

REPORT OF ACCIDENT FORM

After an accident involving a county vehicle...obtain, fully complete, and sign the following forms:

- 1. REPORT OF ACCIDENT FORM
- 2. MV-104 FORM
- 3. SUPPLEMENTAL ACCIDENT REPORT (when applicable)
- 4. POLICE REPORT (when applicable)
- 5. PICTURES

SEND ORIGINAL: **Chrissy Simoncini - Phone: 231-4554 ccs3@westchestergov.com**
SEND COPY: Risk Management – Suite 241 Phone: 995-2740 Fax: 995-2707
SEND COPY: Motor Pool/County Garage Phone: 995-6232 Fax: 995-37098

Employees Name: _____ Facility: _____

Driver License #: _____ State Issued: _____ Phone #: _____

Date of Accident: _____ Time: _____ AM/PM

Fleet #: _____ Make/Model: _____ Year: _____

No. of Vehicles Involved: _____ Any Injuries: _____

Did Police Investigate? _____ What Police Dept.? _____ Report: _____

Departure Location: _____ Destination: _____

Purpose of Trip: _____

Description of Accident (**IN DETAIL**):

Amount of damage to *COUNTY* Vehicle: None Slight Moderate Heavy
Amount of damage to *OTHER* Vehicle: None Slight Moderate Heavy

YOUR SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ PHONE #: _____