

SECTION I

VEHICLE ACCIDENT REPORT

DATE OF OCCURRENCE AND TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	PREVIOUSLY REPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO
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Department _____

Contact:

☐ The Following:

NAME AND ADDRESS		
BUSINESS PHONE (NO. AND TIME)	WHERE TO CONTACT	WHEN TO CONTACT

LOSS

LOCATION OF OCCURRENCE (Include City & State)	AUTHORITY CONTACTED:	VIOLATIONS/CITATIONS
DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary)		

INSURED/COUNTY-OWNED VEHICLE

YEAR	MAKE:	BODY TYPE:	PLATE NUMBER	STATE
	MODEL:	VIN:		
DRIVER'S NAME & ADDRESS <input type="checkbox"/>			RESIDENCE PHONE (A/c, No.):	
			BUSINESS PHONE (A/c, No., Ext):	
RELATION TO INSURED (Employee)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE	PURPOSE OF USE
				USED WITH PERMISSION <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN VEHICLE BE SEEN?	WHEN CAN VEHICLE BE SEEN?	

PROPERTY DAMAGED

DESCRIBE PROPERTY (If auto, year, make, model, plate*)	OTHER VEH/PROP INS: <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPANY OR AGENCY NAME: POLICY#
OWNER'S NAME & ADDRESS	RESIDENCE PHONE (A/C No.):	
	BUSINESS PHONE (A/C/ No., Ext):	
OTHER DRIVER'S NAME & ADDRESS <input type="checkbox"/> (Check if same as owner)	RESIDENCE PHONE (A/C No.):	
	BUSINESS PHONE (A/C No., Ext):	
DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN DAMAGE BE SEEN?

INJURED

NAME & ADDRESS	PHONE (A/C, No.)	PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY

WITNESSES OR PASSENGERS

NAME & ADDRESS	PHONE (A/C, No.)	INS VEH	OTH VEH

REMARKS
SIGNATURE

VEHICLE ACCIDENT REPORTING PROCEDURES

- 1) Following any accident that occurs while driving a county-owned vehicle, drivers are required to notify local police and request that they respond to the scene.
- 2) Drivers involved in motor vehicle accidents are required to submit to an immediate post-accident drug screen.
- 3) If a driver alleges an injury and is unable to call, his immediate supervisor will be responsible for making the call and completing accident reports.
 - a) Any injuries sustained as the result of a motor vehicle accident must be submitted to Risk Management on the appropriate On-the-Job Injury forms.
- 4) An individual of supervisory capacity must phone Risk Management at (931) 245-3370.
 - a) Identify yourself as an employee of Montgomery County Government. Explain that you are calling to report an alleged personal injury from an automobile claim.
 - b) Supervisors must submit the Montgomery County Vehicle Accident form and an On-the-Job Injury packet, if applicable, to Risk Management. A copy of Police Report and witness statements, along with three estimates for repairs, must be forwarded to Risk Management once received.
- 5) The Risk Management Department must be informed of **serious** personal injury accidents **immediately** and all other personal injury accidents within 24 hours.

Montgomery County Government
350 Pageant Lane, Suite 301-C
Clarksville, TN 37040
Phone: 931-245-3370

ACCIDENT/INCIDENT REPORT

WITNESS STATEMENT

Witness Name: _____ Date: _____

Department: _____

Home Address: _____

Phone Number: _____

Date of Accident: _____

Witness Statement as to how the accident occurred including precisely what he/she observed and did:

Witness Signature _____