County of Cumberland Vehicle Accident Report

Filling this report is not an admission of any liability on the part of the County or any of our employees.

Date of Accident		Time of Accident	am / pm

❒ Check box if either time or date cannot be determined

Accident Address	What is the address of the accident. If no address please give nearest cross streets or mile marker				
Street Address					
City		State		Zip	

County Employee - Driver #1					
First Name			Last Name		
Home Address			Phone Num		
City		State		Zip Code	
Department			Title		
Vehicle #1			**VIN #**		
Make		Model		Year	

Other Driver - Driver #2					
First Name			Last Name		
Home Address			Phone Num		
City		State		Zip Code	
Department (if applicable)			Title		
Vehicle #2			**VIN #**		
Make		Model		Year	
Insurance Company					

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Accident Description

1) What was County employee doing immediately prior to accident?

_____
_____
_____

2) How did the accident transpire? What occurred and what was the cause?

_____
_____
_____
_____
_____

3) Was medical treatment necessary for County employee? Yes / No

If this involves injury please see County Policy #4.18 regarding workers compensation and please complete and forward an occupational injury report. Additional information is available on the County Intranet or contact HR.

4) How was this incident reported? ____County employee was involved in incident
____ County employee witnessed incident
____ Claimant completed form in person
____ Other (please explain below)

_____
_____

5) Who was incident first reported to?

Name:_____ Title_____

6) Was any corrective action taken to prevent further incidents? If so, what?_____
_____
_____

7) List any additional witnesses or parties to the accident that occurred.
Name:_____ Phone Number:_____
Address:_____ State:_____ Zip:_____
How was this person involved?_____
_____

8) Was a police report filed? Yes /No
9) Were photos of the damage to vehicles taken? Yes / No

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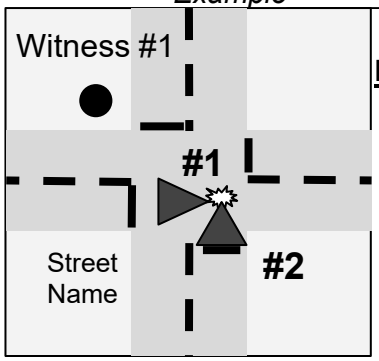
Please use diagram to illustrate the location of all parties/ vehicles when accident occurred with labels of parties and addresses. Please make sure to notate any relevant markings such as signage, street names, cross walks, or pedestrians.

Example



Reporting Instructions: Please forward this entire report along with photos and police report within 3 days to all parties below.

Cumberland County HR: Date
ChristianLu@cumberlandcountyNJ.gov _____
Cumberland County Legal:
Maepe@cumberlandcountyNJ.gov _____
Hardenbergh Insurance Group:
PEclaims@HIG.net _____

Employee Name:_____ Employee Signature:_____

Supervisors Signature:_____ Todays Date:_____