

AUTOMOBILE ACCIDENT REPORT

Date of Report: _____ To: **OFFICE OF THE COUNTY COUNSEL**

From: Name: _____ Dept: _____

IMPORTANT NOTICE

This form is intended for the exclusive use of the Office of the County Counsel in defending the County and its employees from litigation. It is protected by the Attorney-Client privilege.

GENERAL INFORMATION

Employee's Name: _____

Department: _____ Division: _____

Work Telephone Number: _____ Home Phone: _____

Date of Accident: _____ Time: _____ am or pm

Location: _____

Where were you coming from: _____

Where were you going to: _____

What was the purpose of your trip: _____

COUNTY VEHICLE

Year: _____ Make: _____ Model: _____

License Plate No: _____

Is vehicle still in use: _____ Yes _____ No

If not, where is the vehicle now: _____

OTHER VEHICLE

(For more than 1 put additional information on a separate sheet)
(Not necessary if accident report is attached)

Driver: _____ Owner: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Year: _____ Make: _____ Model: _____

License Plate No: _____

Is vehicle still in use: _____ Yes _____ No

Insurance Company: _____

ACCIDENT

Description of accident: _____

Reported to and Investigated by: _____ California Highway Patrol _____ Sonora Police Department _____ TC Sheriff's Dept.

Other law enforcement authority: _____

Address: _____

Was anyone cited? _____ Yes _____ No

If yes, who: _____ For what: _____

Weather Conditions: _____

Road Conditions: _____

INJURIES

Was anyone injured? _____ Yes _____ No

If yes, who: _____

DWC-1 form completed? (Employee Injury) _____ Yes _____ No

Describe the injuries: _____

Comments and actions of injured person(s): _____

WITNESSES OR PASSENGERS

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF YOU ARE INVOLVED IN AN ACCIDENT, DO THE FOLLOWING:

1. Never admit to fault.
2. Always contact the police to report the accident, even if it is minor and there are no apparent injuries.
3. Take notes, such as what the driver says, does, looks like, any admissions he/she makes, etc. Put them on a separate sheet and attach to this report.
4. Notify your supervisor immediately.
5. Always complete this report and immediately return it to the Human Resources & Risk Management Department and the Office of the County Counsel. This form shall be completed even if there appears to be no damage or injuries.
6. The Office of the County Counsel will obtain a copy of the police report.
7. Send all documents to the Human Resources & Risk Management Department and the Office of the County Counsel.