

# VEHICLE ACCIDENT REPORT

**\*\*CONFIDENTIAL INFORMATION\*\***

**DO NOT RELEASE TO OTHER PARTIES WITHOUT CONSENT OF RISK MANAGEMENT.**

*Risk Management must receive this report within 24 hours after an accident involving employee.*

EMPLOYEE DRIVER

NAME			EMPLOYING DEPARTMENT		
DRIVER'S LICENSE NUMBER	DATE OF BIRTH	PHONE	JOB TITLE		
STATE / DRIVER'S EMAIL			OFFICE ADDRESS (Street, City, State, Zip Code)		
WAS VEHICLE BEING USED ON OFFICIAL SDSURF BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If NO, attach explanation)			SUPERVISOR NAME		
DATE LAST DEFENSIVE DRIVER TRAINING COMPLETED: <div>NOT TAKEN <input type="checkbox"/></div>			SUPERVISOR EMAIL		SUPERVISOR PHONE

VEHICLE

VEHICLE LICENSE NUMBER	VEHICLE YEAR	MAKE	MODEL	VEHICLE EQUIPMENT NUMBER	
VEHICLE OWNER: Indicate Dept. SDSURF-Owned, Rental, or Employee-Owned*				* If privately Employee-Owned, Enter Owner's Name	
DESCRIBE DAMAGES TO VEHICLE					

ACCIDENT DETAILS

ACCIDENT LOCATION (Address/Area)			ACCIDENT DATE	ACCIDENT TIME	HOW FAST WERE YOU DRIVING?	EST. SPEED OF OTHER VEHICLE
			ROAD CONDITIONS		POLICE REPORT MADE? YES: <input type="checkbox"/> NO: <input type="checkbox"/>	
CITY	STATE	ZIP CODE	WEATHER CONDITIONS		INVESTIGATING AGENCY NAME AND ADDRESS	
COUNTY			TRAFFIC CONDITIONS			

ACCIDENT DETAILS - DESCRIPTION

FULLY STATE HOW THE ACCIDENT OCCURRED (Additional sheets may be attached if necessary)

## OTHER VEHICLE

DRIVER'S NAME			VEHICLE LICENSE NO.	VEHICLE YEAR	MAKE	MODEL
DRIVER'S LICENSE NUMBER	DATE OF BIRTH	PHONE	REGISTERED OWNER		OWNER PHONE	NO. OF PASSENGERS
DRIVER'S ADDRESS			OWNER ADDRESS <i>(Street, City, State, Zip Code)</i>			
CITY	STATE	ZIP	NAME AND POLICY NUMBER OTHER PARTY'S INSURANCE			
BRIEFLY DESCRIBE DAMAGE TO OTHER VEHICLE/PROPERTY						

## INJURED

NAME	DATE OF BIRTH	ADDRESS <i>(Street, City, State, Zip Code)</i>
NAME	DATE OF BIRTH	ADDRESS <i>(Street, City, State, Zip Code)</i>

## WITNESS

NAME	PHONE	ADDRESS <i>(Street, City, State, Zip Code)</i>
NAME	PHONE	ADDRESS <i>(Street, City, State, Zip Code)</i>

## ADDITIONAL VEHICLE

DRIVER'S NAME			VEHICLE LICENSE NO.	VEHICLE YEAR	MAKE	MODEL
DRIVER'S LICENSE NUMBER	DATE OF BIRTH	PHONE	REGISTERED OWNER		OWNER PHONE	
DRIVER'S ADDRESS <i>(Street, City, State, Zip Code)</i>			OWNER ADDRESS <i>(Street, City, State, Zip Code)</i>			
NAME AND POLICY NUMBER OTHER PARTY'S INSURANCE						

DESCRIBE DAMAGE TO OTHER VEHICLE/PROPERTY