

EMPLOYEE VEHICLE ACCIDENT REPORT

DIRECTIONS: In the event of a motor vehicle accident, get out of on-coming traffic, call the police, and then call or text 760.937.7378 (Risk Manager). Do not leave the scene until police release you. Do not discuss the event with anyone other than the police. Do not admit liability. Do not admit fault. Do not provide assurances to anyone about what the County will or will not do. Do not sign anything.

Take photos, complete this two-page report, and email to Risk (risk@inyocounty.us) within 24 hours if bodily injury or serious property damage occurred, or within 48 hours for non-serious incidents.

Vehicle Number: _____
(if not county vehicle, list vehicle make, model, year, and license plate number)

Name of Driver and Department: _____

Driver's Mobile Number: _____

Was This Person Injured? YES NO If yes, describe: _____
If an employee was injured, call Injury Hotline at (877) 215.7285 and inform Supervisor promptly.

Names of Other Occupants: _____

Were They Injured? YES NO If yes, describe: _____

Date and Time of Accident: _____

Location (be specific): _____

Describe Road and Weather Conditions: _____

Did police arrive and take a report (circle): YES NO UNKNOWN

Where did this vehicle go after incident (circle): TOWED DRIVEN AWAY _____

Traffic controls present (circle): CAUTION SIGN STOP SIGN TRAFFIC SIGNAL OTHER NONE

What Happened? _____

What could have been done to avoid this accident? _____

Information on other vehicles, pedestrians, and witnesses are on page two.

PRINT YOUR NAME: _____ DATE: _____ SIGN: _____

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INFORMATION ON OTHER PEOPLE AND VEHICLES

How many other vehicles were involved? _____

Names of Witnesses: _____

Driver of Other Vehicle #1: _____

Driver's License Number and State: _____

Car Insurance Company and Policy Number: _____

Make, Model, Year, and License Plate #: _____

Describe Any Damage to Vehicle #1: _____

Number of other occupants to Vehicle #1: _____

Any Reported Injuries? YES NO If yes, describe: _____

Driver of Other Vehicle #2: _____

Driver's License Number and State: _____

Car Insurance Company and Policy Number: _____

Describe Vehicle: _____
(make, model, year, license plate number)

Describe Any Damage to Vehicle #2: _____

Number of other occupants to Vehicle #2: _____

Any Reported Injuries? YES NO If yes, describe: _____

Pedestrian (names and telephone numbers): _____

Any Reported Injuries? YES NO If yes, describe: _____

PRINT YOUR NAME: _____ DATE: _____ SIGN: _____