VEHICLE ACCIDENT REPORT

This report is to be used by all departments to make an immediate report of all motor vehicle accidents involving county employees, vehicles or equipment. This report is NOT a substitute for the Georgia Uniform Motor Vehicle Report completed by law enforcement. This report is NOT a substitute for reporting any injury sustained in the accident.

Location of Accident: _____

Date of Accident: _____ Time of Accident: _____

County Vehicle Info:

Driver Name:

Fleet Unit#: _____

VIN#: _____

Year:_____Make/Model: _____

Driver's Department: _____

Driver Contact Number: _____

Driver's License Number: _____

Other Vehicle Info (use as many sheets as necessary):

Driver: _____

Insurance Co.:_____

Policy#: _____

VIN#: _____

Year:_____Make/Model: _____

Driver Address: _____

Driver Contact Number: _____

EMPLOYEE STATEMENT OF ACCIDENT: Be as specific as possible; take photos of all damage including non-County vehicle(s)

_____

_____

_____

_____

_____

_____

_____

Did Police investigate? ☐ Yes ☐ No Reporting Officer: _____

Reporting Agency:_____ Report Number:_____

Injuries (if yes, complete County Accident Injury Report)? ☐ Yes ☐ No

Witness(es): _____