## HOW DID ACCIDENT HAPPEN?

Pg. 4

~ 3c 2. Accident report &
raised report

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

_Scott Andres_____ / _____
**Employee's Signature**                    Date

### SUPERVISOR REVIEW

Comments, if any:

_____

_____
**Supervisor's Signature**                    Date
(After review, the supervisor should forward this report to the Risk Manager.)

## Vector Control Joint Powers Agency

### VEHICLE ACCIDENT REPORT

Accident date: _1-11-99_____ Time: _3:45___ AM/**PM**

Place where accident happened: _Kasson Rd & S Airport Way._

_____

### YOU AND YOUR VEHICLE (VEHICLE #1)

Name & Title: _Scott Andres_____ _Control Tech 1_

Department: _____ Telephone: _(209) 473-7943_

CA Driver's License #: _N2352174____ Expiration: _____

Vehicle Make: _Ford_____ License #: _____

Registered Owner: _____

Passengers' Names: _None_____

Damages: _Front end, metal body molding under grill & crack in platic grill_

_____

Were you injured? ☐ Yes  ☐ No  (If yes, you must also complete Occupational Injury Report)

### OTHER VEHICLES AND DRIVERS (VEHICLE #2)

Driver's Name: _Wasn't able to get name_ Telephone: (  )

Address: _unknown_____

_____

Driver's License #: _unknown____ State: _Ca_

Make: _Chevy pickup____ Year: _1970s_

License #: _unknown_____

Registered Owner: _____

Passengers' Names: _No passengers_____

_____

Damages: _none_____

_____

Insurance Company: _____ Policy No.: _____

# INFORMATION EXCHANGE

USE THIS CARD TO OBTAIN KEY INFORMATION FROM THE DRIVER(S) OF THE OTHER VEHICLE(S) INVOLVED

**NAME:** _Driver left before I could ask him his name._

**DRIVER'S LICENSE NO. & STATE:**

**TELEPHONE NO.:**

**ADDRESS (No., Street, City, State, Zip):** _Unknown_

**INSURANCE COMPANY:** _Unknown_

**POLICY NO.:**

**YEAR & MAKE OF VEHICLE:** _Chevy 1970s Pickup_

**ARE YOU THE OWNER?**
YES     NO

**VEHICLE LICENSE NUMBER & STATE:** _Ca._

**PASSENGERS**
1. _No Passengers_
2.
3.
4.

**ADDRESSES (No., Street, City, State, Zip)**

**WITNESSES**
1. _No witnesses_
2.
3.
4.

**ADDRESSES (No., Street, City, State, Zip)**

*No Witnesses*

## EYE WITNESS INFORMATION
## PLEASE HELP THE DRIVER BY COMPLETING THIS CARD

DID YOU SEE THE ACCIDENT? (Y)N     WERE YOU INVOLVED? (Y)N     WAS ANYONE HURT?   Y(N)

WERE YOU A PASSENGER                WERE YOU HURT?       Y(N)     WHERE WERE YOU SEATED?
IN THIS DRIVER'S
VEHICLE?                    Y(N)

DESCRIBE WHAT HAPPENED:
_____
_____
_____
_____
_____

NAME: _____     DATE: _____

ADDRESS (No., Street, City, State, Zip Code)        PHONE NO. (Incl. Area Code):
_____