SECTION I

VEHICLE ACCIDENT REPORT

DATE OF OCCURRENCE AND TIME	☐ AM ☐ PM	PREVIOUSLY REPORTED ☐ YES ☐ NO

Department _____

Contact: ☐ Department Head
☐ The Following:

NAME AND ADDRESS		
BUSINESS PHONE (NO. AND TIME)	WHERE TO CONTACT	WHEN TO CONTACT

LOSS

LOCATION OF OCCURRENCE (Include City & State)	AUTHORITY CONTACTED:	VIOLATIONS/CITATIONS
DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary)		

INSURED/COUNTY-OWNED VEHICLE

	YEAR	MAKE:	BODY TYPE:	PLATE NUMBER	STATE
		MODEL:	VIN:		

DRIVER'S NAME & ADDRESS ☐	RESIDENCE PHONE (A/c, No.):
	BUSINESS PHONE (A/C, No., Ext):

RELATION TO INSURED (Employee)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE	PURPOSE OF USE	USED WITH PERMISSION ☐ YES ☐ NO

DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN VEHICLE BE SEEN?	WHEN CAN VEH BE SEEN?

PROPERTY DAMAGED

DESCRIBE PROPERTY (If auto, year, make, model, plate*)	OTHER VEH/PROP INS: ☐ YES ☐ NO	COMPANY OR AGENCY NAME: / POLICY#
OWNER'S NAME & ADDRESS		RESIDENCE PHONE (A/C No): / BUSINESS PHONE (A/C/ No., Ext/):
OTHER DRIVER'S NAME & ADDRESS ☐ (Check if same as owner)		RESIDENCE PHONE (A/C No.): / BUSINESS PHONE (A/C No., Ext):

DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN DAMAGE BE SEEN?

INJURED

NAME & ADDRESS	PHONE (A/C, No.)	PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY

WITNESSES OR PASSENGERS

NAME & ADDRESS	PHONE (A/C, No.)	INS VEH	OTH VEH	

REMARKS

SIGNATURE

HRD-VAR401

VEHICLE ACCIDENT REPORTING PROCEDURES

1) Following any accident that occurs while driving a county-owned vehicle, drivers are required to notify local police and request that they respond to the scene.
2) Driver's involved in motor vehicle accidents are required to submit an immediate post-accident drug screen.
3) If a driver alleges an injury and is unable to call, his immediate supervisor will be responsible for making the call and completing accident reports.
    a) Any injuries sustained as the result of a motor vehicle accident must be submitted to Human Resources on the appropriate On-the-Job Injury forms.
4) An individual of supervisory capacity must phone Human Resources at (931) 648-5715.
    a) Identify yourself as an employee of Montgomery County Government. Explain that you are calling to report an alleged personal injury from an automobile claim.
    b) Supervisors must submit the Montgomery County Vehicle Accident form and an On-the-Job Injury packet, if applicable, to Human Resources. A copy of Police Report and witness statements, along with 3 estimates for repairs, must be forwarded to Human Resources once received.
5) The Human Resources Department should be informed of **serious** personal injury accidents **immediately** and all other personal injury accidents within 24 hours.

Montgomery County Government
1 Millennium Plaza, Suite 111
Clarksville, TN 37040
Phone: 931-648-5715

ACCIDENT/INCIDENT REPORT

WITNESS STATEMENT

Witness Name: _____Date: _____

Department:_____

Home Address:_____

Home Phone No.: _____

Employee's Name _____

Date of Accident: _____

Witness Statement as to how the accident occurred including precisely what he/she observed and did:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Witness Signature _____