

**INJURED PERSONS**

- 1. Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Extent of Injury: \_\_\_\_\_  
 \_\_\_\_\_
- 2. Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Extent of Injury: \_\_\_\_\_  
 \_\_\_\_\_
- 3. Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Extent of Injury: \_\_\_\_\_  
 \_\_\_\_\_

**DAMAGE TO PROPERTY**

Owner: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Damage to Property: \_\_\_\_\_  
 \_\_\_\_\_  
 Extent of Damage: \_\_\_\_\_  
 \_\_\_\_\_

**DRIVER'S REPORT OF ACCIDENT  
THE ACCIDENT**

**COUNTY VEHICLE #** \_\_\_\_\_  
 Dept. Assigned \_\_\_\_\_  
 Name of Driver \_\_\_\_\_  
 Vehicle License No. \_\_\_\_\_  
 Place of Accident \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Direction of Travel \_\_\_\_\_  
 Speed \_\_\_\_\_ MPH

**OTHER VEHICLE—COMPLETE IN FULL**  
 Name of Driver \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone No. \_\_\_\_\_  
 Driver's License No. \_\_\_\_\_  
 Year/Make/Model \_\_\_\_\_  
 Vehicle License No. \_\_\_\_\_  
 Owner of Vehicle \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Insurance Co. \_\_\_\_\_  
 Policy # \_\_\_\_\_  
 Direction of Travel \_\_\_\_\_  
 Speed \_\_\_\_\_ MPH

***OBTAIN ALL INFORMATION***

**COUNTY OF VENTURA  
DRIVER'S REPORT OF ACCIDENT**



**IMMEDIATELY AND REGARDLESS OF DAMAGE, BRING VEHICLE TO FLEET SERVICES  
FOR SAFETY INSPECTION WITH THIS COMPLETED "DRIVER'S REPORT OF ACCIDENT".**

An accident report must be filled out regardless of fault. Please submit the accident report to GSA Fleet Services (L#5030), and send a copy to the CEO Risk Management to Risk.Management@Ventura.org. (L#1970). All acts of vandalism to county vehicles should also be reported to Fleet Services immediately at (805) 672-2060.

**PLEASE READ CAREFULLY**

*What to do in case of an accident.*

1. Take precautions necessary to protect the scene of the accident from further accidents, and call law enforcement. Inform them you are in a county vehicle and need a report.
2. Be courteous. Answer police questions. Give identifying information to the other party involved. Make no comments about assuming responsibility.
3. If safe to do so, take photos of both vehicles including full view, license plate, and scene. Obtain **all** the other driver(s) information including Driver's License, and Insurance information. (Insurance Company and Policy Number).
4. Immediately and regardless of damage, the vehicle must be brought to Fleet Services, Saticoy Location, for inspection with this completed "Driver's Report of Accident". An accident report must be completed regardless of fault. In addition to taking the form to GSA Fleet Services with the vehicle, send a copy to Risk Management at Risk.Management@Ventura.org or Loc #1970.
5. If towing is needed call GSA Fleet Services office at (805) 672-2060, Monday through Friday from 6:30 a.m. to 5:00 p.m. For emergency towing after hours, call (805) 672-2060 and follow the prompts.
6. Notify your Supervisor as soon as possible.

Was a police report taken?  Yes  No

INDICATE LAW ENFORCEMENT AGENCY:

\_\_\_\_\_

Name of Officer: \_\_\_\_\_

Report No. (if known) \_\_\_\_\_

**DESCRIPTION OF ACCIDENT**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Condition of Road: \_\_\_\_\_

Weather: \_\_\_\_\_

Light Condition: \_\_\_\_\_

Description: \_\_\_\_\_

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**DIAGRAM OF ACCIDENT**

*Sketch a diagram below showing exact relationship of roadway and vehicles at the time of the accident. (Indicate North) Show measurements if possible. (Identify your vehicle as #1, other vehicles as #2, #3, etc.)*

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Employee No.: \_\_\_\_\_

**WITNESSES**

*It is important to get as many as possible.*

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_