Driver's Report of Accident

Accident/Incident Date:	**Accident/Incident Time:**
File Number:	**Department Use Only:**

Entity Driver Information (You may complete this section at your office)					
Name:			**Date of Birth:**		
Job Title:		**Employing Department/MailCode:**		**Work Phone Number:**	
Driver's License Number:	**Expiration Date:**		**Date Last Completed Defensive Driver Training?**	**Seat Belt On?** ☐Yes	☐No

Entity Vehicle Information (You may complete this section at your office)					
Vehicle Make:		**Vehicle Model:**		**County Vehicle Number:**	
Vehicle License Plate Number:		**Vehicle Color:**		**Odometer at time of accident / incident:**	
Describe Damages to County Vehicle:	☐Minor		☐Moderate	☐Major	
Is this a rental vehicle?	☐Yes	☐No	**Is this a Personal Vehicle?**	☐Yes	☐No
	If YES, provide name of rental company				

Accident Details (to be completed at the scene of accident/incident)					
Location of Accident/Incident	**Address:**	**City:**	**State:**	**Area Code:**	
Road Conditions:		**Weather Conditions:**			
Traffic Conditions:		**How fast were you driving?**		**Est .speed of other vehicle:**	

Other Driver / Vehicle Information (To be completed at the scene of accident/incident)					
Driver's Name:		**Date of Birth:**	**Driver's License No.:**	**State:**	**Expiration Date:**
Home Phone Number:		**Work Phone Number:**		**Number of Passengers in Other Vehicle:**	
Driver's Address	**Street:**	**City:**	**State:**	**Zip Code:**	
Registered Owner of Other Vehicle (If different from Driver)		**Home Phone Number:**		**Work Phone Number:**	
Owner's Address	**Street:**	**City:**	**State:**	**Zip Code:**	
Other Party's Insurance Info	**Insurance Co:**	**Address:**	**Phone Number:**	**Policy Number:**	
Vehicle Make:		**Vehicle Model:**		**Year:**	**Color:**
Extent of Damages to Other Vehicle:	☐Minor		☐Moderate	☐Major	
License Plate of Other Vehicle	**Plate Number:**	**State:**	**Describe Damages to Other Vehicle:**		

WITNESSES (To be completed at the scene of accident/incident)		
Name	**Address**	**Phone Number**
Name	**Address**	**Phone Number**
Name	**Address**	**Phone Number**

Passengers in Entity Vehicle (You may complete this section at your office)			
Name:	**Address:**	**Phone Number:**	**Describe Injury** (If Applicable)
Name:	**Address:**	**Phone Number:**	**Describe Injury** (If Applicable)

Passengers in Other Vehicle (To be completed at the scene of accident/incident)			
Name:	**Address:**	**Phone Number:**	**Describe Injury** (If Applicable)
Name:	**Address:**	**Phone Number:**	**Describe Injury** (If Applicable)

Describe How This Accident/Incident Occurred

Was There Any Additional, Non-Vehicle Property Damage?	

Check & Name Agencies Responding to the Accident/Incident Scene					
☐ Fire	☐ Ambulance	☐ Highway Patrol	☐ City Police	☐ Sheriff	☐ Other

Was a Report Made?	☐ Yes	☐ No	**Accident Report Number:**	
Investigating Agency:	**Name**		**Address**	
Date & Time County Operator was Notified of Accident/Incident				

Signature of Entity Driver **Date**

To Be Completed by Supervisor				
Supervisor's Name:		**Phone Number:**		
In Your Opinion, Could This Accident/Incident Have Been Prevented?		☐ Yes	☐ No	**If YES, explain:**
Comments or Recommendations:				

Signature of Supervisor **Date**