

DRIVER'S REPORT OF COLLISION

THE COLLISION

Do not argue at the scene . Be courteous and show your license willingly.

Your Vehicle:

Name of driver _____
 Address _____ Phone _____
 Odometer Reading _____
 Vehicle No. _____ Department _____
 Vehicle license No. _____
 Location of Accident _____
 Cross Street _____
 Town _____ State _____
 Direction of Travel _____ Speed _____ mph
 Posted Speed Limit _____ mph

Other Vehicle:

Name of driver _____
 Address _____ Phone _____
 Driver's Operator's License No. _____
 State _____ Year & Model _____
 Make of Vehicle _____
 Owner of Vehicle _____
 Address _____
 Insured by _____ Policy # _____
 Direction of Travel _____ Speed _____ mph
 Posted Speed Limit _____ mph

INJURED PERSONS

1. Name _____
 Age _____ Phone _____
 Address _____
 Type of Injury _____

2. Name _____
 Age _____ Phone _____
 Address _____
 Type of Injury _____

3. Name _____
 Age _____ Phone _____
 Address _____
 Type of Injury _____

DAMAGE TO PROPERTY

Owner _____
 Address _____
 Damaged Property _____
 Extent of damage _____

Owner _____
 Address _____
 Damaged Property _____
 Extent of damage _____

COUNTY OF TULARE

DRIVER'S REPORT OF COLLISION

Remember !

Defensive Driving Prevents Collisions

and . . .

Seat Belts Save Lives !



PLEASE READ CAREFULLY:

What to Do in case of a Collision

1. Take precautions necessary to protect the scene from further incidents.
2. If someone is injured, and or fire is involved DIAL 911 for emergency assistance.
3. Be Courteous. Answer police questions. Give identifying information to the other party involved, **but make no comments about assuming responsibility.**
4. While at the scene, complete this form. This information will be used to complete Departmental/County reports.
5. If injuries are involved, notify Risk Management as soon as possible. 559-623-0280

6. Submit this report to Risk Management Department and make arrangements for repair appraisal.

7. In case of damage to property, other than County property, or injuries submit appropriate reports to Risk Management.

Did law enforcement take a report? Yes No

Name of Officer _____

Badge No. _____ Station _____

CHP _____ Other(who) _____

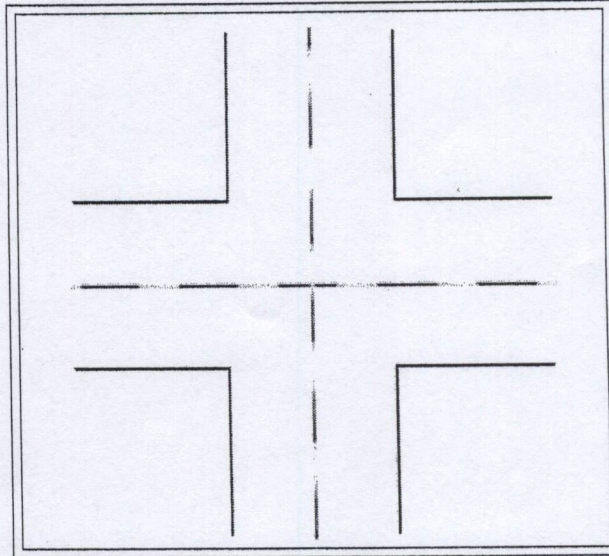
Report Number (If Known) _____

DESCRIPTION OF COLLISION

Date _____ Time _____
 Condition of Road _____
 Weather _____
 Light Condition _____
 Description _____

DIAGRAM OF SCENE

Sketch a diagram below showing exact relationship of roadways and vehicles at the time of the collision. (Indicate North) show measurements if possible. (Identify your vehicle as #1, other vehicles as #2, #3, etc...)



WITNESS / PASSENGERS

It is important to list as many witnesses as possible.

1. Name _____
 Address _____
 Phone _____
2. Name _____
 Address _____
 Phone _____
3. Name _____
 Address _____
 Phone _____
4. Name _____
 Address _____
 Phone _____
5. Name _____
 Address _____
 Phone _____