

IREDELL COUNTY AUTOMOBILE LOSS REPORT

Immediately after an auto accident, complete this form the Supervisor's Investigation Report and email to the Risk Manager in the Risk Management Division of Human Resources.

County Driver

Name _____ Drivers License # _____ Home Phone # _____
Address _____ City _____ State _____ ZIP _____
Department _____ Department # _____ Dept. Phone # _____

County Vehicle

Make of Vehicle _____ Year _____ Model _____ County Vehicle # _____
Estimated Damage _____ Vehicle's Location(address) _____

Accident

Date _____ Time _____ Location _____
Did Law Enforcement Investigate? _____ Officer Name _____ Report Number _____

Other Driver (Vehicle 2)

Driver _____ Drivers License # _____ Phone # _____
Address _____ City _____ State _____ ZIP _____
Owner (if different from above) _____ Drivers License # _____ Phone # _____
Address _____ City _____ State _____ ZIP _____
Make of Vehicle _____ Year _____ Model _____ Plate # _____
Estimated Damage _____ Vehicle's Location _____

Other Driver (Vehicle 3)

Driver _____ Drivers License # _____ Phone # _____
Address _____ City _____ State _____ ZIP _____
Owner (if different from above) _____ Drivers License # _____ Phone # _____
Address _____ City _____ State _____ ZIP _____
Make of Vehicle _____ Year _____ Model _____ Plate # _____
Estimated Damage _____ Vehicle's Location _____

Property Damage - Other Than Auto (Fence, Guardrail, etc.)

Owner _____ Phone # _____
Address _____ City _____ State _____ ZIP _____
Describe Property _____ Location _____

Witnesses (Please include written statement on a separate sheet)

Name _____ Phone # _____
Address _____ City _____ State _____ ZIP _____

Name _____ Phone # _____
Address _____ City _____ State _____ ZIP _____

Persons Injured (Attach additional sheets if necessary.)

Name _____ Phone # _____
Address _____ City _____ State _____ ZIP _____
Which Vehicle? (County, Other Vehicle, Pedestrian) _____ Description of Injuries _____ Where Taken? _____

Name _____ Phone # _____
Address _____ City _____ State _____ ZIP _____
Which Vehicle? (County, Other Vehicle, Pedestrian) _____ Description of Injuries _____ Where Taken? _____

Description of Accident

What street were you on?	Vehicle 2?	Vehicle 3?	
What direction were you traveling?	Vehicle 2?	Vehicle 3?	
Weather Conditions	Traffic Conditions	Speed Limit	Traffic Controls?
Were the vehicles towed?	Wearing seatbelt?	Using Cell Phone?	Vehicle's current location?

(Make a sketch of the accident below.)

Additional Remarks

(Attach additional sheets if necessary)

Signature of Reporting Employee

Signature of Supervisor or Department Director

Date

Printed Name of Reporting Employee