



DRIVER'S REPORT OF VEHICULAR ACCIDENT

Risk Management is available for on-site incident observations/assistance to events such as minor auto accidents, property damage and injury incidents for analysis and reporting.

DATE OF ACCIDENT: _____ TIME _____ AM PM

DRIVER NAME: _____ TITLE: _____ POLICE REPORT#: _____

VEHICLE: Yr _____ Make _____ Unit No. _____ V.I.N. _____

DEPARTMENT/ DIVISION: _____ SUPERVISOR/ TITLE: _____

ACCIDENT LOCATION: _____

SECOND PARTY: Name & Address _____

Vehicle Make _____ Yr _____ Lic. No. _____ Ins. Co. _____ Policy No. _____

DRIVER'S SUMMARY OF THE ACCIDENT: _____

ACTION TAKEN: _____

WAS AN EMPLOYEE INJURED? Yes No Name(s) _____

WERE PASSENGERS INVOLVED? Yes No Name(s) _____

HAS DRIVER BEEN REFERRED TO TAKE A MANDATORY POST-ACCIDENT DRUG & ALCOHOL TEST? Yes No

If No, Explain why not? _____

NOTE: *An employee or volunteer with the City of Edinburg that is driving/operating a city unit or mobile equipment shall submit to a Mandatory Drug & Alcohol Testing as a result of this accident. The City has contracted with DTM (Drug Testing & More) services to be available 24/7/365, they may be reached at (956) 205-0103*

Damage to Vehicle/Property (approximate estimate):	City Vehicle	\$ _____
	City Property	\$ _____
	Second Party Vehicle	\$ _____
	Second Party Property	\$ _____

Description of Damage: _____

(Note: If damage is over \$500, estimates will be required to send with insurance claim)

Original: Department Director

Driver's Signature: _____

- Copies: 1. Supervisor
- 2. HR/ Risk Management
- 3. Driver Personnel File

Supervisor's Signature: _____

Date: _____