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@davidsoncountny.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: _____

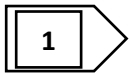
Employee Description of Accident: **(Please tab at the end of each line)**

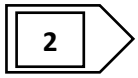
_____

_____

_____

_____

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

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**: _____

Form 10/2020

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 | [X] COMMERCIAL | [ ] PERSONAL

Charter Oak Fire Ins Co

POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
810-9R22889A	**7/9/2024**	**7/1/2025**

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.

INS050 (200702)

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 ADMINSTRATIVE ASSISTANT:	JOY MEANS	CELL	336-309-4140