|  |  |
| --- | --- |
| Fecha de elaboración: |  |

|  |
| --- |
| 1. **DATOS VEHÍCULO**
 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Marca: |  |  | Modelo: |  |
|  |
| Año: |  |  | Placa: |  |
|  |
| No. Serie |  |  |  |  |  |  |  |  |  |
|  |

|  |
| --- |
| 1. **RESPONSABLE DE LA HERRAMIENTA DE TRABAJO**
 |

|  |  |
| --- | --- |
| Nombre: |  |
|  |
| Localidad: |  |
|  |

|  |
| --- |
| 1. **DESCRIPCIÓN DEL INCIDENTE**
 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fecha: |  |  | Hora: |  |
|  |
| Lugar donde ocurrió: |  |
|  |
|

|  |
| --- |
|  |

 |  |

|  |
| --- |
|  |

 | Choque |

|  |
| --- |
|  |

 | Robo |

|  |
| --- |
|  |

 | Otro |

|  |
| --- |
|  |

 |  |

|  |
| --- |
| Descripción: |
|  |

|  |
| --- |
| 1. **PLAN DE ACCIÓN**
 |

|  |
| --- |
|  Descripción del plan de acción: |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Firma**Nombre**Conductor* |  | *Firma**Nombre**Gestor (a) Administrativo y de Flotilla* |  | *Firma**Nombre**Consultor (a) de Recursos Materiales y Desarrollo* |