COUNTY OF LOS ANGELES REPORT OF VEHICLE COLLISION or INCIDENT

FATALITIES OR SERIOUS INJURIES MUST BE REPORTED IMMEDIATELY BY TELEPHONE TO CARL WARREN & CO. (818) 247-2206

Prepared for County Counsel in defense of the County, Special Districts and Employeees

Dept Name: _____ Dept. #: _____
DIV or Facility: _____
SECTION: _____
IRMIS Code #: _____

VEHICLE DRIVEN BY EMPLOYEE (check one)
○ COUNTY VEHICLE (Includes Veh. leased or rented by CO.)
Equipt. No. _____
License No. _____

○ EMPLOYEE'S VEHICLE
Insurance Co. _____
Policy No _____
Permittee ○ Yes ○ No

CONTRACT CITIES SERVICES ○ YES ○ NO
If yes, name of contract city _____

POLICE REPORT ☐ YES ☐ NO POLICE AGENCY REPORTING _____ STATION _____ REPORT # _____

INCIDENT DATE _____ CITY _____ ON _____ (Street or Highway) AT _____ (Intersection or Address)
HOUR _____ AM _____ PM OR AREA _____

COUNTY DRIVER (1)

DRIVER: _____ Job Title _____ Driver's Lic. No. _____
Address: Home _____ Phone _____
Work Location _____ Phone _____ Ext. _____
VEHICLE: Year _____ Make _____ Model or Type _____ Lic. No. _____
Parts Damaged _____

PASSENGER: CO Employee? _____ Yes _____ No
Name _____
Home Address _____ (Street) (City)
Phone: Work _____ Home _____

PASSENGER: CO. Employee? _____ Yes _____ No
Name _____
Home Address _____ (Street) (City)
Phone: Work _____ Home _____

OTHER DRIVER (2)

DRIVER _____
DRIVER'S LICENSE NO. _____ STATE _____ INSURANCE CO. _____ POLICY # _____
EMPLOYER _____ (Name of Person, Company or Organization) (Address) (City) (State) (Zip Code) (Phone)
VEHICLE _____ (Year) (Make) (Model or Type) Veh. Lic. No. _____ (Year) (Number) (State)
PARTS DAMAGED _____
REGISTERED OWNER _____ (Name) (Address) (City) (State) (Zip Code) (Phone)

PASSENGER:
Name _____
Home Address _____ (Street) (City)
Phone: Work _____ Home _____

PASSENGER:
Name _____
Home Address _____ (Street) (City)
Phone: Work _____ Home _____

OTHER DRIVER (3)

DRIVER _____
DRIVER'S LICENSE NO. _____ STATE _____ INSURANCE CO. _____ POLICY # _____
EMPLOYER _____ (Name of Person, Company or Organization) (Address) (City) (State) (Zip Code) (Phone)
VEHICLE _____ (Year) (Make) (Model or Type) Veh. Lic. No. _____ (Year) (Number) (State)
PARTS DAMAGED _____
REGISTERED OWNER _____ (Name) (Address) (City) (State) (Zip Code) (Phone)

PASSENGER:
Name _____
Home Addressss _____ (Street) (City)
Phone: Work _____ Home _____

PASSENGER:
Name _____
Home Addressss _____ (Street) (City)
Phone: Work _____ Home _____

INJURED / WITNESSES

Check one: ○ INJURED ○ WITNESS ○ FATALITY
NAME _____ PHONE _____ NATURE OF INJURY _____
ADDRESS _____ TAKEN TO _____

Check one: ○ INJURED ○ WITNESS ○ FATALITY
NAME _____ PHONE _____ NATURE OF INJURY _____
ADDRESS _____ TAKEN TO _____

INJURED / WITNESSES

Check one: ○ INJURED ○ WITNESS ○ FATALITY
NAME _____ PHONE _____ NATURE OF INJURY _____
ADDRESS _____ TAKEN TO _____

Check one: ○ INJURED ○ WITNESS ○ FATALITY
NAME _____ PHONE _____ NATURE OF INJURY _____
ADDRESS _____ TAKEN TO _____

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INSTRUCTIONS: Complete form within 24 hours of vehicle collision and submit to your supervisor.
If more space is needed to completely answer any category on this form, attach an additional sheet.

