

COUNTY OF SAN MATEO MOTOR VEHICLE ACCIDENT REPORT

EMAIL COMPLETED FORM TO SPRINCE@SMCGOV.ORG AND SUBMIT ORIGINAL TO PONY HRD163

COUNTY DRIVER	NAME (LAST, FIRST)		AGE	DEPARTMENT / AGENCY	DIVISION	ORG NO.
	DRIVER LICENSE NO.	ACCIDENT DATE	TIME	OFFICE ADDRESS		BUSINESS PHONE
	WHAT PURPOSE WAS VEHICLE BEING USED FOR?			JOB TITLE	CLASSIFICATION	ALTERNATE PHONE

COUNTY VEHICLE	VEHICLE LICENSE NO.	VEHICLE YEAR, MAKE, MODEL	VEHICLE PROPERTY NO.	CAR NO.	UNIT ASSIGNED TO
	DESCRIBE DAMAGES TO COUNTY VEHICLE		ESTIMATED REPAIR COST	VEHICLE MANAGEMENT	
				<input type="checkbox"/> DEPARTMENT ASSIGNED <input type="checkbox"/> MOTOR POOL <input type="checkbox"/> OTHER <input type="checkbox"/> DEPARTMENT OWNED <input type="checkbox"/> RENTAL IF DEPARTMENT OWNED OR RENTAL, ENTER OWNER'S NAME	

ACCIDENT DETAILS	ACCIDENT LOCATION (ADDRESS / AREA)		ROAD CONDITIONS		
	(CITY / COUNTY / STATE)		WEATHER CONDITIONS		
			TRAFFIC CONDITIONS		
	POLICE REPORT (REQUIRED WHEN ANOTHER VEHICLE IS INVOLVED, INJURIES HAVE OCCURRED OR PROPERTY DAMAGE IS PRESENTED)		POLICE AGENCY	POLICE OFFICER AND BADGE NO.	POLICE REPORT NO.
	<input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN DIAL 9-1-1 TO CONTACT POLICE AND EMERGENCY MEDICAL SERVICES		FOR TOW-AWAY SERVICE		
	ALTERNATE - CONTACT THE COUNTY OPERATOR AT 650-363-4000 / 573-2222 TO REQUEST POLICE DISPATCH (NON-MEDICAL EMERGENCIES ONLY)		BUSINESS HOURS AFTER HOURS ALTERNATE	REDWOOD CITY MOTOR POOL ACTION TOWING COUNTY OPERATOR	650-363-4037 650-593-5555 650-363-4000 OR 573-2222

OTHER VEHICLE OR PROPERTY	DRIVER'S / OWNER'S NAME		AGE / DOB	VEHICLE LICENSE NO.	VEHICLE YEAR, MAKE, MODEL	NO. OF PASSENGERS
	DRIVER LICENSE NO.	TELEPHONE	ALTERNATE	REGISTERED OWNER		
	DRIVER'S / OWNER'S ADDRESS (STREET, CITY, STATE, ZIP)			OWNER'S ADDRESS		HOME TELEPHONE
						WORK TELEPHONE
	DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY			NAME, ADDRESS AND POLICY NO. OF OTHER PARTY'S INSURANCE		

VEHICLE PASSENGERS	<i>IF A COUNTY EMPLOYEE IS INJURED, A SEPARATE WORKERS' COMPENSATION REPORT IS REQUIRED.</i>			PASSENGER IN (CHECK ONE)			EXTENT OF INJURIES
	NAME (LAST, FIRST INITIAL)	TELEPHONE	ADDRESS	County Car	Other Car	Pedestrian	

WITNESSES	NAME (LAST, FIRST INITIAL)	TELEPHONE	ADDRESS

(CONTINUE ON REVERSE)

CLAIM NUMBER
