Vehicle/Cart Unsafe Practice Report

Location activity observed (be specific):	Date of occurrence:	Time of occurrence:

Name of person driving the vehicle, if known: ☐ Driver unknown	Cart identifier & number: Department:	Number:

Driver's description (unnecessary if known):

Male	Female	Height:	Weight:	Clothing:

Passenger's description, if any:

Male	Female	Height:	Weight:	Clothing:

Activity observed: (check all that apply)

☐ Following too close ☐ Causing an unsafe condition for pedestrians ☐ Unauthorized occupant in/on vehicle ☐ Stop sign violation

☐ Driving too fast ☐ Weaving in/ out of traffic ☐ Driving on main walkway during restricted period ☐ Parked & blocking entrance or exit to a building ☐ Other (describe below):

Further description of actions observed [if necessary]:

Name of person reporting observed activity:	Date of occurrence:	Time of occurrence:

Date department having control of vehicle or cart notified:	Return requested: ☐ Yes ☐ No	Notified by:

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