INDICATE NORTH

DRAW A DIAGRAM AND SHOW HOW COLLISION OCCURRED
Show your Vehicle as [1] the other Vehicles as [2], [3], etc.

SHOW the location and position of Vehicle(s) at point of impact.
SHOW the name of the street(s) and location of stop signs, signals.
STATE number of lanes and length of skidmarks.

Co. Vehicles Involved _____

EXPLAIN CLEARLY HOW COLLISION OCCURRED. USE ADDITIONAL SHEETS IF NECESSARY (IF SHERIFF DEPT., STATE IF MDT RELATED?)

DISTRIBUTION:
Department procedure for distribution to be followed; copies must be forwarded to the following:

ORIG. & 1 COPY: CARL WARREN & CO., P.O. Box 116, Glendale, CA 91209-0116
1 COPY - (If CO. Vehicle damaged) Internal Services Dept., 1100 N. Eastern Ave., Room 210, L.A. 90063
(Not applicable for Road and Flood Control Vehicles)

(1) LOCALITY
- ____ Rural-Hwy/Roadway
- ____ Residential
- ____ Business/Shopping
- ____ Freeway
- ____ Motor Way (Min.)
- ____ Open Field
- ____ Private Road
- ____ Other

(2) OPERATING AREA
- ____ Non-intersection
- ____ Nearing Intersection
- ____ In Intersection
- ____ Leaving Intersection
- ____ Entering Driveway
- ____ Leaving Driveway
- ____ Construction Zone
- ____ Parking/Bus. Lot
- ____ Other

(3) MOVEMENT

[1]	[2]	
____	____	Straight Ahead
____	____	Lane Change
____	____	Making Right Turn
____	____	Making Left Turn
____	____	Standing
____	____	Parked
____	____	Backing
____	____	Rolling Back
____	____	Moving Unattended

(4) TRAFFIC CONTROLS

____	____	None Present
____	____	Green Signal
____	____	Yellow Signal
____	____	Red Signal
____	____	Flashing Signal
____	____	Stop Sign
____	____	Warning Sign
____	____	Construction Sign
____	____	Other

(5) AMOUNT OF TRAFFIC
- ____ No Other
- ____ Light
- ____ Medium
- ____ Heavy-Flowing
- ____ Congested

(6) TERRAIN
- ____ Level
- ____ Upgrade
- ____ Downgrade
- ____ Hill Crest
- ____ Dip

(7) ROAD SURFACE
- ____ Concrete
- ____ Asphalt
- ____ Oiled/Gravel
- ____ Unpaved
- ____ Other

(8) VISIBILITY
- ____ Good
- ____ Fair
- ____ Poor
- ____ Very Poor

(9) WEATHER
- ____ Clear
- ____ Rain
- ____ Fog
- ____ Dusty
- ____ Snow
- ____ Heavy Smog
- ____ Other

(10) ROAD CONDITION
- ____ Dry
- ____ Wet
- ____ Muddy
- ____ Snowy or Icy

(11) EVASIVE ACTION by CO. Driver
- ____ Locked Brakes
- ____ Hard Brakes
- ____ Slowed/Stopped
- ____ Steered Away
- ____ Accelerated
- ____ None
- ____ Other

(12) SAFETY BELTS
- ____ Installed, Not Worn
- ____ Installed and Worn
- ____ Not Installed
- ____ Vehicle Unoccupied

(13) EMERGENCY RESPONSE
(Applies to Vehicle driven by employee)

Were red lights and siren activated? ☐ Yes ☐ No

County Driver's Item No _____ Employee No. _____ Age _____

Total Yrs. Driv _____ Total Yrs. Driv. for CO. _____ Total Yrs. this type Veh _____

SIGNATURE OF EMPLOYEE _____ DATE _____

SIGNATURE OF SUPERVISOR _____ DATE _____

SIGNATURE OF DEPT. HEAD OR AUTH. REPRESENTATIVE _____ DATE _____