COUNTY OF HUMBOLDT
VEHICLE ACCIDENT REPORT

Complete and Return to:
Risk Management Division, 825 5th Street, Room 131, Eureka, CA 95501
Telephone: (707) 268-3669 Fax: (707) 268-2546
E-mail: riskmanagement@co.humboldt.ca.us
(Must be completed within 24 hours or as soon as possible)

Please Type or Print

VEHICLE ACCIDENT INFORMATION

DATE:_____________________

TYPE OF VEHICLE: [ ] COUNTY [ ] PERSONAL
MAKE:____________________ LICENSE PLATE NO:____________________ COUNTY VEHICLE NO:____________________
DATE OF ACCIDENT:____________ TIME OF ACCIDENT:____________ LOCATION:____________________
WEATHER CONDITION:______________________________________________________________
DEPARTMENT/DIVISION:_____________________________TELEPHONE NO:_____________________BUDGET UNIT NO:_________________________
NAME, ADDRESS, AND TELEPHONE NO. OF DRIVER:_________________________________________________________________________________
AUTHORIZED TO DRIVE COUNTY VEHICLE? [ ] YES [ ] NO  AUTHORIZED TO DRIVE PERSONAL VEHICLE? [ ] YES [ ] NO
DESCRIBE HOW THE ACCIDENT OCCURRED:________________________________________________________________________________________
_______________________________________________________________________________________________________________________________
AREA OF VEHICLE DAMAGED:_____________________________________________________________________________________________________

LAW ENFORCEMENT OR POLICE AGENCY CONTACTED/REPORT NO./NAME OF POLICE OFFICER:___________________________________________
________________________________________________________________________________________________________________________________
PARTY AT FAULT PER POLICE REPORT (PLEASE ATTACH A COPY, IF AVAILABLE):_________________________________________________________
________________________________________________________________________________________________________________________________
NAME AND ADDRESS OF PASSENGER(S), IF ANY:_____________________________________________________________________________________
________________________________________________________________________________________________________________________________
OTHER VEHICLE

NAME OF
DRIVER/OWNER:________________________________________ TELEPHONE:____________________
ADDRESS:_______________________________________________________________________________________________________________________
TYPE OF VEHICLE (MAKE):_____________________________________ YEAR:____________ LICENSEPLATE/STATE:______________________________
NAME OF INSURANCE COMPANY:________________________________________________________________________________________________
POLICY NO.:_____________________________________________________________________________________________________________________
AREA OF AREA OF VEHICLE DAMAGED:______________________________________________

INJURY

WAS ANYONE INJURED? [ ] YES [ ] NO  IF YES, INDICATE NAME, ADDRESS, AND TELEPHONE NO. OF INJURED PERSON(S):
________________________________________________________________________________________________________________________________
BRIEFLY EXPLAIN INJURY:_________________________________________________________________________________________________________

WITNESS

NAME, ADDRESS, AND TELEPHONE NO. OF WITNESS (IF ANY):__________________________________________________________________________
_________________________________________________________________________________________________________________________________
COUNTRY DRIVER’S SIGNATURE________________________________________ DATE:____________________
SUPERVISOR’S SIGNATURE________________________________________ DATE:____________________

FOR SUPERVISOR AND/OR RISK MANAGEMENT DIVISION USE

REVIEWED/INVESTIGATED BY:________________________________________ DATE:
TYPE OF LOSS:_____________________________________________________________________________________________________________________
ACTION(S) TAKEN OR RECOMMENDED:____________________________________________________________________________________________
SUBROGATION RECOMMENDED [ ] YES [ ] NO  FOLLOW-UP FILE DATE:____________________ INITIAL____________________________

Distribution:  Original--Risk Management Division          Copy--Department Head/Safety Committee          Copy--County Garage

04/01/2009

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