

VEHICLE ACCIDENT REPORT

DRIVER – In the event of an accident:

1. DO NOT discuss accident with anyone other than police.
2. DO NOT admit liability or fault.
3. DO NOT state the County will take care of damages.
4. DO NOT sign anything.
5. Complete this report and forward original to Risk Management: (a) within 24 hours if the accident causes bodily injury or serious property damage; or (b) within 48 hours in non-serious accidents.

Name of driver: _____ Vehicle No. _____

Telephone number: _____ . m.
date & time of accident

Location of accident: on _____ at or near
street or highway

Intersection / cross street / nearest community / highway junction

Road width: _____ Were lanes marked? _____
2, 3, 4, or more lanes yes no

Weather conditions: _____ Road conditions: _____

Description of accident: _____

COMPLETE OTHER SIDE

Exhibit 5

Driver of other vehicle:

Name License No. & State

Vehicle Make & Model License No. & State

Traffic controls present:

_____ Police

_____ Signal Light

_____ Stop Sign

_____ Caution Sign

_____ Other

_____ None

Injuries:

Employee _____ Yes _____ No

Passengers in employee's vehicle _____ Yes _____ No _____ number

Occupants of other vehicle _____ Yes _____ No _____ number

Pedestrians _____ Yes _____ No _____ number

DATE:

Signature