Log/Case Number:

RM USE ONLY

HENRICO COUNTY GOVERNMENT AND PUBLIC SCHOOLS

VEHICLE ACCIDENT REPORT

PART I COUNTY OR SCHOOL DRIVER INFORMATION

NAME OF DEPARTMENT OR SCHOOL	SECTION	SUPERVISOR NOTIFIED Yes _____ No _____ SUPERVISOR'S NAME AND PHONE NUMBER

DRIVER'S NAME: _____
Last **First** **Middle Initial**

DRIVER'S HOME ADDRESS: _____
Street **City** **State** **Zip Code**

DRIVER'S TELEPHONE NUMBERS: **(Home)** _____ **(Work)** _____

DRIVER'S LICENSE NUMBER:	DATE OF BIRTH:

PART II ACCIDENT INFORMATION

No. of passengers in our vehicle:

INVESTIGATING OFFICER: LOCATION OF ACCIDENT:	POLICE REPORT #	DATE OF ACCIDENT TIME OF ACCIDENT

Was anyone in our vehicle injured? Yes_____ No _____
If yes, list their name

Were you cited a traffic violation? Yes ___ No ___ Pending ___
What was the charge:_____

Were other driver(s) charged at fault or cited for a traffic violation?
Yes _____ No _____ Pending _____

What was the charge:_____

Was injured transported to hospital? Yes _____ No _____

Name of Medical Facility:
_____

PART III WITNESS INFORMATION

NAME	ADDRESS & PHONE NUMBER

PART IV COUNTY VEHICLE

Was vehicle towed? Yes___ No ___ Location _____
LIC PLATE# **VEH/BUS#**

MAKE: **MODEL:** **YEAR:**

DESCRIBE DAMAGE (FENDER, BUMPER, ETC):

PART V DESCRIPTION OF ACCIDENT

Please describe, in detail, the circumstances of the accident:

PART VI OTHER DRIVER'S INFORMATION

DRIVER'S NAME:

_____

Last **First** **Middle Initial**

DRIVER'S ADDRESS:

_____

Street **City** **State** **Zip Code**

TELEPHONE NUMBER: **(Home)** _____ **(Work)** _____	**NAME OF INSURANCE COMPANY:**

MAKE	**MODEL**	**YEAR**	**LICENSE PLATE #**

No of Passengers:	**Name(S) of Injured:**

DESCRIBE DAMAGE TO VEHICLE OR PRIVATE PROPERTY:

PART VII PROPERTY OWNER

VEHICLE OR PROPERTY OWNER'S NAME IF DIFFERENT THAN DRIVER**:**

_____

Last **First** **Middle Initial**

VEHICLE OR PROPERTY OWNER'S ADDRESS:

_____

Street **City** **State** **Zip Code**

TELEPHONE NUMBER: **(Home)** _____ **(Work)**_____	**NAME OF INSURANCE COMPANY:**

Printed Name of Driver	**Signature of Driver**	**Date**
Printed Name of Supervisor	**Signature of Supervisor**	**Date**

IMPORTANT: ***This form must be forwarded, FAXED or e-mailed to RISK MANAGEMENT within ONE business day of the accident. FAX to 501-5663, E-MAIL to riskmanagement@co.henrico.va.us***

12/2008