



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

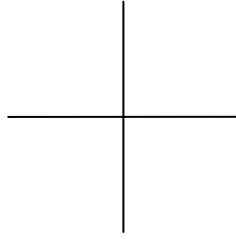
- Remain calm
- Do NOT admit blame, or make promises to the other party(s) regarding reimbursement by the County
- **Call the County Operator at 875-6900.** They will notify appropriate responders (law enforcement, ambulance, tow-truck, etc.)
- Do NOT leave the scene until you've completed the following 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 & Current Residence Address
 - Your Driver's License # and County Vehicle ID #
 - Current Residence 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) 876-5251
- 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) 876-5251

For the Supervisor

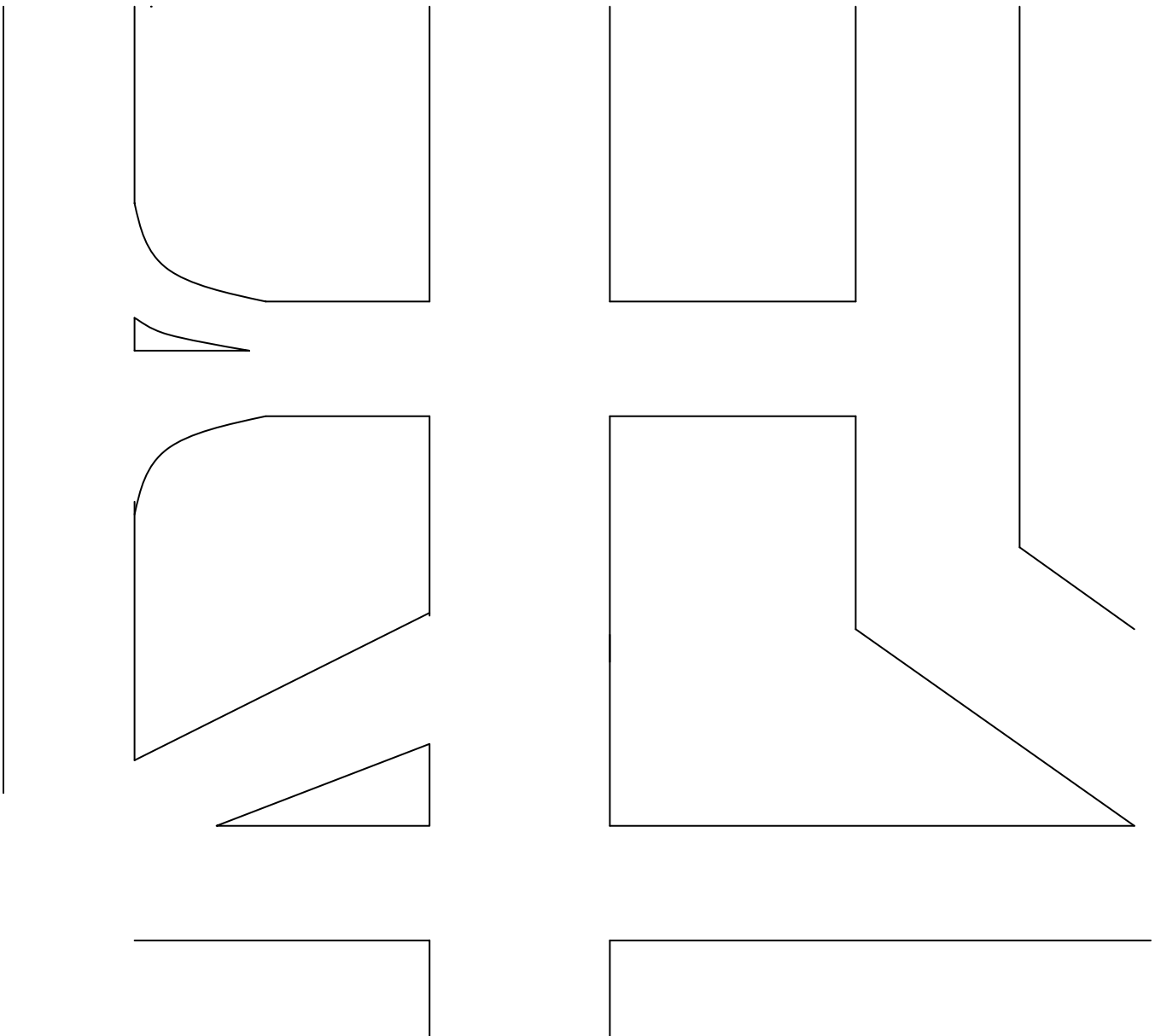
- Complete Supervisor section of the Driver's Report of Accident
- Send original DRA to Risk Management Office **within 24 hours** of the accident (MC: 58-600, Fax: 916-876-5156)
- If employee was injured, send copy of DRA to: Workers' Compensation Office (MC: 58-600, Fax: 916-876-5157)
- Arrange for 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



