



County of Henrico, Department of Finance, Risk Management Division

INCIDENT AND VEHICLE ACCIDENT REPORT FORM

DO NOT ADMIT LIABILITY OR FAULT. Please be detailed. Include any additional documents/photos. Use separate sheet of paper if necessary. Refer to Incident and Vehicle Accident Reporting Flowchart for more information.

REPORTING EMPLOYEE INFORMATION

Division/School/Station:
Employee Name: Phone: Email:
Supervisor Name: Phone: Email:

INCIDENT INFORMATION

Date of Loss: Time: AM PM
Location:
Police Report Number: Reporting Officer:

TYPE OF INCIDENT (check all that apply):
County Property or County Equipment Damage
County Vehicle Accident or County Vehicle Damage
Personal Property or Personal Vehicle Damage
Person Injured (Excludes Employees)
Report Only

DESCRIPTION OF INCIDENT

Describe the incident and how it occurred.

COUNTY PROPERTY/EQUIPMENT INFORMATION (Complete if County Property or Equipment was damaged/lost.)

Describe the property or equipment (include serial number) damaged and extent of damages.

If damage was caused by a third party, provide name and contact information:

COUNTY VEHICLE INFORMATION (Complete if a County Vehicle was involved in a vehicle accident or was damaged.)

Unit: Year/Make/Model: License Plate:
Description of Damages:
Was the vehicle towed? YES NO Tow Company:
Driver's Name: Driver's License:
Driver's Address: Driver's Phone:
Was the Driver Injured? YES NO Was the Driver Cited? YES NO
Were there passengers? YES NO Number of Passengers: Number of Passengers Injured:

Provide passenger name(s), indicate if injured. If School Bus, attach seating chart.

OTHER VEHICLE INFORMATION (Complete if *another* vehicle was involved in a vehicle accident or if a *personal* vehicle was damaged.)

Year/Make Model: _____ License Plate: _____

Description of Damages: _____

Was the vehicle towed? YES NO Tow Company: _____

Driver's Name: _____ Driver's License: _____

Driver's Address: _____ Driver's Phone: _____

Was the Driver Injured? YES NO Was the Driver Cited? YES NO

Were there passengers? YES NO Number of Passengers: _____ Number of Passengers Injured: _____

Provide passenger name(s), indicate if injured. If School Bus, attach seating chart.

Registered Owner's Name: _____ Owner's Phone: _____

Owner's Address: _____

Insurance Company: _____ Insurance Phone: _____

PRIVATE PROPERTY INFORMATION (Complete if a *personal* property was damaged/lost.)

Describe the property, extent of damages.

Provide property owner's name and contact information.

INJURED PERSON(S) INFORMATION (Complete if someone was injured. **EXCLUDES EMPLOYEES.**)

List name, contact information, and extent of injuries of injured person(s).

WITNESS INFORMATION

Provide name(s) and contact information of any witnesses.

SUPERVISOR COMMENTS/RECOMMENDATIONS

SIGNATURES

Reporting Employee's Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

SUBMIT COMPLETED FORM AND RELATED DOCUMENTS TO RISK MANAGEMENT WITHIN 24 HRS OR NEXT BUSINESS DAY.

**INTER-OFFICE:
RISK MANAGEMENT**

**FAX:
804-501-5663**

**EMAIL:
RMMAIL@HENRICO.GOV**