COUNTY OF SONOMA
VEHICLE ACCIDENT/INCIDENT FORM

DATE & TIME ACCIDENT/INCIDENT	LOCATION OF ACCIDENT/INCIDENT CITY	TIME POLICE NOTIFIED CITY ☐ / CHP ☐

WEATHER CONDITION
CLEAR ☐   CLOUDY ☐   RAINING ☐   FOG ☐   OTHER:_____

ROAD CONDITION
DRY ☐   WET ☐   OTHER:_____

COUNTY EMPLOYEE

NAME OF EMPLOYEE			WORK PHONE NUMBER
DRIVERS LICENSE NUMBER	EXP. DATE	DEPARTMENT NUMBER	DEPARTMENT NAME

COUNTY VEHICLE

COUNTY VEHICLE NUMBER	VEHICLE LICENSE NUMBER	WERE SEAT BELTS WORN? YES ☐ NO ☐
DAMAGE TO COUNTY VEHICLE		

PERSONAL VEHICLE

REGISTERED OWNER		ADDRESS			PHONE
VEHICLE YEAR	MAKE	MODEL	LICENSE NUMBER	INSURED BY	POLICY NUMBER
DAMAGE TO VEHICLE					

OTHER DRIVER/VEHICLE

NAME		ADDRESS		PHONE	DRIVERS LICENSE NUMBER
VEHICLE YEAR	MAKE	MODEL	LICENSE NUMBER	INSURED BY	POLICY NUMBER
DAMAGE TO VEHICLE					
DESCRIBE PROPERTY DAMAGED IF OTHER THAN AUTOMOBILE					

Was a County Employee injured as a result of this accident/incident?   ☐ YES   ☐ NO

INJURED PERSONS

	NAME	DEPARTMENT OR ADDRESS	PHONE NUMBER	INJURIES
1	NAME	DEPARTMENT OR ADDRESS	PHONE NUMBER	INJURIES
2	NAME	DEPARTMENT OR ADDRESS	PHONE NUMBER	INJURIES
3	NAME	DEPARTMENT OR ADDRESS	PHONE NUMBER	INJURIES

DESCRIPTION OF ACCIDENT/INCIDENT

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ADDITIONAL WITNESSES AND INJURIES……

WITNESS	1	NAME	ADDRESS		PHONE NUMBER
	2	NAME	ADDRESS		PHONE NUMBER

INJURED PERSONS	4	NAME	ADDRESS	PHONE NUMBER	INJURIES
	5	NAME	ADDRESS	PHONE NUMBER	INJURIES
	6	NAME	ADDRESS	PHONE NUMBER	INJURIES

DESCRIPTION OF ACCIDENT/INCIDENT - *CONTINUED*

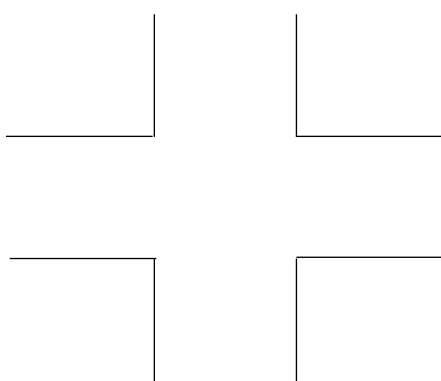| |
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DIAGRAM OF ACCIDENT/INCIDENT
Show names of streets and directions in which vehicles were going

N

I certify that the information in this report is to the best of my knowledge, true and correct.

Signature of Driver	Date