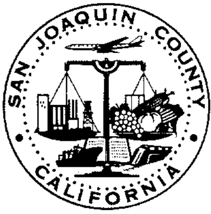

COUNTY OF SAN JOAQUIN

AUTOMOBILE ACCIDENT

Information Reported Herein is Considered Privileged and Confidential

Please Print-Fill Out Immediately	Send One Copy to Public Works-Fleet Services and One Copy to Risk Management	Must be Signed by Supervisor

County Driver

Name of County Driver **(Vehicle #1)**	Address	Employee ID No.	Age	Driver's License No.

Department	Division	Location Code No.	County Phone No.

Date of Accident	Time of Accident	Location of Accident (Intersection or Address)	Law Enforcement Notified? ☐ Yes ☐ No ☐ Sheriff ☐ City PD ☐ CHP	Law Enforcement Report No.

For What Purpose was Vehicle Being Used at Time of Accident or Loss?

County Vehicle No.	Vehicle License No.	County Vehicle Year	County Vehicle Make	County Vehicle Model

Describe Damage or Loss/if Theft, Specify Property:	Was County Vehicle Towed? ☐ Yes ☐ No

Were you Injured? If yes, Part of Body Affected. ☐ Yes ☐ No	Describe Your Injury

Other Driver

Name of Other Driver **(Vehicle #2)**	Driver's License No.	Phone Number	Age

Address	City	State	Zip Code

Registered Owner of Vehicle	Vehicle Insured by	Policy No.

Registered Owner Address	City	State	Zip Code

Other Vehicle License No.	Year	Make	Model	Was Vehicle Towed? ☐ Yes ☐ No

Describe Damage to Other Vehicle	Describe Other Driver's Injury ☐ None

Other Injuries

Injured Person's Name	Age	Phone Number

Address	City	State	Zip Code

Describe Injury ☐ Hospitalized ☐ Doctor	Passenger Vehicle ☐ #1 ☐ #2 ☐ #3	Pedestrian Hit By ☐ #1 ☐ #2 ☐ #3

Injured Person's Name	Age	Phone Number

Address	City	State	Zip Code

Describe Injury ☐ Hospitalized ☐ Doctor	Passenger Vehicle ☐ #1 ☐ #2 ☐ #3	Pedestrian Hit By ☐ #1 ☐ #2 ☐ #3

Were Any Injured Persons Transported by Ambulance? ☐ Yes ☐ No

Witness

Witness Name	Phone Number

Address	City	State	Zip Code

Witness Name	Phone Number

Address	City	State	Zip Code

IF YOU WERE DRIVING A PRIVATE VEHICLE ON COUNTY BUSINESS, ANSWER THESE ADDITIONAL QUESTIONS:

Are You Authorized to Drive a Private Car on County Business? ☐ Yes ☐ No

Do You Have Proof of Personal Insurance on File with the County? ☐ Yes ☐ No

Where May Vehicle be Seen (Shop or Address)?		City
Registered Owner of Vehicle (If Other Than Employee)	Phone Number	
Address	City	Zip Code
Vehicle Insured By		Policy Number

Conditions:
A Dry
B Wet
C Snow/Icy
D Slippery (Muddy, Oil, Etc.)
Weather:
A Clear
B Cloudy
C Raining
D Snowing
E Fog
F Other
ROAD SURFACE:
LIGHTING:

1. USE THE SYMBOLS BELOW TO COMPLETE THE DIAGRAM
2. GIVE STREET NAME, DIRECTIONS AND LOCATION OF OBJECTS INVOLVED
3. SKETCH IN ANY OTHER SIGNIFICANT OBJECTS OR LANDMARKS
4. PUT NORTH ARROW ON DIAGRAM
5. NUMBER EACH VEHICLE (MAKE YOURS #1) AND SHOW DIRECTION OF TRAVEL BY ARROW

Symbol	Meaning
S	**STOP SIGN**
0 0 0	**SIGNAL**
###	**RAILROAD**
X	**POINT OF IMPACT**
P	**PEDESTRIAN**

Please show on diagram how accident happened. Give street names.

Indicates points of compass N.E.S.W.

DESCRIPTION OF ACCIDENT

Please Write Legibly. Explain in Your Own Words What Happened. Use Extra Pages if Necessary

I certify that the information in this report is to the best of my knowledge true and correct:

Date Employee Signature

Supervisor's Name (Please Print) Supervisor's Signature