High Altitude Construction Pros
Trades World Wide LLC dba High Altitude Construction Pros
2045 Sheridan Blvd, Unit G, Edgewater, CO 80214
bids@highaltitudepros.com · 720-295-7487 · highaltitudepros.com

HA STANDARD v1

TRADE PARTNERS AND CREW · FACTS ONLY · REPORT WITHIN 1 HOUR, FORM THE SAME DAY

Incident Report

> **Emergency: call 911 first.** Then report every injury, incident, property damage or near miss to High Altitude **within 1 hour**: **720-295-7487** (office line) · bids@highaltitudepros.com. Complete this form **the same day**.

This report protects you. A complete, same-day record is your best defense if anyone questions what happened later. Facts only: write what you saw, heard and did. Don't guess, blame or admit fault. Attach photos, the police case number and all statements.

1. The incident

REPORT # | DATE OF INCIDENT | TIME | REPORTED TO HA BY | WHEN REPORTED (TIME)

EXACT LOCATION (ADDRESS, INTERSECTION OR MILE MARKER) | CITY / COUNTY

JOB THE PERSON WAS WORKING OR TRAVELING TO | TRIP PURPOSE (TO JOB, BETWEEN JOBS, SUPPLY RUN...)

TYPE OF INCIDENT

☐ Vehicle accident ☐ Jobsite injury ☐ Property damage ☐ Near miss
☐ Theft / vandalism ☐ Customer complaint ☐ Other: _____

CONDITIONS

☐ Dry ☐ Wet / rain ☐ Snow / ice ☐ Daylight ☐ Dark ☐ Construction zone

2. Injuries

WAS ANYONE HURT?

☐ No injuries reported ☐ Yes - minor / first aid ☐ Yes - medical treatment ☐ Unknown

WHO WAS HURT | INJURY DESCRIPTION | TREATED WHERE / BY

3. Police

POLICE

☐ Police called ☐ Police responded on scene ☐ Police did not respond ☐ Report filed later / online

AGENCY (CITY PD, COUNTY SHERIFF, STATE PATROL) | OFFICER NAME / BADGE # | CASE / REPORT NUMBER

CITATIONS ISSUED (TO WHOM, FOR WHAT)

4. What happened

BRIEF SUMMARY IN ORDER: BEFORE, DURING, AFTER (FACTS ONLY)

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INCIDENT REPORT · CONTINUED

People & Vehicles

One block per vehicle. Use another page if more than two.

Vehicle A - our driver / crew vehicle

DRIVER NAME | PHONE | DRIVER'S LICENSE # / STATE | COMPANY / EMPLOYER

REGISTERED OWNER OF VEHICLE | YEAR / MAKE / MODEL / COLOR | PLATE / STATE

INSURANCE COMPANY | POLICY # | PASSENGERS

DAMAGE TO VEHICLE / DRIVABLE?

Vehicle B - other party

DRIVER NAME | PHONE | DRIVER'S LICENSE # / STATE | COMPANY / EMPLOYER

REGISTERED OWNER OF VEHICLE | YEAR / MAKE / MODEL / COLOR | PLATE / STATE

INSURANCE COMPANY | POLICY # | PASSENGERS

DAMAGE TO VEHICLE / DRIVABLE?

Witnesses

WITNESS 1 NAME | PHONE | WHAT THEY SAW (ONE LINE) / STATEMENT ATTACHED?

WITNESS 2 NAME | PHONE | WHAT THEY SAW (ONE LINE) / STATEMENT ATTACHED?

WITNESS 3 NAME | PHONE | WHAT THEY SAW (ONE LINE) / STATEMENT ATTACHED?

Other property damaged

WHOSE PROPERTY, WHAT WAS DAMAGED, OWNER CONTACT

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INCIDENT REPORT · ONE STATEMENT PER PERSON

Written Statement

Statement 1 of 3 · One per person · Same day

This is your account, in your own words, and it protects you. Write it in the order things happened and stick to what you personally saw, heard and did. Don't guess about speed, fault or what anyone else was thinking. Sign and date it. Attach extra pages if needed.
Puede escribir su declaración en español. Escriba solo lo que usted vio, oyó e hizo, fírmela y póngale la fecha.

YOUR NAME	PHONE	COMPANY / CREW	ROLE (DRIVER, RIDER, WITNESS)

WHERE WERE YOU AND WHAT WERE YOU DOING JUST BEFORE?

WHAT HAPPENED

I confirm this statement is true and complete to the best of my knowledge. / Confirmo que esta declaración es verdadera y completa según mi conocimiento.

Signature _____ Printed name _____ Date _____

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Written Statement

Statement 2 of 3 · One per person · Same day

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INCIDENT REPORT · DRIVER RELEASE AND OFFICE REVIEW

Authorization & Checklist

Driver signs the release so High Altitude can get the crash report.

Authorization to release crash report and records

I authorize Trades World Wide LLC dba High Altitude Construction Pros, and its insurance carrier, to request and receive a copy of the traffic crash report, photographs and related records for the incident described in this report from the investigating law enforcement agency and the Colorado Division of Motor Vehicles (including Form DR 2559). I will provide the case number and cooperate with requests.

DRIVER FULL NAME	DATE OF BIRTH	DRIVER'S LICENSE # / STATE

Signature	Printed name	Date

Office checklist (High Altitude completes)

Item	Done
Everyone safe / medical handled	☐
Police notified (required in CO for any injury or property damage)	☐
Case number recorded	☐
Photos collected (all vehicles, plates, scene, damage)	☐
Statements collected from every driver, passenger, witness	☐
Driver signed crash report release	☐
Sub's certificate of insurance on file (GL, auto, workers' comp for employees)	☐
Sub notified their own insurance carrier	☐
Our insurance agent notified (if our vehicle, property or client involved, or any claim possible)	☐
Crash report requested (agency or DMV DR 2559)	☐
Client notified of any delay (no fault discussed)	☐
Report filed in Incident Log	☐

Timeline check: reported to High Altitude within 1 hour? ☐ Yes ☐ No · Form completed the same day? ☐ Yes ☐ No

FOLLOW-UP ACTIONS / CORRECTIVE STEPS

REPORT COMPLETED BY	DATE	REVIEWED BY (OWNER)