CONFIDENTIAL

County of San Bernardino INCIDENT REPORT

	age 2 for instruction) PLEASE TYPE					\Box A	Auto 🗆	Other Ac	cident		
R.M.D.	COUNTY OF SAN BERNARDINO 222 West Hospitality Lane, Third Floor San Bernardino, CA 92415-0016 (909) 386-8631	AcquireAcquireSubmit	Complete Items No. 1 through No. 56 Acquire supervisor's comments and signature Acquire signatures of Department and Group Head Submit with yellow Accident Report card to Risk Management within 24 hour of incident					Disposition: First and Second copy to Risk Management Third copy to Dept.			
	Driver (or Reporting Employee for Non-Auto)					a. Social Security #			3. Home Phone		
COUNTY	4. Department 5. Dept. No Fund		6. Address of Department			6A. Contract city, if applicable		plicable	7. Dept. Phone		
C	8. Date of Birth 9. Date of Hire 10. Prior A		cidents 11. Employee's Job Tit			e 12. Driver's License No.			13. Work Phone		
COUNTY	14. County Vehicle No. 15. Plate No.	. 16. Moto		17. Colo	or	18. Yea	ır	19. Make	9	20. Model	
COU	21. Minor Major Damaged Part	ts	22. Repair Estimate from Motor Pool \$				an car be s	seen?	When'	?	
NO	24. Date of Incident 25. Time	NOTI repo			NOTE report						
SIPT	29. Location of Loss (Street address, city, state) Which office?										
DESCRIPTION	County Vehicle: Parked Stopped in Traffic Moving Est. Speed MPH										
တ ပ											
SUPERVISOR' OF IN	31. Supervisor's Description of Inciden	t:									
<u> </u>	32. Other Party's Name		33. Address			37. Driver's License No.			35. Phone		
ART	36. Owner		37. Address			36. Phone				one	
OTHER PARTY	plate no.)		insured?			nsurance Company and Policy No.					
	42. Describe Damage	\$ _	Repair Estimate	prope	here car	=	Vehicl		ther hicle	Pedestrian	
URIES	45. Name Address Phone No		46. Age 47. Extent of Injur ☐ Minor ☐ N			☐ Death	48.				
RUCNI	49. Name Address Phone No.		50. Age 51. Extent of Injury ☐ Minor ☐ Mi			☐ Death	52.				
WITNES	53. Name Address		Phone No.				54.				
WIT	55. Name Add	ress	Phone I	lo.			56.				
EW	1. Do you feel County driver could have avoided this accident? Yes No										
REVIEW	2. Why? —										
OR'S	Hours employee worked prior to Incident? 3. Were there any known mechanical defects of County vehicle?										
RVISC	1	develop to av	oid a similar ac	cident?							
SUPERVISOR'S	4. What habits should County drivers of										
SUPERVISO	4. What habits should County drivers of the state of the		Department Head's	Name – Typed/F	Printed						

15-13866-000 Rev. 1/00incidntrpt/rmdfrms

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.