



Driver's Report of Accident (DRA)

A DRA **must be completed** whenever a County employee or County vehicle is involved in a vehicle accident or collision (*including those involving personal vehicles used for County business*)

For the Driver

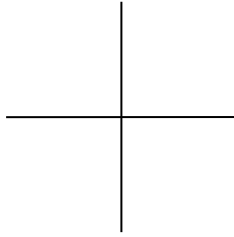
- Remain calm
- Do NOT admit blame, or make promises to the other party(s) regarding reimbursement by the County
- *If there are injuries* - immediately call 9-1-1
- **Call the County Communication Center at 875-6900.** They will notify appropriate responders (law enforcement, ambulance, tow-truck, etc.)
- Do NOT leave the scene until you've completed the following sections of the DRA (the remainder can be completed back at your office):
 - Accident Details
 - Other Driver/Vehicle Information
 - Passenger in Other Vehicle
 - Witnesses
- Exchange the following information with the other party (***Mandatory Exchange - CVC 16025***)
 - Your Name
 - Driver's License # and County Vehicle ID #
 - Address of Registered Owner
 - **For County Vehicles** - 700 H Street, Sacramento, CA 95814
 - Evidence of Financial Responsibility for the vehicle (a.k.a. Insurance information)
 - **For County Vehicles** - Risk Management Office, P.O. Box 276130, Sacramento, CA 95827 (916) 876-1073 (***Advise the other party that the County is a "Self-insured public entity"***)
- Complete the DRA and submit to your supervisor for immediate review
- Do NOT discuss this accident/incident with the other party or any representative of the other party, such as insurance companies or attorneys. Refer all phone calls, letters, etc. from the other party, or their representative, to Risk Management at (916) 876-1073

For the Supervisor

- Complete Supervisor section of the Driver's Report of Accident
- Send original DRA to Risk Management Office **within 24 hours** of the accident
(**E-mail:** DPSPPropCaus@sacounty.gov, **Fax:** 916-876-5156, or **Mail Code:** 58-600)
- ***If employee was injured***, send copy of DRA to: Workers' Compensation Office
(**E-mail:** DPSWorksComp@sacounty.gov **Fax:** 916-876-5157 or **Mail Code:** 58-600)
- Arrange for County vehicle to be inspected at appropriate County maintenance facility
- Send copy of DRA to appropriate County Garage
 - Fleet Services – **Light Equipment** (MC: 07-001)
 - Fleet Services – **Heavy Equipment** (MC: 73-001)
 - For vehicles assigned to the **Airport** (MC: 95-001)

LOCATION DIAGRAM

Indicate Directional Points on the Compass (N, S, E, W)



- Identify streets
- Indicate COUNTY VEHICLE as #1, and all other vehicles in numerical sequence

The diagram area consists of a large rectangular space divided into four quadrants by a central vertical and horizontal line. The top-left quadrant contains a small triangle and a larger shape with a curved side. The top-right quadrant contains a simple rectangle. The bottom-left quadrant contains a large rectangle with a diagonal line and a small triangle. The bottom-right quadrant contains a large rectangle with a diagonal line. The entire area is enclosed by a thin black border.

FOR SHERIFF'S DEPARTMENT USE ONLY	
Operational Damage	_____
Preventable	_____
Non-Preventable	_____

COUNTY OF SACRAMENTO
Driver's Report of Accident

Contains Confidential Information
Do NOT release without consent of Risk Management Office

Risk Management File Number
Department Use Only

DATE of Accident / Incident: _____

TIME of Accident / Incident: _____

COUNTY DRIVER INFORMATION - You may complete this section at your office

NAME	DRIVER'S LIC. # / EXPIRATION DATE	DATE OF BIRTH
JOB TITLE	WORK PHONE #	INJURED? "YES" OR "NO"
DEPARTMENT / DIVISION	WORK E-MAIL ADDRESS	

COUNTY VEHICLE INFORMATION - You may complete this section at your office

COUNTY VEHICLE NUMBER	VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR
LICENSE PLATE NUMBER	VEHICLE COLOR	CHILD SAFETY SEAT IN CAR? "YES" OR "NO"	ODOMETER AT TIME OF ACCIDENT
DESCRIBE DAMAGES TO COUNTY VEHICLE (INDICATE SEVERITY FIRST) _____ NONE _____ MINOR _____ MODERATE _____ MAJOR			
IS THIS A RENTAL VEHICLE? ("YES" OR "NO" - IF "YES" PROVIDE RENTAL CO.)		IS THIS A PERSONAL VEHICLE? ("Yes" or "No")	

ACCIDENT DETAILS - Complete at scene of accident / incident

LOCATION OF ACCIDENT / INCIDENT (Provide Address or Area, City, State, and ZIP Code)		
ROAD CONDITIONS (i.e. Paved, Loose Gravel, Dirt, Etc.)	WEATHER CONDITIONS (i.e. Clear & Dry, Raining, Wet, Windy, Etc.)	
TRAFFIC CONDITIONS (i.e. Light / Moderate / Heavy)	HOW FAST WERE YOU DRIVING?	EST. SPEED OF OTHER VEHICLE

OTHER DRIVER / VEHICLE INFORMATION - Complete at scene of accident / incident

DRIVER'S NAME		DATE OF BIRTH	DRIVER'S LICENSE NO. / STATE / EXP.
HOME PHONE NUMBER	WORK PHONE NUMBER	E-MAIL ADDRESS	# PEOPLE IN VEHICLE
DRIVER'S ADDRESS (Include City, State, and ZIP Code)			
REGISTERED OWNER OF OTHER VEHICLE (If different from Driver)		E-MAIL ADDRESS	PHONE NUMBER
OWNER'S ADDRESS (Include City, State, and ZIP Code)			
OTHER PARTY'S INSURANCE (Include Insurance Co., Address, Phone # and Policy #)			
VEHICLE MAKE	VEHICLE MODEL	YEAR	COLOR
LICENSE PLATE NUMBER / STATE	DESCRIBE DAMAGES TO OTHER VEHICLE		

PASSENGERS IN OTHER VEHICLE - Complete at scene of accident / incident

NAME	ADDRESS & PHONE #	INJURED? "YES" or "NO"
NAME	ADDRESS & PHONE #	INJURED? "YES" or "NO"
NAME	ADDRESS & PHONE #	INJURED? "YES" or "NO"

PASSENGERS IN COUNTY VEHICLE - *You may complete this section at your office*

NAME	ADDRESS and PHONE NUMBER	INJURED? "YES" or "NO"
NAME	ADDRESS and PHONE NUMBER	INJURED? "YES" or "NO"

NAME	ADDRESS	PHONE #
NAME	ADDRESS	PHONE #

[illegible]

Mark all that responded: <input type="checkbox"/> FIRE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> CHP <input type="checkbox"/> SAC. CITY POLICE <input type="checkbox"/> SHERIFF'S DEPT. <input type="checkbox"/> OTHER	
WAS A REPORT MADE? ("Yes" or "No")	ACCIDENT REPORT NUMBER
NAME AND ADDRESS OF INVESTIGATING AGENCY	
TIME THAT COUNTY OPERATOR WAS NOTIFIED OF ACCIDENT / INCIDENT	

DATE _____

SUPERVISOR'S NAME		E-MAIL ADDRESS & PHONE #
IN YOUR OPINION, COULD THIS ACCIDENT / INCIDENT HAVE BEEN PREVENTED BY THE EMPLOYEE? ____ YES ____ NO (IF YES, EXPLAIN HOW)		
COMMENTS OR RECOMMENDATIONS		

DATE _____

Rev. 4-25 Form #7685