



Vehicle Accident Reporting Kit

This applies to all employees who use a company vehicle, and applies during and outside of working hours.

County Employees:

If you are involved in a motor vehicle incident:

- **Take whatever steps are necessary to protect yourself from further injury.**
 - **Immediately call 911.**
 - **If someone is hurt – request medical assistance.**
 - **If there is danger of fire – request Fire Department assistance.**
1. Cooperate with local law enforcement. Provide factual information, limiting responses to questions asked.
 2. Follow legal guidelines for exchanging information with other drivers and report the accident to local police if required. Do not guarantee payment or accept responsibility without Risk Manager’s authorization.
 3. Provide factual information about yourself and the County vehicle to the other driver(s), e.g., name, agency, phone number, vehicle identification number (VIN), etc.
 4. Obtain needed information from other driver(s). Identify witnesses and obtain addresses and phone numbers.
 5. Do not discuss your actions with parties other than law enforcement. Do not admit fault to other parties or make any statements about the County’s response to the accident, financial or otherwise.

Notify your Supervisor or Manager.

- While you are at the scene, take photos of all vehicles (if possible) and make written notes of the incident details. Do not wait until later.
- **Complete pages 3 and 4.**
- Give the *Witness Statement* form to someone who witnessed the accident. After the witness completes the form, take it from the witness and give it to your Supervisor along with the form you completed and all photos.
- Complete the *Supervisor’s Accident/Incident Investigation Report* form with your Supervisor/Manager.

Important Reference Information

BCC Claims Adjuster	Claims Administrator
<p>Karen Donaldson Risk Management Department 302 N Wilson St Suite 301 Crestview, FL 32536 Office: (850) 683-6207 (850) 689-5977 kdonaldson@myokaloosa.com</p>	<p>Johns Eastern Company PO Box 110259 Lakewood Ranch, FL 34211-0004 Tel: 941-907-3100 Toll Free: 1-877-326-5326 Fax: 813-402-7913</p>



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This Form is Completed by the County Driver (Pages 3 and 4)	
Incident Information (Continued)	Property Damage (Continued)
	<p>Nature of Damage:</p>
	For Damaged Vehicles, Provide the Following Information:
	<p>Owner's Name:</p>
<p>Identify All Witnesses:</p>	<p>Address:</p>
	<p>Phone:</p>
	<p>Driver's License #:</p>
	<p>Year/Make/Model:</p>
	<p>Other Insurance Carrier:</p>
	<p>Identify The Passengers:</p>



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WITNESS STATEMENT	
Date & Time of Incident: <div style="display: flex; justify-content: flex-end; align-items: center; gap: 10px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div>	Did You See the Incident Occur?
Did Anyone Appear Injured? If "Yes," Who?	Where Were You When It Occurred?
Were You a Passenger?	What Was Your Destination?
How Did the Incident Occur? What Happened?	
Additional Comments (If Any):	
Your Name:	Daytime Phone:
Address:	
Please Complete This Statement and Return It to the County Employee. Thank You!	



Property Damage/Loss Report

1. Description of the Property or Equipment		2. Name of Claimant	
		3. Claimant's Address/Phone Number	
4. Incident Location	5. Time AM PM <input type="checkbox"/> <input type="checkbox"/>	6. Date (Month, Day, Year)	
7. Names of Any County Employees Who Were Involved. Describe how they were involved in the incident.			
Were any County Employees drug tested following this incident?			
8. Identify All of the Eyewitnesses (if any).		9. Estimated Cost of Damage/Loss	
10. Describe What Happened. How did this incident occur? Why?			
11. Did any Unsafe Acts and/or any Unsafe Equipment/Other Property contribute to this incident? If so, how?			
12. What steps have been taken (and by whom) to prevent similar incidents in the future?			
13. Investigating Supervisor Printed Name: _____ Signature: _____ _____ Date: _____		14. Department Manager or Director Printed Name: _____ Signature: _____ _____ Date: _____	

NOTE: For vehicle incidents, attach a copy of the Florida Traffic Accident Report.

Send original form to Risk Management – Keep a copy. (Form Revised – July 16, 2018)