

County of Riverside Confidential Vehicle Accidents/Incidents Report

County of Riverside • Safety Division
 3403 10TH Street, Suite 501 • Riverside , CA 92501 • Mail Stop 2170
 Phone 951.955.3520 • Fax 951.955.9200

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

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

This Form Should be Provided to the Safety Division and to your Department Safety Representative Within 48 Hour of any Accidents.

SECTION I - COUNTY VEHICLE 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 | |
| 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

| | | | | | |
|----------------|--|--|--------------------------|--|------------------------|
| 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 | | | | |
| COUNTY VEHICLE | DRIVERS SIDE | | TOP VIEW | PASSENGER SIDE |
| | Front Side Panel | Drivers Door | Rear Door | Rear Panel |
| OTHER VEHICLE | DRIVERS SIDE | | TOP VIEW | PASSENGER SIDE |
| | Front Side Panel | Drivers Door | Rear Door | Rear Panel |
| 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.). | | | | |

SECTION V - WITNESS/PASSENGER

| | | | |
|----|---------------------------------|----------------------------|------------------------------|
| 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

| | | |
|--------------------------------|---------------------------------------|------------------------------|
| 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

| | | |
|------------------------------|-------------------|--------------------------|
| 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 |
| | | a.m. p.m. | DATE |
| | | | TIME (Circle one) |
| | | | a.m. p.m. |
| 63. WAS AUTHORITY FOR THE TRIP GIVEN TO THE OPERATOR ORALLY? <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) | |
| To Be Completed By Supervisor | 67. 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 | 68c. TELEPHONE NUMBER |
| | 69a. NAME AND TITLE OF SUPERVISOR | 69b. SUPERVISOR SIGNATURE | 69c. TELEPHONE NUMBER |
| | 70a. NAME AND TITLE OF SAFETY REPRESENTATIVE | 70b. SAFETY REPRESENTATIVE SIGNATURE | 70c. TELEPHONE NUMBER |
| | 71a. DEPUTY DIRECTOR/DEPT HEAD (IF REQUIRED) | 71b. DEPUTY DIRECTOR/DEPT HEAD SIGNATURE | 71c. TELEPHONE NUMBER |