

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: _____

<p>County Vehicle Info:</p> <p>Driver Name: _____</p> <p>Fleet Unit#: _____</p> <p>VIN#: _____</p> <p>Year: _____ Make/Model: _____</p> <p>Driver's Department: _____</p> <p>Driver Contact Number: _____</p> <p>Driver's License Number: _____</p>	<p>Other Vehicle Info (use as many sheets as necessary):</p> <p>Driver: _____</p> <p>Insurance Co.: _____</p> <p>Policy#: _____</p> <p>VIN#: _____</p> <p>Year: _____ Make/Model: _____</p> <p>Driver Address: _____</p> <p>Driver Contact Number: _____</p>
--	--

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): _____