

**SECTION I**

**VEHICLE ACCIDENT REPORT**

|                             |                             |   |
|-----------------------------|-----------------------------|---|
| DATE OF OCCURRENCE AND TIME | <input type="checkbox"/> AM | PREVIOUSLY REPORTED<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|                             | <input type="checkbox"/> PM |   |

Department \_\_\_\_\_

Contact:

The Following:

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

**LOSS**

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

**INSURED/COUNTY-OWNED VEHICLE**

|                                   |                 |                                 |                           |  |
|-----------------------------------|-----------------|---------------------------------|---------------------------|--|
| YEAR                              | MAKE:           | BODY TYPE:                      | PLATE NUMBER              | STATE  |
|                                   | MODEL:          | VIN:                            |                           |  |
| DRIVER'S NAME & ADDRESS           |                 | RESIDENCE PHONE (A/c, No.):     |                           |  |
|                                   |                 | BUSINESS PHONE (A/C, No., Ext): |                           |  |
| RELATION TO INSURED<br>(Employee) | DATE OF BIRTH   | DRIVER'S LICENSE NUMBER         | STATE                     | PURPOSE OF USE   |
|                                   |                 |                                 |                           | USED WITH PERMISSION<br><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<br>(If auto, year, make, model, plate*)                          | OTHER VEH/PROP INS:<br><input type="checkbox"/> YES <input type="checkbox"/> NO | COMPANY OR AGENCY NAME:<br>POLICY# |
| OWNER'S NAME & ADDRESS   | RESIDENCE PHONE (A/C No.):  |                                    |
|  | BUSINESS PHONE (A/C/ No., Ext):   |                                    |
| OTHER DRIVER'S NAME & ADDRESS<br><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

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|  |
|  |

SIGNATURE

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## 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) 241-3370.
  - 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.

