		
	Cain	Walker	Wheelchair	Other			
Conditions at Residence:	Routine/Normal/ Without Incident						
	Other						
Drop off at Facility:	Routine/Normal/ Without Incident						
	Other						
Pick up at Facility:	Routine/Normal/ Without Incident						
	Other						

Special Notes

Report Taken By:
(Name/Title)

Signature:

Driver Signature: