

COUNTY OF SONOMA VEHICLE ACCIDENT/INCIDENT FORM

Fleet Use Only Date Received _____ Report # _____

DATE & TIME ACCIDENT/INCIDENT	LOCATION OF ACCIDENT/INCIDENT	CITY	TIME POLICE NOTIFIED	CITY <input type="checkbox"/>
				CHP <input type="checkbox"/>
WEATHER CONDITION CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAINING <input type="checkbox"/> FOG <input type="checkbox"/> OTHER: _____			ROAD CONDITION DRY <input type="checkbox"/> WET <input type="checkbox"/> OTHER: _____	

COUNTY EMPLOYEE	NAME OF EMPLOYEE			WORK PHONE NUMBER
	DRIVERS LICENSE NUMBER	EXP. DATE	DEPARTMENT NUMBER	DEPARTMENT NAME

COUNTY VEHICLE	COUNTY VEHICLE NUMBER	VEHICLE LICENSE NUMBER	WERE SEAT BELTS WORN? YES <input type="checkbox"/> NO <input type="checkbox"/>
	DAMAGE TO COUNTY VEHICLE		

PERSONAL VEHICLE	REGISTERED OWNER		ADDRESS		PHONE	
	VEHICLE YEAR	MAKE	MODEL	LICENSE NUMBER	INSURED BY	POLICY NUMBER
	DAMAGE TO VEHICLE					

OTHER DRIVER/VEHICLE	NAME		ADDRESS		PHONE	DRIVERS LICENSE NUMBER
	VEHICLE YEAR	MAKE	MODEL	LICENSE NUMBER	INSURED BY	POLICY NUMBER
	DAMAGE TO VEHICLE					
	DESCRIBE PROPERTY DAMAGED IF OTHER THAN AUTOMOBILE					

Was a County Employee injured as a result of this accident/incident? YES NO

INJURED PERSONS	1	NAME	DEPARTMENT OR ADDRESS	PHONE NUMBER	INJURIES
	2	NAME	DEPARTMENT OR ADDRESS	PHONE NUMBER	INJURIES
	3	NAME	DEPARTMENT OR ADDRESS	PHONE NUMBER	INJURIES

DESCRIPTION OF ACCIDENT/INCIDENT
<i>Continue on Back Page</i>

PLEASE COMPLETE BACK PAGE


ADDITIONAL WITNESSES AND INJURIES.....

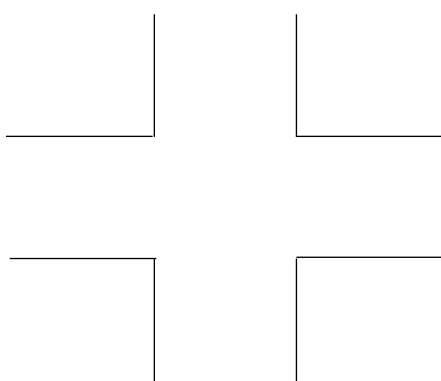
WITNESS	1	NAME	ADDRESS	PHONE NUMBER
	2	NAME	ADDRESS	PHONE NUMBER

INJURED PERSONS	4	NAME	DEPARTMENT OR ADDRESS	PHONE NUMBER	INJURIES
	5	NAME	DEPARTMENT OR ADDRESS	PHONE NUMBER	INJURIES
	6	NAME	DEPARTMENT OR ADDRESS	PHONE NUMBER	INJURIES

DESCRIPTION OF ACCIDENT/INCIDENT - *CONTINUED*

DIAGRAM OF ACCIDENT/INCIDENT
 Show names of streets and directions in which vehicles were going





I certify that the information in this report is to the best of my knowledge, true and correct.	
Signature of Driver	Date