

**LEON COUNTY  
ACCIDENT REPORT**

**Type of accident being reported:** *(check all that apply)*

**Vehicle Accident (vehicle-to-vehicle; vehicle-to-property; vehicle damage, other)**

**Personal Injury (Workers= Compensation; minor injuries; citizen injury)**

**Private Property Damage/General Liability (tire damage; paint damage; property damage)**

Following an accident, this accident report is to be completed, signed and forwarded to the appropriate supervisor(s) for comment. Submit the completed report to Risk Management within 24 hours.

**Date of Accident:** \_\_\_\_\_ **Time of Accident:** \_\_\_\_\_

**SECTION 1: EMPLOYEE INFORMATION AND REMARKS**

**1. County Employee Information** *(Use page 2 for additional injury information)*

Name \_\_\_\_\_ Length of Employment: \_\_\_\_\_ yrs. \_\_\_\_\_ months

License type: CDL \_\_\_ Operator \_\_\_

**2. County Vehicle Information** *(if involved in a vehicle accident and/or if County equipment is damaged)*

Tag # \_\_\_\_\_ Vehicle # \_\_\_\_\_ Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Yr.. \_\_\_\_\_

Use of vehicle at time of accident: \_\_\_\_\_

Describe vehicle damages:  front  rear  passenger-side  driver-side  windshield  trailer

mirror(s)  undercarriage  roof  hood  trunk  tailgate  tarp  tire(s)  other

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Private/Public Property Information** *(may attach Exchange of Information provided by law enforcement)*

Owner of Damaged Property \_\_\_\_\_

Type and Extent of Damage \_\_\_\_\_

If applicable, Make of Vehicle \_\_\_\_\_ Model \_\_\_\_\_ Yr. \_\_\_\_\_ Tag # \_\_\_\_\_

Driver=s Name \_\_\_\_\_ Drivers License # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**4. Investigation Information**

Did local law enforcement investigate? \_\_\_\_\_ Officer=s Name \_\_\_\_\_ Case Number \_\_\_\_\_

Highway Patrol \_\_\_\_\_ Sheriff \_\_\_\_\_ City Police \_\_\_\_\_

Were pictures taken? \_\_\_\_\_ If so, by whom? \_\_\_\_\_

**5. Injury Information** *(to the best of your knowledge)*

Name	Address	Nature/Extent of Injury	Employee? or Citizen?
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Injured person sent to doctor? Yes  No  Doctor or hospital name: \_\_\_\_\_**

**6. Witness Information**

Name Address Phone # Employee? or Citizen?

**7. Employee statement of how accident occurred (attach sketch, if needed). Provide as much detail as possible the accident; equipment failure, or other extenuating circumstances).**

Title County Employee=s Signature Date

**SECTION II: FIELD SUPERVISOR REMARKS**

**1. Describe apparent cause of accident/incident:**

**Contributing causes:**

**Unsafe behavior**

- [ ] violation of policy
[ ] improper technique
[ ] careless action
[ ] other
[ ] other

**Unsafe conditions**

- [ ] weather condition
[ ] road surface
[ ] un-level surface
[ ] faulty equipment
[ ] other

**2. Was County employee documented at fault by law enforcement for the accident? Yes [ ] No [ ]**

Did employee require post-accident drug/alcohol testing as outlined in County policy? Yes [ ] No [ ]
If "yes", employee sent for testing within four (4) hours? Yes [ ] No [ ] If No, explain:

**Was there reasonable suspicion the driver or injured employee was under the influence of drugs and/or alcohol at the time of this accident? Yes [ ] No [ ]**

If Yes, drug and/or alcohol testing is to be initiated by documenting observable behavior on the Drug/Alcohol Test Reasonable Suspicion Form and the employee is to be escorted to the appropriate facility for testing.

**Was there a death as a result of this accident? Yes [ ] No [ ]**

If Yes, drug and alcohol testing is required, regardless of who was at fault.

**3. What steps were taken after the accident/incident to ensure the safety of others?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ Date

Field Supervisor Signature

**SECTION III: PROGRAM SUPERVISOR or DEPARTMENT HEAD REMARKS**

**1. Corrective Action(s) and/or Recommendation.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date

Program Supervisor Signature

**SECTION IV: SAFETY COMMITTEE REMARKS**

**Safety Committee Comments/Recommendation:**

Safety Committee agrees with program supervisor=s corrective action(s) and/or recommendations.  
 Safety Committee does not agree with program supervisor=s corrective action(s) and/or recommendations.  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ Date

Safety Committee Representative

**Division/Department Final Action** (if applicable)  
 Procedure/Policy Change:  
 \_\_\_\_\_

Disciplinary Action:  
 \_\_\_\_\_

Concur with Accident Review Board (when applicable)      Yes [ ]      No [ ]

\_\_\_\_\_ Date

Division/Department Signature