

County of Riverside Confidential Vehicle Accidents/Incidents Report

County of Riverside • Safety Loss Control Division

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Please use this form to - report all vehicle accidents/incidents only!

DO NOT Use this form to - report employee (on-the-job) injuries. Use Safety Form 674

This Form Should be Provided to the Safety Loss Control Division and to your Department Safety Representative within 48 hours of any Accidents.

SECTION I - COUNTY VEHICLE (OR PERSONAL VEHICLE-COUNTY TIME) DATA

1. DRIVER'S NAME (Last, first, middle)		2. EMPLOYEE ID NUMBER		3. DRIVER'S LICENSE NO./STATE/LIMITATIONS		4. DATE OF ACCIDENT	
5a. DEPARTMENT/AGENCY/DISTRICT		5b. DIVISION/PROGRAM		5c. OFFICE ADDRESS			5d. WORK TELEPHONE NUMBER
6. COUNTY VEHICLE NUMBER -		6b Non Code (Law Enforcement/Fire Only)		7. YEAR OF VEHICLE	8. MAKE	9. MODEL	10. SEAT BELTS USED <input type="checkbox"/> YES <input type="checkbox"/> NO
11. DESCRIBE VEHICLE DAMAGE							

SECTION II - OTHER VEHICLE DATA

12. DRIVER'S NAME (Last, first, middle)			13. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS			
14a. DRIVER'S WORK ADDRESS				14b. WORK TELEPHONE NUMBER		
15a. DRIVER'S HOME ADDRESS				15b. MOBILE TELEPHONE NUMBER		
16. DESCRIBE VEHICLE DAMAGE						
17. YEAR OF VEHICLE		18. MAKE OF VEHICLE		19. MODEL OF VEHICLE		20. LICENSE PLATE NUMBER AND STATE
21a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS				21b. POLICY NUMBER		
				21c. TELEPHONE NUMBER		
22a. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED		22b. OWNER'S NAME - IF DIFFERENT FROM DRIVER(S) (Last, first, middle)			22c. TELEPHONE NUMBER	
23. OWNER'S ADDRESS						

SECTION III - INJURIES (if applicable)

A	24. NAME (Last, first, middle)			25. SEX	26. DATE OF BIRTH
	27. ADDRESS				
	28. MARK "X" IN THE APPROPRIATE BOXES <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		29. PART OF BODY INJURED	30. TYPE/EXTENT OF INJURY	31. FIRST AID GIVEN BY
	32. TRANSPORTED BY		33. TRANSPORTED TO		
B	34. NAME (Last, first, middle)			35. SEX	36. DATE OF BIRTH
	37. ADDRESS				
	38. MARK "X" IN THE APPROPRIATE BOXES <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		39. PART OF BODY INJURED	40. TYPE/EXTENT OF INJURY	41. FIRST AID GIVEN BY
	42. TRANSPORTED BY		43. TRANSPORTED TO		
44. Pedestrian	a. NAME OF STREET OR HIGHWAY		b. DIRECTION OF PEDESTRIAN (SW corner to NE corner, etc.) FROM _____ TO _____		
	c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, diagonally; in roadway playing, walking, hitchhiking, etc.)				

SECTION IV - ACCIDENT TIME AND LOCATION

45. DATE OF ACCIDENT		46. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (industrial, business, residential, open country, etc.); Road description).	
47. TIME OF ACCIDENT			
	AM		
	PM		

48. INDICATE AREA(S) OF IMPACT (ALSO FOR PERSONAL VEHICLE-COUNTY TIME USE - SEE SECTION 1)

COUNTY VEHICLE	DRIVERS SIDE	TOP VIEW	PASSENGER SIDE
OTHER VEHICLE			
	49. DESCRIBE WHAT HAPPENED (Refer to vehicles as "1", "2", "3", etc. Please include information on posted speed limit, approximate speed of the vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.) condition of light (daylight, dusk, night, dawn, artificial light, etc.) and driver actions (making U-turn, passing, stopped in traffic, etc.). TO BE COMPLETED BY DRIVER		

SECTION V - WITNESS/PASSENGER (if applicable)

A.	50a. NAME (Last, first, middle)	50b. WORK TELEPHONE NUMBER	50c. MOBILE TELEPHONE NUMBER
B.	51a. NAME (Last, first, middle)	51b. WORK TELEPHONE NUMBER	51c. MOBILE TELEPHONE NUMBER

SECTION VI - PROPERTY DAMAGE (if applicable)

52a. NAME OF OWNER	52b. WORK TELEPHONE NUMBER	52c. MOBILE TELEPHONE NUMBER
53a. PROPERTY/ITEM DAMAGED	53b. ADDRESS OF DAMAGED PROPERTY/ITEM	
54a. NAME OF INSURANCE COMPANY	54b. TELEPHONE NUMBER	54c. POLICY NUMBER

SECTION VII - POLICE INFORMATION (if applicable)

55a. NAME OF POLICE OFFICER	55b. BADGE NUMBER	55c. TELEPHONE NUMBER
56. PRECINCT OR HEADQUARTERS		57. POLICE REPORT NUMBER

SECTION VIII - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

58. ORIGIN			59. DESTINATION		
60. EXACT PURPOSE OF TRIP					
61. TRIP BEGAN	DATE	TIME	62. ACCIDENT OCCURRED	DATE	TIME (Circle one)
		a.m. p.m.			a.m. p.m.
63. WAS AUTHORITY FOR THE TRIP GIVEN TO THE OPERATOR? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)			64. WAS THERE ANY DEVIATION FROM DIRECT ROUTE? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)		
65. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)			66. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)		
67. To Be Completed By Supervisor a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)					
68a. NAME AND TITLE OF EMPLOYEE/DRIVER		68b. EMPLOYEE SIGNATURE		DATE	68c. TELEPHONE NUMBER
69a. NAME AND TITLE OF SUPERVISOR		69b. SUPERVISOR SIGNATURE		DATE	69c. TELEPHONE NUMBER
70a. NAME AND TITLE OF SAFETY LOSS CONTROL REPRESENTATIVE		70b. SAFETY LOSS CONTROL REPRESENTATIVE SIGNATURE		DATE	70c. TELEPHONE NUMBER
71a. DEPUTY DIRECTOR/DEPT HEAD (IF REQUIRED)		71b. DEPUTY DIRECTOR/DEPT HEAD SIGNATURE		DATE	71c. TELEPHONE NUMBER