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

**COUNTY OF SACRAMENTO
Driver's Report of Accident**

Please: PRINT or TYPE

**This report contains CONFIDENTIAL INFORMATION
Do NOT release without the consent of Risk and Loss Control Division**

Risk and Loss Control File Number

Department Use Only

ACCIDENT / INCIDENT DATE: _____ **ACCIDENT / INCIDENT TIME:** _____

COUNTY DRIVER INFORMATION (You may complete this section at your office)

NAME	DATE OF BIRTH	WORK PHONE NUMBER
JOB TITLE	DEPARTMENT / DIVISION	SEATBELT ON?
DRIVER'S LICENSE NO. / EXPIRATION DATE	DATE LAST COMPLETED DEFENSIVE DRIVER TRAINING	INJURED? "YES" OR "NO"

COUNTY VEHICLE INFORMATION (You may complete this section at your office)

VEHICLE MAKE	VEHICLE MODEL	COUNTY VEHICLE NUMBER
VEHICLE LICENSE PLATE NUMBER	VEHICLE COLOR	ODOMETER AT TIME OF ACCIDENT / INCIDENT
DESCRIBE DAMAGES TO COUNTY VEHICLE CIRCLE ONE & describe below: 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 (To be completed at the scene of accident / incident)

LOCATION OF ACCIDENT / INCIDENT (Provide Address or Area, City, State, and ZIP Code)		
ROAD CONDITIONS	WEATHER CONDITIONS	
TRAFFIC CONDITIONS	HOW FAST WERE YOU DRIVING?	EST. SPEED OF OTHER VEHICLE

OTHER DRIVER / VEHICLE INFORMATION (To be completed at the scene of accident / incident)

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

WITNESSES (To be completed at the scene of accident / incident)

NAME	ADDRESS	PHONE NUMBER
NAME	ADDRESS	PHONE NUMBER
NAME	ADDRESS	PHONE NUMBER

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"

PASSENGERS IN OTHER VEHICLE (To be completed at the scene of accident / incident)

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

DESCRIBE HOW THIS ACCIDENT / INCIDENT OCCURRED (You MUST Complete Location Diagram)

Was any other public/private property (non-vehicle) damaged as a result of this incident? Please describe.

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AGENCIES RESPONDING TO THE ACCIDENT / INCIDENT SCENE

Circle all that responded:	FIRE	AMBULANCE	CHP	SACTO. CITY POLICE	SHERIFF'S DEPT.	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						

SIGNATURE OF COUNTY DRIVER

DATE

TO BE COMPLETED BY SUPERVISOR

SUPERVISOR'S NAME	PHONE NUMBER
IN YOUR OPINION, COULD THIS ACCIDENT / INCIDENT HAVE BEEN PREVENTED BY THE EMPLOYEE? YES ____ NO ____ IF YES, EXPLAIN HOW.	
COMMENTS OR RECOMMENDATIONS	

SIGNATURE OF SUPERVISOR

DATE

ORIGINAL: Send to Risk Management Office (58-600)

IF EMPLOYEE INJURED: Copy to Workers' Compensation (Mail Code 58-600)

REMEMBER: Send copy to appropriate County Garage (see Cover page for routing instructions)