



# Hanover County Vehicle Accident Report

## Accident Information

Accident Date:	Accident Time (Military Time):	Date Reported:
Accident Location Address (City, County, State, Zip, road / milepost or nearest intersection):		
Investigator / First Responder:		
Department vehicle assign to:	Unit # (if applicable):	
Driver's short account (attach statement if necessary):		
Employee Name (Last, First, MI):	Work Cell / Office Phone: (      )	
Supervisor / Manager	Supervisor Present at time of Accident? Yes      No      Unknown	

## Supervisor / Manager Section (for questions in this section, check most appropriate answer)

Driver was:      County Employee      HCPS Employee	Was driver Drug / Alcohol Tested (if required)?	Yes	No	NA	Unknown
Was Accident Preventable?      Yes      No	Other Employees Tested (if required)?	Yes	No	NA	Unknown
Employee was vehicle operator?      Yes      No	Did Accident Occur on Public Highway?	Yes	No	NA	Unknown
Number of Vehicles Involved: _____ (enter vehicle details below)	Location of Accident (i.e. intersection of Main & First Streets, Anywhere USA)				
Was Vehicle Towing a Trailer?      Yes      No	Name of Person Cited:				
Was Police Department Involved?      Yes      No					
Was Citation Issued?      Yes      No					
Police Department Name: Police Report Number:					
Was anyone injured?      Yes      No      If yes, who was injured:      Driver      Passenger      Other Driver / Passenger Pedestrian					
Was There Property Damage Other Than to Vehicles?      Yes      No      (if yes, enter other property damage details below)					
Were any vehicles towed as result of accident?      Yes      No      If yes, which were towed:      DE Vehicle      Other vehicle(s)					

## Driver & Passenger Info (County)

Driver Name	Office Phone (      )	Home Phone (      )	Driver Home Address	City	State	Zip Code
Driver's License Number			State Licensed			
Passenger Name	Office Phone (      )	Home Phone (      )	Passenger Home Address	City	State	Zip Code
Vehicle #1						
County Vehicle	Personal Vehicle	Rental Vehicle	Unit #: (if applicable)			
Owner Name	Owner Address (If other than County)		City	State	Zip Code	
Vehicle ID # (VIN)	Make	Model	Year	License Plate	State	
Insurance County			Policy #			



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## Other Driver & Passengers

Driver Name	Driver's License #	State Licensed	Office Phone ( )	Home Phone ( )	
Driver Home Address		City	State	Zip Code	
Passenger Name	Phone ( )	Address	City	State	Zip Code
Passenger Name	Phone ( )	Address	City	State	Zip Code
Vehicle or Property Involved (Vehicle 2)					
Owner Name	Office Phone ( )	Home Phone ( )	Owner Home Address (If other than DE)	State	Zip Code
Vehicle ID # (VIN)	Make	Model	Year	License Plate	State
Insurance County	Policy #	Evidence of Previous Damage			
Damage Vehicle #2					

## Injured Person(s)

Name	Phone ( )	Vehicle #	Address	City	State	Zip Code
Name	Phone ( )	Vehicle #	Address	City	State	Zip Code
Name	Phone ( )	Vehicle #	Address	City	State	Zip Code

## Witness and Police Information

Witness Name	Phone ( )	Address	City	State	Zip Code
Witness Name	Phone ( )	Address	City	State	Zip Code

## Damage To Other Property (other than vehicle damage, i.e. buildings, fences, guardrails, signs, mailboxes, landscaping, etc.)

Other Property Owner Name (Last, First, MI):
Other Property Owner Address (City, State, Zip):
Office / Home / Cell Phone Contact: ( ) ( )
Description of Damage to Other Property:

## Accident Scene

Sketch/Photos (Complete on original hard copy, attach additional pages, if necessary)
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## Additional Information

Blank area for additional information.

## Vehicle Speed, Occupant Restraints and Vehicle Damage

County Vehicle		Vehicle #2		Vehicle #3	
Speed, mph: _____		Speed, mph: _____		Speed, mph: _____	
Seat Belts Worn	Yes No	Seat Belts Worn	Yes No	Seat Belts Worn	Yes No
By All Occupants	Yes No	By All Occupants	Yes No	By All Occupants	Yes No
Air Bag Equipped	Yes No	Air Bag Equipped	Yes No	Air Bag Equipped	Yes No
Air Bag Deployed	Yes No	Air Bag Deployed	Yes No	Air Bag Deployed	Yes No
County Vehicle		Vehicle #2		Vehicle #3	
Vehicle Year	Estimated Damage Cost	Vehicle Year	Estimated Damage Cost	Vehicle Year	Estimated Damage Cost

## Driver Review and Signature

County Driver Signature	Date
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## County Driver (Enter selection from page 4)

Driver Job Title/Classification (Write in)	Reporting Location Name	Area	State
Number of County Vehicle Occupants (Including driver)	Driver or occupant injured?	Number of Injured Occupants (Including driver)	
What was the County vehicle doing prior to accident?			
1st Sequence of Events that Occurred to County Car			
2nd Sequence of Events that Occurred to County Car (If applicable)			
3rd Sequence of Events that Occurred to County Car (If applicable)			
4th Sequence of Events that Occurred to County Car (If applicable)			

## Other Vehicle(s) and People Involved in the Accident (Enter selection from page 5)

Other Vehicle(s) Involved in Accident (Type of vehicle)
What was the other vehicle doing prior to the accident?
Other People Involved in the Accident
Number of Other People Involved in the Accident Injured



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Accident Conditions		
Light Conditions		
Weather Conditions 1		
Weather Conditions 2		
Traffic Control Device		
Was the traffic control device working at the time of the accident?		
Road Surface		
Roadway/Intersection Type		
Road Contour		
Manner of Collision		
Post-Accident Repair		
County Vehicle and Property Damage (Actual \$)		
Third Party Vehicle and Property Damage (Actual \$)		
Supervisor Comments		
Investigation Completed by		
Supervisor / Manager Name (required)	Supervisor / Manager Signature (required)	Date

**Injury report should be submitted to Hanover County Safety & Risk Management as soon as possible, but no later than three (3) business days after the incident. Panel Physician selection information must be submitted along with incident report.**

**If the incident is investigated by law enforcement, the official law enforcement report issued for the event may be used as a substitute to filling out this form.**

**For additional guidance on completion of this form, please contact Hanover County Safety & Risk Management (804) 365-6227**