

# 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 Council in defense of the County, Special Districts and Employees

Dept Name: _____ Dept. #: _____ DIV. or Facility: _____ SECTION: _____ IRMIS Code #: _____		VEHICLE DRIVEN BY EMPLOYEE (check one) <input type="checkbox"/> COUNTY VEHICLE <small>(Includes Veh. leased or rented by CO.)</small> Equip. No. _____ License No. _____		<input type="checkbox"/> EMPLOYEE'S VEHICLE Insurance Co. _____ Policy No. _____ Permittee <input type="checkbox"/> Yes <input type="checkbox"/> No		CONTRACT CITIES SERVICES <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, name of contract city _____	
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		POLICE AGENCY REPORTING _____ STATION _____		REPORT # _____			
INCIDENT DATE _____ CITY _____ ON _____ AT _____ <small>(Street or Highway)</small>		HOUR _____ AM _____ PM OR AREA _____ <small>(Intersection or Address)</small>					
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 _____ <small>(Name of Person, Company or Organization) (Address) (City) (State) (Zip Code) (Phone)</small>						
	VEHICLE _____ (Year) _____ (Make) _____ (Model or Type) _____ Veh. Lic. No. _____ (Year) _____ (Number) _____ (State) _____ PARTS DAMAGED _____						
	REGISTERED OWNER _____ <small>(Name) (Address) (City) (State) (Zip Code) (Phone)</small>						
	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 _____ <small>(Name of Person, Company or Organization) (Address) (City) (State) (Zip Code) (Phone)</small>						
	VEHICLE _____ (Year) _____ (Make) _____ (Model or Type) _____ Veh. Lic. No. _____ (Year) _____ (Number) _____ (State) _____ PARTS DAMAGED _____						
	REGISTERED OWNER _____ <small>(Name) (Address) (City) (State) (Zip Code) (Phone)</small>						
	PASSENGER: _____ Name _____ Home Address _____ (Street) _____ (City) _____ Phone: Work _____ Home _____			PASSENGER: _____ Name _____ Home Address _____ (Street) _____ (City) _____ Phone: Work _____ Home _____			
INJURED / WITNESSES	Check one: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY NAME _____ PHONE _____ NATURE OF INJURY _____ ADDRESS _____ TAKEN TO _____						
	Check one: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY NAME _____ PHONE _____ NATURE OF INJURY _____ ADDRESS _____ TAKEN TO _____						
	Check one: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY NAME _____ PHONE _____ NATURE OF INJURY _____ ADDRESS _____ TAKEN TO _____						
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	Check one: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY NAME _____ PHONE _____ NATURE OF INJURY _____ ADDRESS _____ TAKEN TO _____						
	Check one: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY NAME _____ PHONE _____ NATURE OF INJURY _____ ADDRESS _____ TAKEN TO _____						

**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.



**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)

**(9) WEATHER**

- \_\_\_ Clear
- \_\_\_ Rain
- \_\_\_ Fog
- \_\_\_ Dusty
- \_\_\_ Snow
- \_\_\_ Heavy Smog
- \_\_\_ Other

**(11) EVASIVE ACTION**

- by CO. Driver
- \_\_\_ Locked Brakes
  - \_\_\_ Hard Brakes
  - \_\_\_ Slowed/Stopped
  - \_\_\_ Steered Away
  - \_\_\_ Accelerated
  - \_\_\_ None
  - \_\_\_ Other

**(1) LOCALITY**

- \_\_\_ Rural-Hwy/Roadway
- \_\_\_ Residential
- \_\_\_ Business/Shopping
- \_\_\_ Freeway
- \_\_\_ Motor Way (Mtn.)
- \_\_\_ Open Field
- \_\_\_ Private Road
- \_\_\_ Other

**(3) MOVEMENT**

- 1  2
- \_\_\_ Straight Ahead
  - \_\_\_ Lane Change
  - \_\_\_ Making Right Turn
  - \_\_\_ Making Left Turn
  - \_\_\_ Standing
  - \_\_\_ Parked
  - \_\_\_ Backing
  - \_\_\_ Rolling Back
  - \_\_\_ Moving Unattended

**(5) AMOUNT OF TRAFFIC**

- \_\_\_ No Other
- \_\_\_ Light
- \_\_\_ Medium
- \_\_\_ Heavy-Flowing
- \_\_\_ Congested

**(7) ROAD SURFACE**

- \_\_\_ Concrete
- \_\_\_ Asphalt
- \_\_\_ Oiled/Gravel
- \_\_\_ Unpaved
- \_\_\_ Other

**(6) TERRAIN**

- \_\_\_ Level
- \_\_\_ Upgrade
- \_\_\_ Downgrade
- \_\_\_ Hill Crest
- \_\_\_ Dip

**(8) VISIBILITY**

- \_\_\_ Good
- \_\_\_ Fair
- \_\_\_ Poor
- \_\_\_ Very Poor

**(10) ROAD**

- CONDITION**
- \_\_\_ Dry
  - \_\_\_ Wet
  - \_\_\_ Muddy
  - \_\_\_ Snowy or Icy

**(12) SAFETY BELTS**

- \_\_\_ Installed, Not Worn
- \_\_\_ Installed and Worn
- \_\_\_ Not Installed
- \_\_\_ Vehicle Unoccupied

**(2) OPERATING AREA**

- \_\_\_ Non-intersection
- \_\_\_ Nearing Intersection
- \_\_\_ In Intersection
- \_\_\_ Leaving Intersection
- \_\_\_ Entering Driveway
- \_\_\_ Leaving Driveway
- \_\_\_ Construction Zone
- \_\_\_ Parking/Bus. Lot
- \_\_\_ Other

**(4) TRAFFIC CONTROLS**

- \_\_\_ None Present
- \_\_\_ Green Signal
- \_\_\_ Yellow Signal
- \_\_\_ Red Signal
- \_\_\_ Flashing Signal
- \_\_\_ Stop Sign
- \_\_\_ Warning Sign
- \_\_\_ Construction Sign
- \_\_\_ Other

**(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