



## VEHICLE CRASH REPORT FORM

(To be completed within 24 hours of any incident or accident)

### Driver Information

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ License #: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Vehicle Information

Make/Model: \_\_\_\_\_ Plate #: \_\_\_\_\_ Mileage: \_\_\_\_\_

Was this a KBOCC vehicle? ☐ Yes ☐ No Authorized Trip? ☐ Yes ☐ No

### Accident Details

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Weather / Road Conditions: \_\_\_\_\_

Description of Incident:

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### Other Vehicles / Persons Involved:

Name	Address	Phone	License Plate	Insurance Policy #	Injuries (Y/N)

**Witnesses:**

Name	Phone	Address

**Law Enforcement**

Agency: \_\_\_\_\_ Officer / Badge #: \_\_\_\_\_

Report #: \_\_\_\_\_ Citation Issued? ☐ Yes ☐ No If yes, to whom? \_\_\_\_\_Photos / Diagrams: ☐ Photos Attached ☐ Diagram Attached**Immediate Action Taken:**☐ Police Contacted ☐ Medical Assistance ☐ Tow Truck ☐ Maintenance Supervisor / HumanResources Notified ☐ Insurance Contacted ☐ Other: \_\_\_\_\_

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Maintenance Supervisor Review: \_\_\_\_\_ Date: \_\_\_\_\_

HR File Logged By: \_\_\_\_\_ Date Filed: \_\_\_\_\_