

**Jefferson County
Report of Motor Vehicle Accident**

Time and Place

Date	Time	Street	City	County	State
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County Vehicle

Make/Model/Year	Body Style	Vehicle I.D. #	License Plate #
Extent of Damage			

County Driver

Name	First	Middle	Last	Work Telephone #
Street Address	City	State	Zip Code	Home Telephone #
For What Purpose Was County Vehicle Being Used				Driver's License #
Injured: Yes ____ No ____				
IF INJURED YOU <u>MUST</u> COMPLETE AN ON-THE-JOB INJURY/ILLNESS REPORT				

County Vehicle Passenger Information

Name	Address	Telephone #	County Employee?	Injured?
1)				
2)				
3)				

Other Vehicle Involved

Name	First	Middle	Last	Telephone #
Street Address	City	State	Zip Code	Other Telephone #
Make/Model/Year	Body Style	License Plate #	Condition of Vehicle	
Extent of Damage				
Driver's Name	Street Address	City	State	Zip Code
Insurance Company Name	Phone #	Policy #		
Injured: Yes ____ No ____				

Other Vehicle Passenger Information

Name	Address	Telephone #	Injured?
1)			
2)			
3)			

