



**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): _____

COUNTY 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