



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

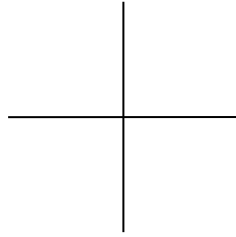
- Remain calm
- Do NOT admit blame, or make promises to the other party(s) regarding reimbursement by the County
- **Call the County Operator at 875-6900.** They will notify appropriate responders (law enforcement, ambulance, tow-truck, etc.)
- Do NOT leave the scene until you've completed the following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

For the Supervisor

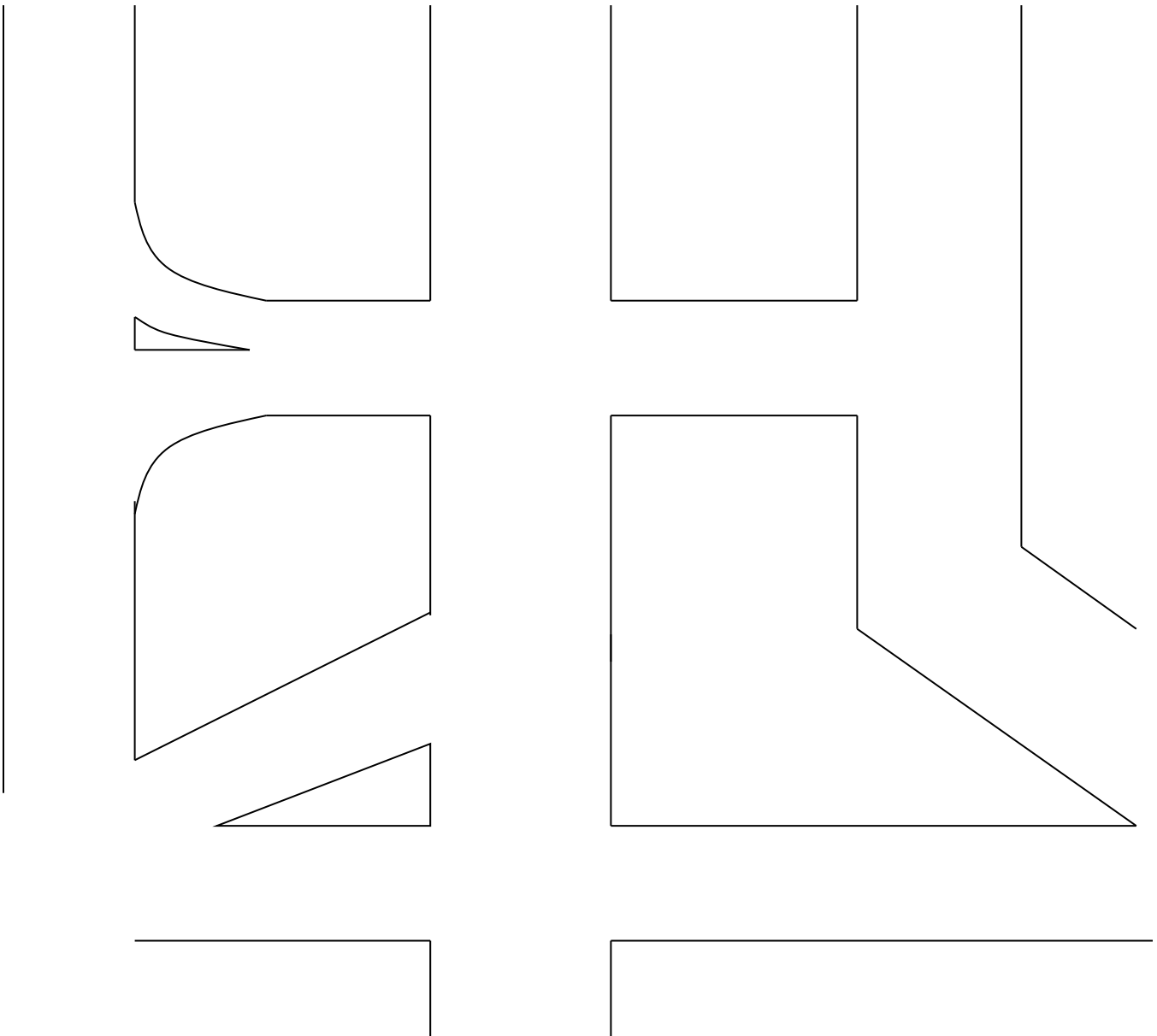
- Complete Supervisor section of the Driver's Report of Accident
- Send original DRA to Risk Management Office **within 24 hours** of the accident
(**E-mail:** DPSPPropCaus@sacounty.net **Fax:** 916-876-5156 **OR Mail Code:** 58-600)
- **If employee was injured**, send copy of DRA to: Workers' Compensation Office
(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



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

COUNTY OF SACRAMENTO
Driver's Report of Accident

Risk Management File Number
Department Use Only

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

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"

WITNESSES - *Complete at scene of accident / incident*

NAME	ADDRESS	PHONE #
NAME	ADDRESS	PHONE #

DESCRIBE HOW THIS ACCIDENT / INCIDENT OCCURRED - *You MUST Complete Location Diagram*

Was any other property (NON-VEHICLE) damaged as a result of this incident? Please describe.

EMERGENCY VEHICLES RESPONDING TO THE ACCIDENT / INCIDENT SCENE

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	

SIGNATURE OF COUNTY DRIVER

DATE

TO BE COMPLETED BY SUPERVISOR

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

SIGNATURE OF SUPERVISOR

DATE

IF EMPLOYEE INJURED: Send Copy to Workers' Compensation (Fax 916-876-5157 or Mail Code 58-600)

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

Risk Management Analyst Use Only	
Reviewed by Analyst	_____
Approved for Subrogation	_____
1st Party Insurance Candidate	_____
Date Sent to TPA	_____