

**WEBER COUNTY EMPLOYEE DRIVER  
ACCIDENT REPORT-COUNTY VEHICLE**

Please complete this form at the scene of accident and submit it to Weber County Risk Management immediately upon return to the office. In case of a serious accident, telephone your office at once.

Date occurred: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Seat Belts Worn?:  Yes  No

**County Department:** \_\_\_\_\_

**Person(s) involved:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**Witnesses:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**Condition at time of incident (weather, road conditions, etc.):** \_\_\_\_\_

**Injuries - please describe:** \_\_\_\_\_

**What action was taken?**

**Describe What Happened:**

**Did an officer investigate the accident?**  Yes  No **Report Attached?**  Yes  No

**If yes, which agency investigated?** \_\_\_\_\_

**Was a citation issued?**  Yes  No **To whom:** \_\_\_\_\_

**Is Post-Accident Drug Testing Necessary?**  Yes  No

**(If unsure, contact your supervisor or Risk Management at 399-8604 immediately)**

Please complete back of form

Submit this form to Kim Lee, Weber County Attorney's Office

**County Vehicle Year** \_\_\_\_\_ **Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Plate No.** \_\_\_\_\_

Driver: \_\_\_\_\_ Passenger(s): \_\_\_\_\_

Other vehicle(s) involved: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Plate No. \_\_\_\_\_

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_ Address: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Other vehicle(s) involved: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Plate No. \_\_\_\_\_

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_ Address: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

---

**Damage to County Vehicle? Please describe:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What action was taken?**

\_\_\_\_\_  
\_\_\_\_\_

**Damage to Other vehicle(s)? Please describe:**

\_\_\_\_\_  
\_\_\_\_\_

**What action was taken?**

\_\_\_\_\_  
\_\_\_\_\_

**Was this accident preventable? Please explain.**

\_\_\_\_\_  
\_\_\_\_\_

**Illustrations/Drawings:**

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

**Submit this form to Kim Lee, Weber County Attorney's Office**