

GENESEE COUNTY MOTOR VEHICLE ACCIDENT REPORT

GC CLAIM # _____

RM USE ONLY

SEND ORIGINAL TO RISK MANAGEMENT OFFICE AND COPY TO MOTOR POOL OFFICES WITHIN 24 HOURS
OF ACCIDENT **PRINT ALL INFORMATION**

COUNTY VEHICLE:
CO. VEHICLE NUMBER _____ DATE OF ACCIDENT _____ TIME OF ACCIDENT _____ AM/PM

DRIVER OF CO. VEHICLE _____ DEPARTMENT _____ ASSIGNED UNIT _____
i.e.: GCARD i.e.: WORK FIRST

PASSENGERS _____ DRIVER'S WORK PHONE # _____

SPEED AT TIME OF ACCIDENT _____ MPH TYPE OF ROAD SURFACE _____ WEATHER CONDITION _____
PAVED/NON-PAVED RAIN, FOG, SNOW, WET, CLEAR ETC.

DRIVER LICENSE # _____ EXPIRATION DATE _____ ON COUNTY BUSINESS _____
YES OR NO

CO. VEHICLE YEAR: _____ MAKE: _____ MODEL _____ LIC. PLATE # _____

VIN # _____ YOUR ESTIMATE OF DAMAGE _____

DAMAGE DONE TO COUNTY VEHICLE _____

IF THE DRIVER SUFFERED INJURIES IN THIS ACCIDENT, NOTIFY THE SUPERVISOR AND ALSO COMPLETE WC FIRST REPORT OF INJURY AND MEDICAL RELEASE FORM. NOTIFY RISK MANAGEMENT AS SOON AS FEASIBLE: 810-257-2628

OTHER VEHICLE (S):
DRIVER OF OTHER VEHICLE: _____ DRIVER LICENSE # _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS OR OTHER PHONE: _____

VEHICLE REGISTERED TO: _____ PHONE #: _____

OWNER ADDRESS _____ CITY: _____ STATE: _____ ZIP: _____

INSURANCE COMPANY: _____ POLICY NUMBER _____

AGENT: _____ PHONE NUMBER: _____

VEHICLE: MAKE: _____ MODEL: _____ YEAR: _____ LICENSE PLATE: _____

DAMAGE TO THIS VEHICLE: _____

DESCRIBE ANY EVIDENCE OF PREVIOUS DAMAGE: _____

IF MORE THAN ONE OTHER VEHICLE, PROVIDE SAME INFORMATION ON SUPPLEMENTAL SHEET

OTHER PROPERTY DAMAGE OTHER THAN VEHICLE:
DESCRIBE DAMAGE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

OWNER'S NAME _____ PHONE _____

WITNESSES:

NAME: _____ ADDRESS: _____ CITY _____ PHONE _____

NAME: _____ ADDRESS: _____ CITY _____ PHONE _____

NAME: _____ ADDRESS: _____ CITY _____ PHONE _____

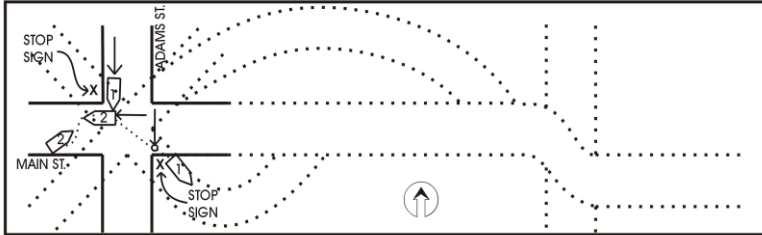
DID DRIVER NOTIFY SUPERVISOR _____ POLICE CALLED _____ TIME: _____ DATE: _____

