

County of San Bernardino
INCIDENT REPORT

(See page 2 for instruction) PLEASE TYPE

Auto Other Accident

Form with sections: R.M.D., COUNTY EMPLOYEE, COUNTY VEHICLE, SUPERVISOR'S DESCRIPTION OF INCIDENT, OTHER PARTY, INJURIES, WITNESSES, SUPERVISOR'S REVIEW. Includes fields for driver info, vehicle details, incident description, and witness statements.

Supervisor's Name - Typed/Printed

Department Head's Name - Typed/Printed

Supervisor's Signature Phone

Department Head's Signature(if applicable)

Asst. County Administrative Officer

Information received from our employee on this form is confidential and is to be used only for accident analysis.

Liability Representative's Name

Liability Representative's Signature

Date received in RMD

**Instructions for Completion of  
COUNTY OF SAN BERNARDINO INCIDENT REPORT  
for County Vehicle Accidents and General Liability Property Damage**

1. Full name of County driver or reporting employee
2. County employee's home address
3. County employee's home phone
4. County employee's department
5. County Department/District Department and Coding
6. Address of employee's department
- 6A. Complete
7. Complete
8. Complete
9. Complete
10. Indicate if you have had other accidents
11. Complete
12. Employee's driver's license number
13. Complete
  
- (14-23. Complete only if incident involves a County vehicle)
14. Indicate 5 digit County vehicle number.
15. Give license plate number of vehicle
16. Complete
17. Complete
18. Complete
19. Complete
20. Complete
21. Complete
22. Acquire estimates of damage from Motor Pool
23. Complete
24. IMPORTANT! Give exact date of incident
25. Complete
26. Complete
27. Complete
28. Indicate location of enforcement agency taking report.  
NOTE: All accidents must be reported to Law Enforcement with jurisdiction.
  
29. Give exact location
- 29A. Nearest cross street to accident
30. Complete
31. Complete
32. Indicate full name of other party if applicable
33. Complete
34. Complete
35. Complete
36. If owner is other than No. 32, indicate full name
37. Complete
38. Complete
39. Describe property fully.
40. Is property insured?
41. Complete
42. Describe type of damage if any.
43. Give your opinion of cost to repair damage.
44. Complete
45. Full name, address and phone number of injured.
46. Complete
47. Complete
48. Check block to show if injured was in County vehicle, other vehicle or pedestrian
49. Full name, address and phone number of injured.
50. Complete
51. Complete
52. Check block to show if injured was in County vehicle, other vehicle or pedestrian.
53. Full name, address and phone number of witness
54. Check block to show if witness was in County vehicle, other vehicle or pedestrian.
55. Full name, address and phone number of witness
  
56. Check block to show if witness was in County vehicle, other vehicle or pedestrian.

**NOTE:** Report is **never** to be completed by employee involved in Automobile Accident.  
Form must be completed and signed before submitted.