

**COUNTY OF RIVERSIDE
CONFIDENTIAL REPORT OF:**

VEHICLE COLLISION:

PROPERTY DAMAGE ONLY:

REPORT OF INJURY:
NON-EMPLOYEE ONLY

SUBMIT TO:

COUNTY OF RIVERSIDE
SAFETY DIVISION
1115 SPRUCE STREET, SUITE 17
RIVERSIDE, CA 92507
MAIL STOP #2170

ORIGINATOR:

DEPARTMENT: _____
ADDRESS: _____
CITY: _____ State: ZIP: _____
COST CENTER: _____

This incident report is intended by the County of Riverside to be a confidential communication

Complete this form within 24 hours of a collision, incident involving property damage, or a report of injury to a non-employee, regardless of fault.

SECTION I

INVOLVED VEHICLES

VEHICLE 1 (COUNTY EMPLOYEE)

COUNTY VEHICLE:

PERSONAL VEHICLE:

NAME OF YOUR DEPARTMENT _____ PHONE NUMBER _____

Address _____

City _____ State Zip Code _____

DRIVERS NAME _____

OPERATORS LICENSE # _____ DATE OF BIRTH _____

VEHICLE MAKE _____ VEHICLE MODEL _____ VEHICLE YEAR _____

BODY TYPE _____ COUNTY EQUIP # _____ LICENSE # _____

INSURANCE COMPANY (PERSONAL VEH. ONLY) _____

POLICY NUMBER _____

DESCRIBE DAMAGE TO VEHICLE 1

VEHICLE 2 (OTHER)

NAME OF DRIVER _____ PHONE NUMBER _____

Address _____

City _____ State Zip Code _____

OPERATORS LICENSE # _____ DATE OF BIRTH _____

VEHICLE MAKE _____ VEHICLE MODEL _____ VEHICLE YEAR _____

INSURANCE COMPANY (PERSONAL VEH. ONLY) _____

POLICY NUMBER _____

DESCRIBE DAMAGE TO VEHICLE 2

INVESTIGATED BY: _____ TITLE: _____

NAME _____ ID# _____ NAME _____ ID# _____
NAME _____ ID# _____ NAME _____ ID# _____

LAW ENFORCEMENT AGENCY TO WHOM REPORTED _____
IF LAW ENFORCEMENT COLLISION REPORT IS ATTACHED, PAGES 3 & 4 ARE NOT REQUIRED OF THE SHERIFF'S DEPARTMENT

REPORT NUMBER _____
IF NO COLLISION REPORT IS TAKEN, ATTACH ADDITIONAL PAGES IDENTIFYING ALL WITNESSES AND INVOLVED PARTIES

BRIEFLY DESCRIBE INCIDENT (THIS SECTION TO BE COMPLETED BY EMPLOYEES SUPERVISOR)

SECTION III PROPERTY DAMAGE/REPORT OF INJURY (NON-EMPLOYEE)

OCCURRED ON: COUNTY PROPERTY PRIVATE PROPERTY

DESCRIBE PROPERTY DAMAGE/INJURY _____

OWNER/INJURED PARTY'S NAME: _____

ADDRESS _____

City _____ State Zip Code _____

PHONE NUMBER: _____

PHOTOS: YES NO TAKEN BY: _____ PHONE NUMBER: _____

COVERED BY INSURANCE: YES NO UNKNOWN

NAME OF INSURANCE COMPANY _____

POLICY NUMBER _____

ADDRESS _____

City _____ State Zip Code _____

PHONE # _____

NAME OF SUPERVISOR NOTIFIED _____

SECTION IV DISTRIBUTION

COPIES TO: COUNTY RISK MANAGEMENT PROFESSIONAL STANDARDS DIVISION
COUNTY SAFETY DIVISION SHERIFF ONLY
COUNTY FLEET SERVICES DATE _____

