
ACCIDENT REPORT KIT

IN CASE OF ACCIDENT

- Stop and investigate immediately
- Set out warning devices if available or set vehicle flashers
- Assist injured persons but do not move if it will cause further injury
- Call for medical assistance if needed
- Notify police or highway patrol and your supervisor immediately. You can also contact Risk or Safety Coordinators for assistance - Cris Waugh 336-242-2212 or Amanda McEachin 336-242-2996
- Give your name, employer's name, vehicle registration number, and operator's number. Insurance Carrier ID Card is inside this envelope.
- Secure names and addresses of witnesses or first persons at scene (use witness cards)
- TAKE PHOTOS OF YOUR VEHICLE, THE ACCIDENT SCENE AND ALL VEHICLES INVOLVED.
- If you strike an unattended vehicle or personal property and the owner cannot be located/contacted immediately, you must place your name and address of your employer securely on the vehicle/property
- Protect your vehicle from further damage and theft
- Comply with required alcohol/drug test
- If your supervisor or Risk Manager cannot assist with the investigation return the completed packet to your supervisor immediately.

COMPLETE FOLLOWING FORMS

1. Davidson County Vehicle Accident Report
2. Employee Description and Supervisor Investigation Report
3. Witness Cards if Available

Vehicle Accident Reports must be sent to Risk/Safety staff as soon as possible following an incident at:

Cris Waugh crystal.waugh@davidsoncountync.gov
Amanda McEachin amanda.mceachin@davidsoncountry.gov

Please send to both email addresses.

Drive Safely-It Makes Good Sense

Davidson County Vehicle Accident Report

(Immediately upon being in an accident, file this report with Risk Management/Supervisor)

(Please use tab to change fields)

Department: _____ County Vehicle Number: _____

County Driver:

Name: _____ Driver's License #: _____ Phone: _____
Print Full Name

Were Seat Belts Used? _____ YES _____ NO

Accident Data:

Date: _____ Time: _____ AM _____ PM
Place: _____ Roadway: _____
(Town, City, State) (Rt. # Street, Intersecting highways)

Did Law Enforcement Investigate: _____ YES _____ NO Agency/Department: _____

Officer name: _____ Phone number: _____ Report Number: _____

County vehicle: _____ YES _____ NO Personal vehicle: _____ YES _____ NO

Make of vehicle: Year: _____ Model: _____ VIN: _____

Vehicle Plate #: _____ Describe damage: _____

Estimated damage: \$ _____ Drivable: _____ YES _____ NO

Where towed: _____

Other Driver (Vehicle 2):

Name: _____ Driver's License #: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Owner: _____ Phone: _____

Name of Owner's Liability Insurance Company: _____ Agent: _____

Agent Location: _____ Agent Phone: _____

Make of Vehicle: Year: _____ Model: _____ VIN: _____

Vehicle Plate #: _____ Describe damage: _____

Estimated damage: \$ _____ Drivable: _____ YES _____ NO

Where towed: _____

(Note: If more than 2 vehicles involved continue on next page)

Property Damage – Other than Auto (Fence, Guardrail, etc.):

Owner: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Describe Property: _____ Location: _____

(Note: If more than 1 property continue on next page)

Witnesses:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

(Note: If more than 1 witness continue on next page)

of Persons injured _____ If a County employee is injured a Workers' Compensation Packet must be completed with this report.

Name: _____ Driver's License #: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Which vehicle? (County, Other vehicle, pedestrian): _____

Description of Injuries: _____

(Note: If more injured continue on next page)

Continued from Page 1 (if needed):

Other Driver (Vehicle 3):

Name: _____ Driver's License #: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Owner: _____ Phone: _____
Name of Owner's Liability Insurance Company: _____ Agent: _____
Agent Location: _____ Agent Phone: _____
Make of Vehicle: Year: _____ Model: _____ VIN: _____
Vehicle Plate #: _____ Describe damage: _____
Estimated damage: \$ _____ Drivable: _____ YES _____ NO

Other Driver (Vehicle 4):

Name: _____ Driver's License #: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Owner: _____ Phone: _____
Name of Owner's Liability Insurance Company: _____ Agent: _____
Agent Location: _____ Agent Phone: _____
Make of Vehicle: Year: _____ Model: _____ VIN: _____
Vehicle Plate #: _____ Describe damage: _____
Estimated damage: \$ _____ Drivable: _____ YES _____ NO

