



COUNTY OF SANTA CRUZ

VEHICLE ACCIDENT REPORT (VAR)

INSTRUCTIONS

EMPLOYEE: PRINT OR TYPE. Make sure it is complete, clear and readable. Sign it and submit it to your supervisor the same day of your return.

SUPERVISOR: Review all information for accuracy, completeness, sign it and send the original copy to the Risk Management Office within ONE workday. Keep a copy for your department's files. If the employee involved is unable to return to work within two workdays, complete the report with the available information as soon as possible.

***THIS REPORT MUST BE TURNED IN TO RISK MANAGEMENT
WITHIN 24 HOURS AFTER ACCIDENT!***

Note: This confidential report is submitted to detail facts and assist County Counsel and Risk Management investigation and legal defense of liability claims which may result from this incident. It is a privileged attorney-client report, not subject to public disclosure.

DRIVER INFORMATION

Today's Date:	Accident Date & Time: / / : AM / PM		
Driver's Name:	Phone #:		
Department:	Job Title		
County Veh #:	Lic Plate:	Yr./Make/Model:	
Location of Accident (Include City):			
Name all Passengers: Name (Self):	Injured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name:	Injured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name:	Injured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

OTHER DRIVER INFORMATION

Drivers Name:	Phone #:		
Driver License:	Address:		
Lic. Plate:	Yr. / Make/ Model:		
Insurance Company:	Policy #:		
Name all Passengers: Name (Driver):	Injured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name:	Injured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name:	Injured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Complete if there were witnesses at the scene:

Witness Name:	Phone #:
Witness Name:	Phone #:

Describe how the incident happened:

Describe damage to county vehicle:

Describe damage to other vehicles:

Did a Police Agency Respond? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Officer Name / Badge#: _____	Report No. _____

Provide a simple diagram in the space below illustrating what happened. Identify all vehicles involved, their direction (use arrows) and street names:

I agree the facts on this report are complete and accurate to the best of my knowledge:

(Driver's Signature)

(Supervisor name- PRINT)

(Supervisor Signature)

Distribution: Original copy to Risk Management
 One copy retained by Department
 One copy to Fleet Operations / DPW Garage (If there was damage to a vehicle)

<i>FOR FLEET OPERATIONS / DPW GARAGE DEPARTMENT USE</i>	
Vehicle Examined? Yes <input type="checkbox"/> No <input type="checkbox"/> By Whom? _____	Est. Cost to Repair: _____