SECTION V APPROVALS

REPORT MADE OUT BY _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____

DEPARTMENT HEAD SIGNATURE _____ DATE _____

IF LAW ENFORCEMENT COLLISION REPORT IS ATTACHED, PAGES 3 & 4 ARE NOT REQUIRED OF THE SHERIFF'S DEPARTMENT

GET AS MANY WITNESSES AS POSSIBLE - INCLUDE OCCUPANTS OF ALL INVOLVED VEHICLES

1. NAME: _____ PHONE NUMBER: _____
ADDRESS _____

City _____ State Zip Code _____

2. NAME: _____ PHONE NUMBER: _____

ADDRESS _____

City _____ State Zip Code _____

3. NAME: _____ PHONE NUMBER: _____

ADDRESS _____

City _____ State Zip Code _____

4. NAME: _____ PHONE NUMBER: _____

ADDRESS _____

City _____ State Zip Code _____

5. NAME: _____ PHONE NUMBER: _____

ADDRESS _____

City _____ State Zip Code _____

6. NAME: _____ PHONE NUMBER: _____

ADDRESS _____

City _____ State Zip Code _____

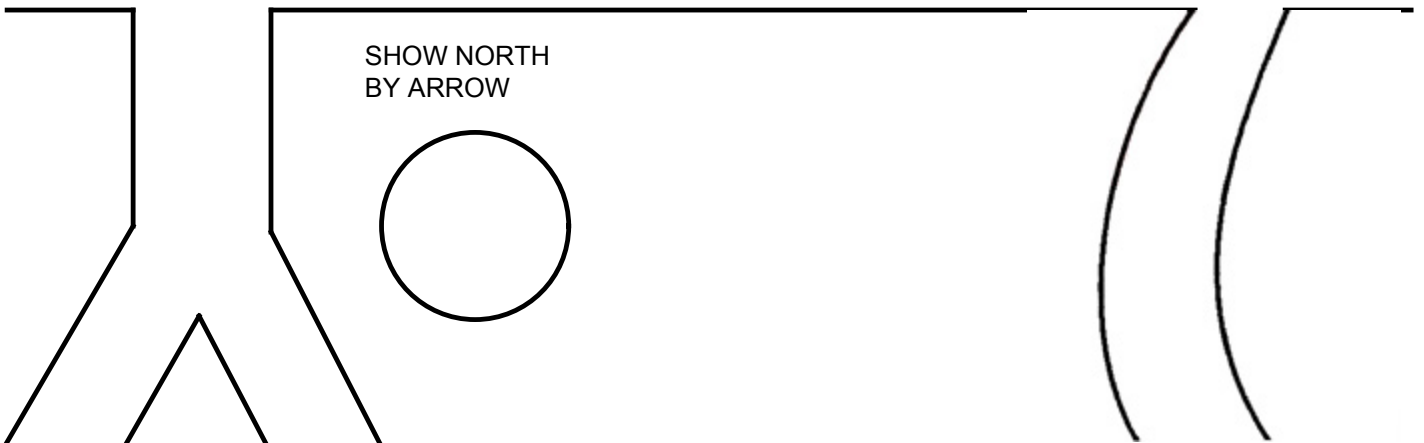
7. NAME: _____ PHONE NUMBER: _____

ADDRESS _____

City _____ State Zip Code _____

SHOW NAMES OF STREETS AND VEHICLE DIRECTIONS (NOT REQUIRED IF COLLISION REPORT COMPLETED)

YOUR VEHICLE 1  OTHER VEHICLE 2 



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COLLISION DATE: _____ TIME _____ AM PM

LOCATION: _____

COUNTY VEHICLE DIRECTION OF TRAVEL: _____

OTHER VEHICLE DIRECTION OF TRAVEL: _____

SPEED OF COUNTY VEHICLE _____ SPEED OF OTHER VEHICLE _____

WEATHER CONDITIONS: (CHECK ALL THAT APPLY)

SNOW <input type="checkbox"/>	WET <input type="checkbox"/>	FOG <input type="checkbox"/>	CLEAR <input type="checkbox"/>	DAWN <input type="checkbox"/>
DAYLIGHT <input type="checkbox"/>	DARK <input type="checkbox"/>	SLEET/HAIL <input type="checkbox"/>	DUSK <input type="checkbox"/>	

ROAD CONDITIONS: (CHECK ALL THAT APPLY)

CONCRETE <input type="checkbox"/>	ASPHALT <input type="checkbox"/>	GRAVEL <input type="checkbox"/>	UNDER REPAIR <input type="checkbox"/>
DRY <input type="checkbox"/>	WET <input type="checkbox"/>	HOLES <input type="checkbox"/>	OTHER <input type="checkbox"/>

NUMBER OF OCCUPANTS: COUNTY VEHICLE _____ OTHER VEHICLE _____

WAS COUNTY DRIVER CITED? YES NO OTHER

WAS OTHER DRIVER CITED? YES NO OTHER

DESCRIBE VEHICLE DAMAGE:

COUNTY VEHICLE (VEH. 1)

OTHER VEHICLE (VEH. 2)

OTHER VEHICLE (VEH. 3)

NOTES: