



**COUNTY OF ALAMEDA  
VEHICLE ACCIDENT/VEHICLE INCIDENT REPORT  
(FORM 430300-1)**

Use this form for reporting all accidents and incidents of damage to County vehicles and personal vehicles utilized in the course and scope of employment.

**County Driver:** Complete this report immediately or at the earliest possible opportunity after the accident/incident and email a copy to the Risk Management Unit at VAR\_IRF@acgov.org. If the vehicle is a GSA pool vehicle, send the original report to the Motor Vehicle Division, QIC 20119. If the vehicle is a PWA pool vehicle, send the original report to the Public Works Agency, QIC 81707. If you have any questions, please contact the Risk Management Unit at 510-272-6920 located at 125 12<sup>th</sup> Street, Suite 300, Oakland, CA.

<b>AGENCY</b>	Dept/Agency:		Division/Unit :	
	Address:		Phone Number:	
<b>TIME</b>	Date of Accident/Incident:		Hours:	<input type="checkbox"/> AM
	Day of Week:			<input type="checkbox"/> PM
<b>PURPOSE OF THE TRAVEL</b>				
<b>LOCATION OF ACCIDENT/ INCIDENT</b>	City:	Street:	At Intersection With:	
<b>TYPE</b>	<input type="checkbox"/> Backing	<input type="checkbox"/> Animal	<input type="checkbox"/> Head On	
	<input type="checkbox"/> Turned Over	<input type="checkbox"/> Sideswipe	<input type="checkbox"/> Rear End	
	<input type="checkbox"/> Fixed Object	<input type="checkbox"/> Right Angle	<input type="checkbox"/> Other (Describe) _____	
	<input type="checkbox"/> You Hit	OR	<input type="checkbox"/> You Were Hit	
<b>COUNTY VEHICLE OR EE'S PERSONAL VEHICLE</b>	Vehicle Year:      Make:      Model:		County Vehicle # OR EE's Personal Vehicle License Plate:	
	Driver's Name:		Driver's License #:	
	Work Phone:		Home Phone :	
	Home Address:			
	Name of Supervisor:		Work Phone:	
<b>OTHER VEHICLE</b>	Vehicle Year:      Make:      Model:		License Plate:	State:
	Driver's Name:		Driver's License #:	
	Work Phone:		Home Phone:	
	Home Address:			
	Registered Owner of the Vehicle:		Work Phone:	Home Phone:
	Address:		Insurance Name & Policy #:	

<b>WITNESS(ES)</b>	Name:	Work Phone:	Home Phone:
	Address:		
	Name:	Work Phone:	Home Phone:
	Address:		

**VEHICLE ACCIDENT/VEHICLE INCIDENT REPORT (Continued)**

<b>INJURIES / FATALITIES</b>	Name: _____		
	Address: _____		
	Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No		Taken to Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Comments: _____		
	Name: _____		Work Phone: _____
	Home Phone: _____		
Address: _____			
Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No		Taken to Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: _____			

<b>CONDITION</b>	WEATHER: <input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Sunny <input type="checkbox"/> Foggy <input type="checkbox"/> Other _____		
	ROADWAY: <input type="checkbox"/> Dry <input type="checkbox"/> Slippery <input type="checkbox"/> Under Repair <input type="checkbox"/> Other _____		
	Was operator using texting or using cell phone w/o hands-free setup? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Did vehicle have any defects? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____		
	Were Seat Belts in Use? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment: _____		

**DESCRIBE IN DETAIL THE ACCIDENT/INCIDENT:**

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**DESCRIBE THE DAMAGE TO THE COUNTY VEHICLE OR EE'S PERSONAL VEHICLE:**

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Was County or EE's personal vehicle towed?  Yes  No

**DESCRIBE THE DAMAGE TO THE OTHER VEHICLE:**

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Was the other vehicle towed?  Yes  No

**WAS THE ACCIDENT/INCIDENT REPORTED TO:**

County Sheriff:  Yes  No  
 Highway Patrol:  Yes  No  
 City Police:  Yes  No  
 Name of City: \_\_\_\_\_

Officer Name & Badge #: \_\_\_\_\_ REPORT #: \_\_\_\_\_

