

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

Other Vehicle Passenger Information

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

CONTINUED ON BACK

Property Damage Other Than Vehicles

Description
Extent of Damage

Witnesses or Persons Present

Name	Address	Telephone #	Witness	Person Present
1)				
2)				
3)				

Surface <input type="checkbox"/> Concrete <input type="checkbox"/> Blacktop <input type="checkbox"/> Gravel <input type="checkbox"/> Dirt	Light <input type="checkbox"/> Dawn <input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Dark-Light <input type="checkbox"/> Dark-No Light	Traffic Control <input type="checkbox"/> Officer/Watchman <input type="checkbox"/> Stop & Go/Flashing Light <input type="checkbox"/> Stop Sign <input type="checkbox"/> Railroad Crossing <input type="checkbox"/> Other _____ <input type="checkbox"/> No Traffic Patrol Present	Kind of Locality <input type="checkbox"/> Manufacturing/Industrial <input type="checkbox"/> Shopping/Business <input type="checkbox"/> Residential District <input type="checkbox"/> School/Playground <input type="checkbox"/> Open County <input type="checkbox"/> Other _____
Surface Conditions <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy <input type="checkbox"/> Icy	Weather <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Clear	Police <input type="checkbox"/> Accident Report Taken <input type="checkbox"/> Badge # _____ <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State	

Description of Accident

 Signature of Person Completing Report

Date

Submit original report and any support documentation to:

Jefferson County
 Risk Management Dept
 215 Franklin, Ste. 202
 Beaumont, TX 77701
 (409) 835-8672 Phone