

INJURED PERSONS

1. Name: _____
Age: ____ Phone: _____
Address: _____

Extent of Injury: _____

2. Name: _____
Age: ____ Phone: _____
Address: _____

Extent of Injury: _____

3. Name: _____
Age: ____ Phone: _____
Address: _____

Extent of Injury: _____

DAMAGE TO PROPERTY

Owner: _____
Address: _____
Damage to Property: _____

Extent of Damage: _____

DRIVER'S REPORT OF ACCIDENT

THE ACCIDENT

Do not argue at the scene of the accident. Be courteous and show your license willingly.

COUNTY VEHICLE # _____
Dept. Assigned _____
Name of Driver _____
Vehicle License No. _____
Place of Accident _____
City _____ State _____
Direction of Travel _____
Speed _____ MPH

OTHER VEHICLE

Name of Driver _____
Address _____

Phone No. _____
Driver's License No. _____
Year/Make/Model _____
Vehicle License No. _____
Owner of Vehicle _____
Address _____

Insured By _____
Policy # _____
Direction of Travel _____
Speed _____ MPH



COUNTY OF VENTURA DRIVER'S REPORT OF ACCIDENT

ALL INJURIES AND PROPERTY DAMAGE MUST BE REPORTED TO RISK MANAGEMENT (805) 654-3126. Regardless of damage, all vehicle accidents must be reported or taken to County of Ventura GSA Fleet Services within 24 hours for an estimate of damage. An accident report must be filled out regardless of fault. Please submit the accident report to GSA Fleet Services, (L# 5030) and send a copy to CEO Risk Management (L#1970). All acts of vandalism to county vehicles should also be reported to Fleet Services (805) 672-2060.

PLEASE READ CAREFULLY:

What to Do in Case of an Accident

1. Take precautions necessary to protect the scene of the accident from further accidents.
2. If someone is injured, and/or fire is involved dial 9-1-1 for emergency assistance.
3. Be courteous. Answer police questions. Give identifying information to the other party involved, but make no comments about assuming responsibility.
4. While at the accident scene, complete this form. This information will be used to complete departmental/County accident & occurrence reports.
5. If employee is injured notify your Supervisor as soon as possible and follow the Workers' Compensation procedures.
6. If other party is injured contact Risk Management at (805) 654-3126.
7. Submit this report to General Services Agency – Fleet Services Administration and make arrangements for repair appraisal.
8. In case of damage or injury to the other party's property, submit an Occurrence Report and a copy of this document to Risk Management (#L1970).

Was a police report taken? Yes No

INDICATE LAW ENFORCEMENT AGENCY:

Name of Officer: _____

Badge No.: _____ Station: _____

Report No. (If Known) _____

DESCRIPTION OF ACCIDENT

Date: _____ Time: _____

Condition of Road: _____

Weather: _____

Light Condition: _____

Description: _____

DIAGRAM OF ACCIDENT

Sketch a diagram below showing exact relationship of roadway and vehicles at the time of the accident. (Indicate North) Show measurements if possible. (Identify your vehicle as #1, other vehicles as #2, #3, etc.)

Date: _____

Signed by: _____

WITNESSES

It is important to get as many as possible.

1. Name: _____

Address: _____

Phone: _____

2. Name: _____

Address: _____

Phone: _____

3. Name: _____

Address: _____

Phone: _____

4. Name: _____

Address: _____

Phone: _____

5. Name: _____

Address: _____

Phone: _____

6. Name: _____

Address: _____

Phone: _____