

DRIVER'S ACCIDENT REPORT

Complete this report at scene of accident and submit it to your supervisor immediately upon return to the office. Supervisor should then forward said report to the Fleet Services Division.

County Driver Information

Name _____

Home Address _____

Home Phone _____

Driver's License Number _____

Were You Injured? Yes No

Accident Information

Date _____ Time _____ County Vehicle# _____

County Vehicle License Plate # _____

Location of Accident _____

Condition of Road _____

Weather _____

What Direction Where You Going _____ Speed _____

What Direction Was Other Car Going _____ Speed _____

Damage to County Vehicle # _____

Did a Police Officer Take Report? Yes No

Was a DI-9 Prepared? Yes No

Name of Officer _____

Badge Number _____ Agency _____

Case/Incident # _____

Was Citation Issued? Yes No

To Whom _____

Other Vehicle Information

REGISTERED OWNER of Vehicle

Address _____

_____ Phone# _____

Insurance Co. _____

Policy # _____

DRIVER _____

Address _____

Phone# _____ Lic. Plate # _____

Make/Model/Year _____

Injured Person(s)

NAME _____ Age _____

Address _____

_____ Phone # _____

Extent of Injury _____

NAME _____ Age _____

Address _____

_____ Phone # _____

Extent of Injury _____

Damage to Other Property

Owner _____

Address _____

_____ Phone # _____

Damage to Auto Premises Fixtures

Extent of Damage _____

Location of Damaged Property

Remarks

Describe, in detail, how accident occurred:

Driver's Signature

Witnesses

Name _____

Address _____

Phone Number(s) _____

Name _____

Address _____

Phone Number(s) _____