Property Damage Continued – Other than Auto (Fence, Guardrail, etc.):

Owner: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Describe Property: _____ Location: _____

Witnesses Continued:

Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

Persons injured Continued:

Name: _____ Driver's License #: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Which vehicle? (County, Other vehicle, pedestrian): _____
Description of Injuries: _____
Name: _____ Driver's License #: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Which vehicle? (County, Other vehicle, pedestrian): _____
Description of Injuries: _____

Employee Description and Supervisor Investigation Report
(Immediately upon being in an accident, file this report with Risk Management/Supervisor)

TO BE COMPLETED BY EMPLOYEE:

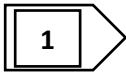
Name: _____ SS#: _____ DOB: _____

Department: _____ Shift: _____ Position: _____ Male: _____ Female: _____

Time of Accident: _____ Date of Accident: _____

Time Accident Reported: _____ Date reported: _____

Employee Description of Accident: (Please tab at the end of each line)

Draw a diagram of accident using  as **YOUR** vehicle and  as vehicle 2, etc.

The Davidson County Accident Review Board will schedule the facts of this accident for review. The purpose of these reviews is:

- A. To establish a fair and impartial review system for all vehicular and non-vehicular accidents involving County employees/citizens, which results in injuries, illnesses and/or property damage. With the primary objective being to improve the overall safety of County operations.
- B. To establish the cause for each review accident and determine whether preventable or non-preventable.
- C. To establish a uniformity of discipline.
- D. To make recommendations for corrective action to Department Heads, County Manager and/or the County Board of Commissioners.
- E. Employees are allotted the opportunity of making a presentation at the review if they so choose.
- F. Employees must notify their supervisor if they wish to attend this hearing.

Supervisor investigation:

Unsafe Act, Condition, or Procedure (Check one)

Failure:

- | | | |
|----------------------------------|-----------------------------|---------------------------------|
| Of other driver | To stay on roadway | Improper backing |
| To allow other vehicle to pass | To use evasive measures | Improper lane change |
| To allow other vehicle to merge | To watch overhead clearance | Improper merge |
| To comply w/operating procedures | To watch side clearance | Improper parking |
| To enter intersection properly | To watch vehicle alongside | Improper turning |
| To obey sign/signal | To yield after stop | Insufficient following distance |
| To perform pre-trip inspection | To yield before turn | Too fast for conditions |
| To report accident | | |

Other: _____

____ PREVENTABLE (Employee failed to drive defensively)

____ UNPREVENTABLE (Employee could not have avoided crash)

Supervisor's statement:

What action has been or will be taken to prevent a future similar occurrence: _____

Supervisor's signature: _____ **Date:** _____

WITNESS INFORMATION CARD

Please assist by completing this card and returning it to the driver. If time does not permit you to complete this immediately then please mail the completed card to:
Davidson County Governmental Center, PO Box 1067,
Lexington, NC 27293, **ATTN: Risk Manager**

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Office Phone: _____

Cell Phone: _____

Were you involved in the accident? _____

Did anyone seem to be injured? _____

Did you see the accident? _____

Who do you think was responsible for the accident?

If you saw the accident, please
describe: _____

Signature: _____

Date: _____

Thank you

NC
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

COMPANY



COMMERCIAL



PERSONAL

The Charter Oak Fire Insurance Co.

POLICY NUMBER

810-9R22889A

EFFECTIVE DATE

7/1/2023

EXPIRATION DATE

7/1/2024

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

Fleet

AGENCY/COMPANY ISSUING CARD

Mountcastle Insurance

P.O. Box 1937

Lexington

NC 27293-1937 (336)249-4951

INSURED

Davidson County Board of Comm.

P. O. Box 1067

Lexington

NC 27293

SEE IMPORTANT NOTICE ON REVERSE SIDE

Web Address: <http://www.mountcastleinsurance.com>

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

DAVIDSON COUNTY FLEET MAINTENANCE

WHO TO CONTACT @ DCFM, IF YOU BREAK DOWN:

MONDAY- FRIDAY 7:00 AM – 4:00 PM

GARAGE: 336-242-2253

OFFICE: 336-236-3013

AFTER HOURS AND/OR WEEKENDS

FLEET MAINTENANCE MANAGER: Michael Naglieri CELL 336-409-1730

FLEET ADMINISTRATIVE ASSISTANT: JOY MEANS CELL 336-309-4140