

**ORANGE COUNTY, TEXAS
EMPLOYEES VEHICLE ACCIDENT FORM**
Must be reported to Personnel/Risk Management Department within 24 hours
NOTE: Both Sides of This Report Must Be Completed

Date of Report _____

Date of Accident _____ Time of Day _____

Name of Employee Operating Vehicle _____

Full Address of Employee _____

_____ Phone # _____

Employee's Date of Birth _____ Driver's License # _____

Department Employee Works In _____

Time and Date Department Head was Notified _____

County Vehicle Involved (Include Type, Make and Model, Serial#, and Year) (Tag number, if known)

Location of Accident (Use full address if known)

Police Authorities Notified, Agency and Name of Responding Officer

If Citation was Issued, to Whom and What Charges _____

Description of Accident _____

If Another Vehicle was Involved List Year, Make, Model, Driver's Name and Address, Owners Name and Address, License Number of Driver and Insurance Company, if any. _____

List any Injured Person or Property _____

List Names and Address of all Witnesses _____

If County Employee was Injured, a Form 1009 Employees Report of Accident Must be Completed and Attached to this Form along with a copy of the Responding Officer's Accident Report.

Signature of Employee

Supervisor's Acknowledgement/Report of Accident

Name of Employee: _____

To the best of your knowledge is the information given concerning the accident listed true and accurate?

If answer to above is no, please explain. _____

Supervisor Signature _____

Date Signed _____

Diagram of Accident

