



VEHICLE ACCIDENT PROCEDURES

Any employee or volunteer involved in a motor vehicle accident while operating a County-owned or County-insured vehicle shall follow the procedures below.

1. Stop immediately and investigate even when the accident seems minor.
2. If an emergency exists (bodily injury, chance of fire, etc.), call for emergency service.
3. Notify the local law enforcement agency.
4. Notify your supervisor as soon as possible.
5. Make no expressed or implied admission of liability or fault. Make no expression of apology.
6. Make written notes of the details of the accident while at the scene. Include description of other vehicles involved and property damaged. Obtain names, addresses, and phone numbers of all persons involved and witnesses. In addition, write down the tag number of all involved vehicles or witnesses.
7. Do not give information concerning the accident to anyone unless the party requesting is an authorized official (such as your supervisor, police officer, risk manager, etc.).
8. Do not discuss the accident with insurance agents, news personnel, adjusters or attorneys or any third party without permission from management.
9. Notify Amanda Amos, Contract & Procurement Specialist immediately that an accident has occurred by calling 540-661-5378 or email aamos@orangecountyva.gov.
10. Complete the "Report of Vehicle Accident" form with your supervisor and forward to Amanda Amos, Contract & Procurement Specialist at aamos@orangecountyva.gov, so the information can be reported to VACORP within **24 hours** after your accident.

Note: It is the responsibility of each department head to ensure that the Vehicle Accident Reporting Procedures are followed.



REPORT OF VEHICLE ACCIDENT

This report must be completed immediately following an auto accident and submitted to Amanda Amos, Contract & Procurement Specialist at aamos@orangecountyva.gov to ensure that VACORP is notified within 24 hours. This form will be used by the VACORP's accident review committee to determine the proper disposition of the vehicle accident. Please completely answer ALL applicable questions on this form. Call Amanda Amos at 540-661-5378 with any questions. Do not submit personally identifiable information via email (Ex. social security number).

1. INFORMATION ON DRIVER AND VEHICLE

Accident Date _____ Accident Time _____

Name of Driver _____

Address _____

City _____ State _____ ZIP Code _____

Driver's License No. _____ Date of Birth _____

Home/Cell Phone _____ Work Phone _____

Department & Division _____

If Fire / Rescue List Station _____

Name of Supervisor _____ County Vehicle # _____

License Plate No. _____ Last 6 digits of VIN _____

Make and Model of Vehicle _____ Year _____

Location of accident _____

Where can the vehicle be seen? _____

Describe vehicle damage _____

List Names of other passengers in the vehicle _____

2.a. INFORMATION ON OTHER VEHICLE OR PEDESTRIAN INVOLVED (IF APPLICABLE)

Name of Driver/Pedestrian _____

Address _____

City _____ State _____ Zip Code _____

Driver's License # _____ State Issued _____

Date of Birth _____ Home/Cell Phone _____ Work Phone _____

Make and Type of Vehicle _____ Year _____

License Plate No. _____ State _____ Approximate vehicle repair cost _____

Describe vehicle damage _____

Where can the vehicle be seen? _____

Insurance Company _____ Policy # _____ Phone _____

2.b. VEHICLE OWNER'S INFORMATION (IF NOT SAME AS DRIVER ABOVE)

Name _____

Address _____

City _____ State _____ Zip Code _____

Home/Cell Phone _____ Work Phone _____

Insurance Company _____ Policy # _____ Phone _____

3. DAMAGE TO PROPERTY OTHER THAN VEHICLES (IF APPLICABLE)

Owner of Property _____

Address _____

City _____ State _____ Zip Code _____

Home/Cell Phone _____ Work Phone _____

Describe Damage _____

4. FULLY DESCRIBE HOW THE ACCIDENT HAPPENED

5. ACCIDENT DIAGRAM

6. ACCIDENT DETAILS

Did you notify law enforcement? Yes ____ No ____

If no, why? _____

Did police investigate the accident? Yes ____ No ____

If no, why? _____

If investigated, name and jurisdiction of officer: _____

Was anyone charged? Yes ____ No ____ Name _____

What was the charge? _____

Were you wearing your seat belt? Yes ____ No ____

Weather Conditions _____

What action could you have taken to prevent this accident from occurring? _____

Do you wish to appear before the Vehicle Accident Review Committee when your accident is reviewed?

Yes ____ No ____

Injured _____ Phone No. _____

Address _____

Witness _____ Phone No. _____

Address _____

Driver Signature _____ Date _____

Supervisor Signature _____ Date _____

Department Director or Designee Signature _____ Date _____

ACTION TAKEN BY SUPERVISOR: _____

Please return to Amanda Amos, Contract & Procurement Specialist at aamos@orangecountyva.gov