

County of San Bernardino
VEHICLE ACCIDENT REPORT
INSTRUCTIONS TO DRIVERS

THE INJURED PERSON

Names and Address	Age	Check Which (x)
1.		<input type="checkbox"/> Pedestrian <input type="checkbox"/> Male <input type="checkbox"/> Killed <input type="checkbox"/> Driver <input type="checkbox"/> Female <input type="checkbox"/> Injured <input type="checkbox"/> Passenger in Vehicle
2.		<input type="checkbox"/> Pedestrian <input type="checkbox"/> Male <input type="checkbox"/> Killed <input type="checkbox"/> Driver <input type="checkbox"/> Female <input type="checkbox"/> Injured <input type="checkbox"/> Passenger in Vehicle
3.		<input type="checkbox"/> Pedestrian <input type="checkbox"/> Male <input type="checkbox"/> Killed <input type="checkbox"/> Driver <input type="checkbox"/> Female <input type="checkbox"/> Injured <input type="checkbox"/> Passenger in Vehicle

Given First Aid by _____
 Taken to _____ (Hospital, Clinic)
 Did injured person make statement? _____
 What? _____

DAMAGE TO OTHER'S PROPERTY

Owner _____
 Address _____
 Kind of property and how damaged _____

 Estimated cost of repairs \$ _____
 If vehicle: Make _____ Type _____ Yr _____ License No. _____
 Where may it be seen? _____

Is it covered by insurance? Yes No Insurance Co. _____
 Policy # _____

I declare, under penalty of perjury, the above is true and correct to the best of my knowledge
 Date: _____

Signature of County Driver

NOTE: If no police or traffic officer was able to respond to your request, report incident To local police department within 24 hours via a Counter Report

1. In case of accident, (no matter how slight) STOP at once and investigate. Write all facts of accident on this form.
 2. Make no admission of liability and assume no responsibility for accident to anyone. The law requires that you need give only the following items of information:
 Name and address of driver.
 Name and address of owner of vehicle.
 License plate number of vehicle.
 3. If anyone is seriously injured, call a doctor and render reasonable assistance. Do not authorize medical or surgical relief except as is imperative at the time of the accident.
 4. If accident is serious (results in bodily injury or serious property damages) call Traffic Emergency 911 and telephone your Immediate superior or department.
 ALSO call Risk Management Division Phone: 386-8631
 5. DO NOT ATTEMPT TO ADJUST THIS ACCIDENT.
 6. ALWAYS call a Law Enforcement Officer to the scene.
- If requested, exhibit your operator's or chauffer's license.
(Calif. Vehicle Code, Section 20003)

Name of your Department/Group	Immediate Supervisor
Your Name	Work Ph # _____ Home Ph # _____

If you are not the County Driver, who was?

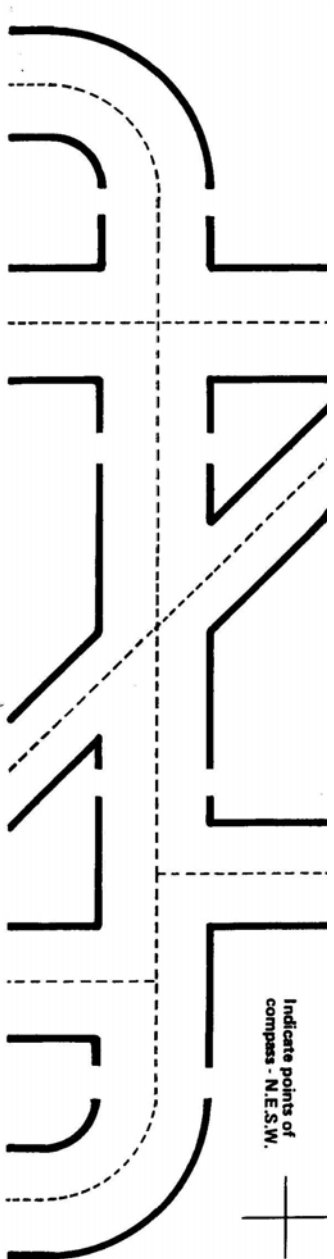
County Equipment Number	Make	Model	Vehicle License Number	Color	Yr
Name of Other Driver	Ph # _____		Address _____		
License Number Of Other Vehicle	Operator's License Number, Other Driver				
Name and Address of Owner _____					

Name of Police Officer _____ () Sheriff
 _____ () CHP
 _____ () City Police

Location _____

NOTE: This form is for field use at the scene of the accident. Upon return to your office, obtain and complete a "County of San Bernardino Incident Report." (Form No. 15-13866-000 Rev. 1/94)

Complete the following diagram showing direction and positions of automobiles or property involved, designating clearly point of contact.



INSTRUCTIONS: GIVE STREET NAMES, DIRECTIONS, AND LOCATIONS OF OBJECTS INVOLVED

- (1) Number each vehicle and show direction of travel by arrow.
- (2) Use solid line to show path of each vehicle before accident. dotted line after accident.
- (3) Show motorcycle or bicycle by (4) Show pedestrian by (5) Show railroad by

IMPORTANT: COMPLETE NAMES AND ADDRESSES OF ALL WITNESSES. (6) Show County vehicle as number

Other Witnesses or Persons Present	Address	Vehicle License No.	Phone
			<input type="checkbox"/> Home <input type="checkbox"/> Business
			<input type="checkbox"/> Home <input type="checkbox"/> Business
			<input type="checkbox"/> Home <input type="checkbox"/> Business

NOTE: If unable to get names of witnesses, ALWAYS get the license number of those drivers that you believe witnessed the accident.
THE ACCIDENT

Date of accident: _____ Month _____ Day _____ Hour _____ A.M. / P.M.

Place of accident _____
(Street Address)

City, town or area _____

What direction were YOU going? _____ Other vehicle _____

Speed of County vehicle _____ Other vehicle _____

Weather conditions _____

Road conditions _____

No. of occupants of County vehicle	Male	Adults	Female	Minors	Female
No of occupants of Other vehicle	Male	Female	Male	Female	
Were YOU cited?		Charge			
Was OTHER driver cited?		Charge			

Describe accident fully: _____

() Seat belts installed. Seat belts used? () Yes () No