WAS REPORT TAKEN: _____ REPORT NUMBER: _____ CITATION ISSUED _____ TO?: _____

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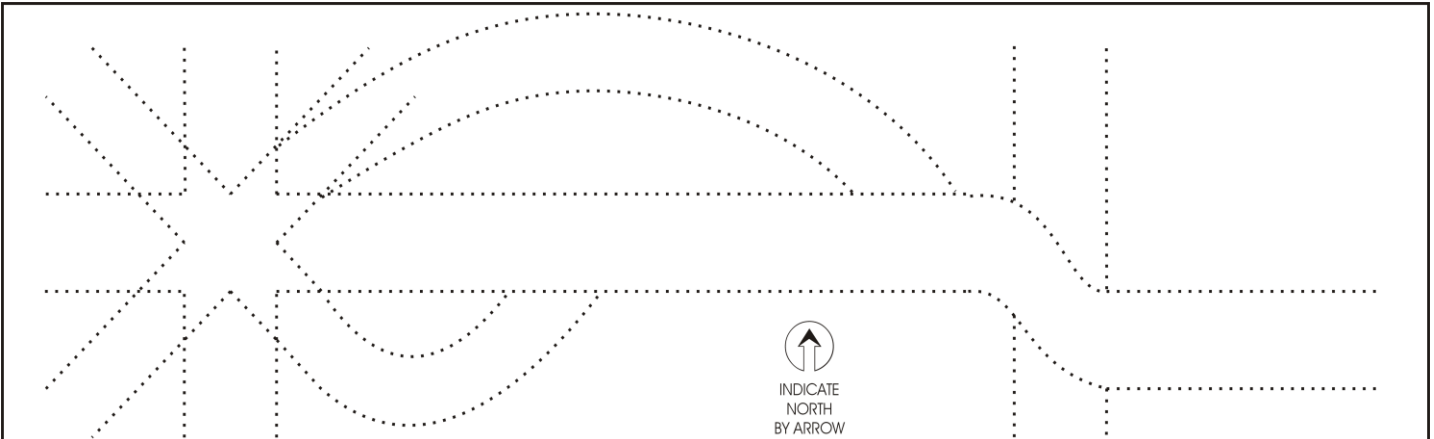
EXAMPLE of DIAGRAM for a TYPICAL INTERSECTION ACCIDENT



EXAMPLE ACCIDENT DESCRIPTION: NO. 1 WAS GOING SOUTH ON ADAMS ST. NO. 2 WAS GOING WEST ON MAIN ST. NO. 1 STRUCK THE FRONT REAR SIDE OF NO. 2 AND THEN WENT OVER THE CURB AT THE SOUTHEAST CORNER AFTER STRIKING A PEDESTRIAN. THE PEDESTRIAN WAS CROSSING MAIN ST. FROM THE NORTHEAST CORNER TO THE SOUTHEAST CORNER.

INSTRUCTIONS for LOCATING ACCIDENT and MAKING DIAGRAM

1. WHAT TO SHOW ON DIAGRAM
 - (A) DIRECTIONS FROM WHICH VEHICLES WERE APPROACHING BEFORE COLLISION; SAME FOR PEDESTRIANS
 - (B) THE POINT OF COLLISION.
 - (C) WHERE VEHICLES CAME TO REST AFTER COLLISION.
2. FOLLOW DOTTED LINES TO DRAW OUTLINE OF ROADWAY AT PLACE OF ACCIDENT.
3. NUMBER EACH VEHICLE AND SHOW DIRECTION OF TRAVEL BY ARROW.
4. USE SOLID LINE TO SHOW PATH BEFORE ACCIDENT.
5. SHOW PEDESTRIAN BY
6. SHOW RAILROAD BY



PROVIDE ADDRESS OR INTERSECTION/ROAD DETAIL FOR LOCATION OF INCIDENT/ACCIDENT: _____

GIVE FULL DETAILS OF HOW ACCIDENT OCCURRED. COUNTY VEHICLE SHOULD BE #1: _____

PRINT DRIVER NAME: _____ SIGN DRIVER NAME _____

PRINT SUPERVISOR NAME: _____ SUPV. SIGNATURE: _____

SUPV. PHONE #: _____ DATE OF REPORT: _____

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