



County of Henrico
Department of Finance, Risk Management Division
VEHICLE ACCIDENT REPORT

Promptly report all accidents, regardless of the extent of the personal injury or property damage, to your supervisor. ADMIT NO LIABILITY OR FAULT. Please complete this form and send to the Risk Management Division within 24 hours (or next business day if occurrence is on weekend or holiday). If the incident involves an injury sustained by a County employee, please refer to the instructions listed on the HR Employee Portal under "My Workplace" for reporting workplace injuries. Please attach any additional documents and/or photos.

VEHICLE ACCIDENT INFORMATION

Date of Accident: _____ Time of Accident: _____ AM PM
Location of Accident: _____
Police Report Number: _____ Investigating Officer: _____

COUNTY DRIVER INFORMATION

Department: _____ Division/School: _____
Driver's Name: _____ Driver's License: _____ Date of Birth: _____
Address: _____
Street City State ZIP
Home or Cell Phone: _____ Work Phone: _____ Email: _____
Was Supervisor Notified? Yes No Supervisor's Name: _____
Supervisor's Work Phone: _____ Supervisor's Email: _____
Were You injured? Yes No EMS Transport: Yes No Where? _____
Were You cited? Yes No Offense(s) Charged: _____

COUNTY VEHICLE INFORMATION

Year: _____ Make: _____ Model: _____
License Plate: _____ Vehicle or Bus Number: _____ Was the Vehicle Towed? Yes No
Name of Tow Company: _____ Where is the Vehicle Now? _____
Description of Damage to County Vehicle: (Please include Photos) _____

Number of Passengers: _____ Names of Passenger(s): _____

DESCRIPTION OF ACCIDENT

WITNESS INFORMATION

Name: _____ Home or Cell Phone: _____ Work Phone: _____
Name: _____ Home or Cell Phone: _____ Work Phone: _____

OTHER DRIVER INFORMATION

Driver's Name: _____ Driver's License: _____ Date of Birth: _____
State/Number

Driver's Address: _____
Street City State ZIP

Home or Cell Phone: _____ Work Phone: _____ Email: _____

Was the Other Driver injured? Yes No EMS Transport: Yes No Where? _____

Was the Other Driver Cited? Yes No Offense(s) Charged: _____

OTHER VEHICLE OR PROPERTY INFORMATION**VEHICLE INFORMATION ONLY**

Year: _____ Make: _____ Model: _____ License Plate: _____

Does the Other Vehicle Have Insurance? Yes No

Name of Insurance Company: _____

Phone Number of Insurance Company: _____ Policy Number: _____

Number of Passengers: _____ Names of Passenger(s): _____

VEHICLE OR PROPERTY INFORMATION

Description of Damage to Other Vehicle or Property: (Please include Photos)

Registered Owner: _____ Home or Cell Phone: _____ Work Phone: _____

Owner's Address: _____
Street City State ZIP

INJURED PERSON(S)

Name of Injured Person	Relation to Accident	EMS Transport	Medical Facility the Injured was Transported to
_____	_____	Yes No	_____
_____	_____	Yes No	_____
_____	_____	Yes No	_____
_____	_____	Yes No	_____

SIGNATURES

Employee's Signature

Printed Name

Date



Supervisor's Signature

Printed Name

Date

PLEASE SUBMIT DOCUMENTS TO RISK MANAGEMENT BY INTER-OFFICE MAIL, MAIL, FAX, EMAIL, OR IN PERSON**Mail:**

County of Henrico
Department of Finance
Risk Management Division
PO Box 90775
Henrico, VA 23273

Fax:

804-501-5663

Email:rmmail@henrico.us