

Persons Injured:

(Give name, address, which vehicle, and as much information as possible):

Brief description of the accident: State in your own words what happened.

Allen County Human Resources
Room 380, Citizen's Square
200 E. Berry Street
Fort Wayne, IN 46802
(260) 449-7281

Fax: 260-449-4220

Attention: Risk Manager

Allen County

Vehicle Accident Reporting Form

ACCIDENT WITH INJURIES

***** CALL 9-1-1 *****

1. GIVE THE LOCATION OF THE ACCIDENT.
2. GIVE THE NATURE OF THE INJURIES
3. ADVISE 911 OPERATOR THAT YOU ARE DRIVING AN ALLEN COUNTY VEHICLE & THAT COUNTY COMMUNICATIONS MUST BE NOTIFIED IMMEDIATELY!
4. NOTIFY YOUR IMMEDIATE SUPERVISOR.
5. PROVIDE YOUR CELL PHONE NUMBER IF YOU HAVE IT AT THE SCENE.

PROPERTY DAMAGE ONLY

CALL COUNTY COMMUNICATIONS 449-3000 OR 449-7661

NO EXCEPTIONS.

1. GIVE THE LOCATION OF THE ACCIDENT
2. GIVE DEPT. THE VEHICLE IS ASSIGNED TO.
3. GIVE EXTENT OF DAMAGE (MAJOR, MINOR, ETC).
4. GIVE LICENSE # & OTHER PROPERTY INVOLVED.
5. NOTIFY YOUR IMMEDIATE SUPERVISOR
6. PROVIDE YOUR CELL PHONE IF YOU HAVE IT WITH YOU AT THE SCENE.

COMPLETE THIS REPORT IN ITS ENTIRETY.

ALLEN COUNTY VEHICLE DRIVER'S ACCIDENT REPORT

(THIS REPORT MUST BE COMPLETED AND RETURNED TO THE RISK MANAGER AT THE ACCIDENT SCENE OR AS SOON AS POSSIBLE AFTERWARDS – NO LATER THAN 24 HOURS AFTER THE ACCIDENT OCCURS)

THE ACCIDENT:

Date: _____ Time: _____ AM PM

Location: _____

Weather: Rain___Snow___Clear___Fog___

Road Surface: Dry___Wet___Snow___Ice___

DRIVER'S (EMPLOYEE)

INFORMATION: Name: _____

Dept. _____ Dr. Lic. # _____

Supervisor: _____

COUNTY VEHICLE INFORMATION:

Year, Make, Model: _____

Unit No. _____ Plate No. _____

VIN (windshield) _____

Describe Damage: _____

OTHER VEHICLE OR PROPERTY DAMAGE:

Describe Property: _____

If Auto, Year, Make & Model _____

License Plate No. _____

Other Vehicle or property insured: Y N

Name of Insurance Company or Agency: _____

Address: _____

Policy _____ No. _____

Describe Damage: _____

OTHER DRIVER'S INFORMATION:

Name: _____

Address: _____

Phone: _____

POLICE INFORMATION:

Accident Report No. _____

WITNESSES OR PASSENGERS:

(Give names, addresses, license numbers, and phone numbers, if possible).

1. _____

2. _____

3. _____

4.. _____

Provide any other details you believe would be important in an investigation of this accident:

Attach a separate sheet if you need more room, or have more information to relate, or simply use two Accident forms.