

COUNTY OF LOS ANGELES REPORT OF VEHICLE COLLISION or INCIDENT

FATALITIES OR SERIOUS INJURIES MUST BE REPORTED IMMEDIATELY BY TELEPHONE TO CARL WARREN & CO. (818) 247-2206

Prepared for County Counsel in defense of the County, Special Districts and Employees

VEHICLE DRIVEN BY EMPLOYEE (check one)				
Dept. Name: _____ Dept. #: _____	<input type="checkbox"/> COUNTY VEHICLE <small>(Includes Veh. Leased or rented by CO.)</small>	<input type="checkbox"/> EMPLOYEE'S VEHICLE Insurance Co. _____ Policy No. _____	CONTRACT CITIES SERVICES <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, name of contract city _____	
SECTION: _____	Equip. No. _____	Permittee <input type="checkbox"/> Yes <input type="checkbox"/> No		
IRMIS Code #: _____	License No. _____			
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO POLICE AGENCY REPORTING _____ STATION _____ REPORT # _____				
INCIDENT DATE _____ CITY _____ ON _____ AT _____ <small>(Street or Highway)</small>				
HOUR _____ AM _____ PM _____ OR AREA _____				
OTHER DRIVER (1)	DRIVER: _____ Job Title _____ Driver's Lic. No. _____			
	Address: Home _____ Phone _____		Work Location _____ Phone _____ Ext. _____	
	VEHICLE: Year _____ Make _____ Model or Type _____ Lic. No. _____			
	Parts Damaged _____			
OTHER DRIVER (2)	PASSENGER: _____ CO. Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No PASSENGER: _____ CO. Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Name _____ Name _____			
	Home Address _____ Home Address _____			
	Phone: Work _____ Home _____ Phone: Work _____ Home _____			
OTHER DRIVER (3)	DRIVER _____			
	DRIVER'S LICENSE NO. _____ STATE _____ INSURANCE CO. _____ POLICY NO. _____			
	EMPLOYER _____ <small>(Name of Person, Company, or Organization) (Address) (City) (State) (Zip Code) (Phone)</small>			
	VEHICLE _____ Veh. Lic. No. _____ <small>(Year) (Make) (Model or Type) (Year) (Number) (State)</small>			
	PARTS DAMAGED _____			
	REGISTERED OWNER _____ <small>(Name) (Address) (City) (State) (Zip Code) (Phone)</small>			
OTHER DRIVER (3)	PASSENGER: _____ CO. Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No PASSENGER: _____ CO. Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Name _____ Name _____			
	Home Address _____ Home Address _____			
	Phone: Work _____ Home _____ Phone: Work _____ Home _____			
	INJURED / WITNESSES	Check one: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY		
		NAME _____ PHONE _____ NATURE OF INJURY _____		
ADDRESS _____ TAKEN TO _____				
Check one: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY				
NAME _____ PHONE _____ NATURE OF INJURY _____				
ADDRESS _____ TAKEN TO _____				
INJURED / WITNESSES	Check one: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY			
	NAME _____ PHONE _____ NATURE OF INJURY _____			
	ADDRESS _____ TAKEN TO _____			
	Check one: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY			
	NAME _____ PHONE _____ NATURE OF INJURY _____			
	ADDRESS _____ TAKEN TO _____			

INSTRUCTION S: Complete form within 24 hours of vehicle collision and submit to your supervisor.
 If more space is needed to completely answer any category on this form, attach an additional sheet.



**INDICATE
NORTH**

DRAW A DIAGRAM AND SHOW HOW COLLISION OCCURRED
 Show your Vehicle as 1 the other Vehicles as 2, 3, etc.

SHOW the location and position of Vehicle (s) at point of impact.
 SHOW the name of the street(s) and location of stop signs, signals.
 STATE number of lanes and length of skid marks.

Co. Vehicles
 Involved _____

EXPLAIN CLEARLY HOW COLLISION OCCURRED. USE ADDITIONAL SHEETS IF NECESSARY (IF SHERIFF DEPT., STATE IF MDT RELATED?)

DISTRIBUTION:
 Department procedure for distribution to be followed; copies must be forwarded to the following:
 ORIG. & 1 COPY: CARL W ARREN & CO., P.O. Box 116, Glendale, CA 91209-0116
 1 COPY - (If CO. Vehicle damaged) Internal Services Dept., 1100 N. Eastern Ave., Room 210, L.A. 90063
 (Not applicable for Road and Flood Control Vehicles)

(9) WEATHER (11) EVASION ACTION

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Clear | <input type="checkbox"/> by CO. Driver |
| <input type="checkbox"/> Rain | <input type="checkbox"/> Locked Brakes |
| <input type="checkbox"/> Fog | <input type="checkbox"/> Hard Brakes |
| <input type="checkbox"/> Dusty | <input type="checkbox"/> Slowed/Stopped |
| <input type="checkbox"/> Snow | <input type="checkbox"/> Steered Away |
| <input type="checkbox"/> Heavy Smog | <input type="checkbox"/> Accelerated |
| <input type="checkbox"/> Other | <input type="checkbox"/> None |
| | <input type="checkbox"/> Other |

(1) LOCALITY

- Rural-Hwy/Roadway
- Residential
- Business/Shopping
- Freeway
- Motor Way (Mtn.)
- Open Field
- Private Road
- Other

(3) MOVEMENT

- 1 2
- Straight Ahead
 - Lane Change
 - Making Right Turn
 - Making Left Turn
 - Standing
 - Parked
 - Backing
 - Rolling Back
 - Moving Unattended

(5) AMOUNT OF TRAFFIC

- No Other
- Light
- Medium
- Heavy-Flowing
- Congested

(7) ROAD SURFACE

- Concrete
- Asphalt
- Oiled/Gravel
- Unpaved
- Other

(10) ROAD CONDITION

- Dry
- Wet
- Muddy
- Snowy or Icy

(12) SAFETY BELTS

- Installed, Not Worn
- Installed and Worn
- Not Installed
- Vehicle Unoccupied

(2) OPERATING AREA

- Non-intersection
- Nearing Intersection
- In Intersection
- Leaving Intersection
- Entering Driveway
- Leaving Driveway
- Construction Zone
- Parking/Bus. Lot
- Other

(4) TRAFFIC CONTROLS

- None Present
- Green Signal
- Yellow Signal
- Red Signal
- Flashing Signal
- Stop Sign
- Warning Sign
- Construction Sign
- Other

(6) TERRAIN

- Level
- Upgrade
- Downgrade
- Hill Crest
- Dip

(8) VISIBILITY

- Good
- Fair
- Poor
- Very Poor

(13) EMERGENCY RESPONSE
 (Applies to Vehicle driven by employee)

Were red lights and siren activated? Yes No

County Driver's Item No. _____ Employee No. _____ Age _____

Total Yrs. Driv. _____ Total Yrs. D riv. for CO. _____ Total Yrs. this type Veh. _____

 SIGNATURE OF EMPLOYEE DATE

 SIGNATURE OF SUPERVISOR DATE

 SIGNATURE OF DEPT. HEAD OR AUTH. REPRESENTATIVE DATE