

COUNTY OF IMPERIAL
VEHICLE ACCIDENT/DAMAGE REPORT

IF YOU HAVE AN ACCIDENT

DO:

1. Call 911 immediately if damage or injuries are involved and request medical assistance and an officer to file a report on behalf of the County.
2. Notify your supervisor and Risk Management (760) 482-4488
3. Obtain the other driver's license number, insurance information from their Insurance Verification card and a description of the vehicle from their registration card.
4. **If safe** and if other party agrees take pictures of damaged portions of all vehicles.
5. Complete Accident Report Card and submit to your supervisor with a copy to Risk Management
6. Take County vehicle to County Fleet Services for inspection with a copy of the Accident Report Card.

DO NOT:

1. Admit any responsibility or make any statements about the accident to anyone other than:
 - o Police Officer
 - o Your Supervisor
 - o Risk Management Department

Remember that you are an employee of County of Imperial and need to act professionally at all times

County employee shall complete all applicable sections of this form. In case of driver injury, the supervisor shall complete this form. Submit this form to your **supervisor the same day but no later than the next business day** after the accident.

ACCIDENT

DAMAGE/NOT ACCIDENT RELATED

Date: _____ Time: _____ AM PM

Location: _____

YOUR VEHICLE:

Vehicle: _____
Year
Make
Body Style

License No. _____ Vehicle No. _____

Department: _____

Job Title: _____

Driver's License: _____

Description of Damage: _____

Passengers: _____

The following sections are to be completed only for accidents

OTHER VEHICLE:

Driver's Name: _____

Address: _____

Phone: _____ # Passenger _____

Driver's License No. _____ State: _____

Vehicle: _____
Year
Make
Body Style

Vehicle License Plate No. _____ State: _____

Insurance Co. _____

Policy No. _____

Damage: _____

WITNESSES:

1. Name: _____

Address: _____

Phone: _____

Witness Statement: _____

2. Name: _____

Address: _____

Phone: _____

Witness Statement: _____

LAW ENFORCEMENT:

Name: _____ Badge No. _____

Agency: _____ Report No. _____

Did you Receive a Ticket? _____

Did not respond to incident

INJURED PERSONS:

1. Name: _____

Address: _____

Phone: _____

Nature and Extent: _____

2. Name: _____

Address: _____

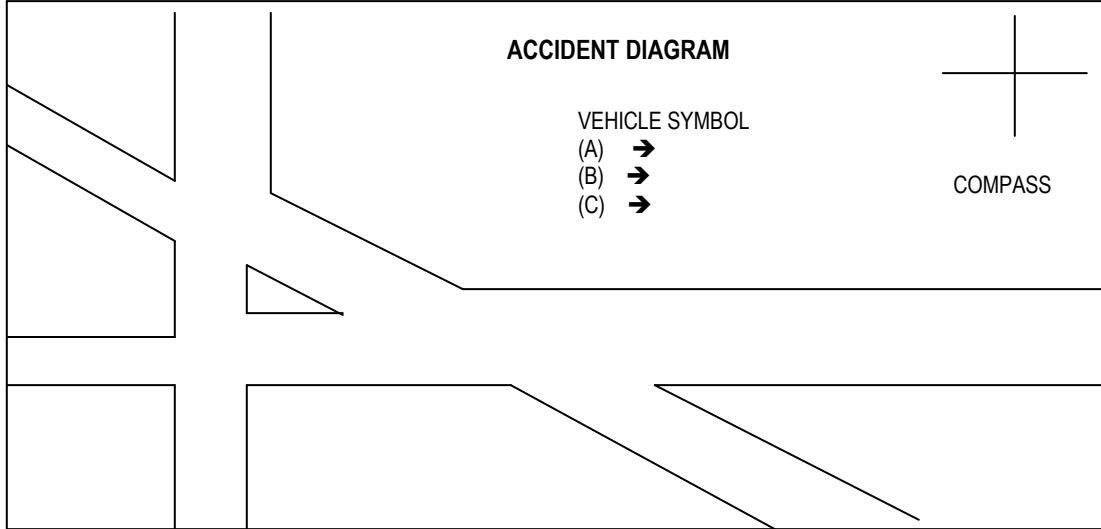
Phone: _____

Nature and Extent: _____

WAS AMBULANCE CALLED? Yes No

INSTRUCTIONS FOR FILLING OUT ACCIDENT DIAGRAM

- Indicate compass direction on diagram
- Name streets or roads and (if any) railroad tracks
- Indicate direction and position of each vehicle involved in the accident
- Use the letter (A) to designate County vehicle and (B), (C), etc., for other vehicle(s)



What was the purpose of the travel? _____

Road Type: Residential Business/Commercial Freeway/Highway Alley Parking Lot Rural Road

Describe what occurred: _____

Weather Conditions: Clear Overcast/Foggy Light Rain Medium Rain Heavy Rain Standing Water

Were seatbelts being worn? Yes No

Signatures

Employee: By signing this document you are confirming that the information provided is accurate and complete.

 Employee's/Driver's Signature Date

 Printed Name

Supervisor: By signing this document, you are confirming that you have reviewed the information on this form with the employee for thoroughness and accuracy.

 Supervisor's Signature Date

 Printed Name

Supervisor's Instructions: Prepare a Supervisor's Accident Report within one (1) working day following the date of the accident and submit to the Risk Management Department.

Risk Management Comments: Training Recommended Yes No