		NTY OF SAN MA				NT R	EPOR [*]	
EMA	IL COMPLETED FORM TO	SPRINCE@SMCGOV.OR	RG AND SUBMIT	ORIGINAL TO PONY HR		ON.		L OBC NO
R	NAME (LAST, FIRST)		AGE	DEPARTMENT / AGENCY	DIVISIO	JN		ORG NO.
COUNTY DRIVER	DRIVER LICENSE NO.	ACCIDENT DATE	TIME	OFFICE ADDRESS	<u>l</u>			BUSINESS PHONE
COUNT	WHAT PURPOSE WAS VEHICLE BEING USED FOR?			JOB TITLE CLASSIFICATI		SIFICATIO	N	ALTERNATE PHONE
	VEHICLE LICENSE NO.	VEHICLE YEAR, MAKE, MODE		VEHICLE PROPERTY NO.	CAR N	0		UNIT ASSIGNED TO
COUNTY VEHICLE							UNIT ASSIGNED TO	
			ESTIMATED REPAIR COST	VEHICLE MANAGEMENT □ DEPARTMENT ASSIGNED □ MOTOR POOL □ OTHER				
YTNUC				☐ DEPARTMENT OWNED	_			
ŏ				II DEFARTMENT OWNED OR	KLINIAL,	LIVILIX	JWINEIN 3 INA	WIL
			•					
	ACCIDENT LOCATION (ADDRESS / AREA)			ROAD CONDITIONS				
				WEATHER CONDITIONS				
ACCIDENT DETAILS	(CITY/COUNTY/STATE)			TRAFFIC CONDITIONS				
NT DE	POLICE REPORT (REQUIRED WHEN ANOTHER VEHICLE IS INVOLVED, INJURIES HAVE OCCURRED OR PROPERTY DAMAGE IS PRESENTED)			POLICE AGENCY	POLICE OFFICER AND BADGE NO.			POLICE REPORT NO.
CIDE	YES NO IF NO. EXPLAIN							
AC	DIAL 9-1-1 TO CONTACT POLICE AND EMERGENCY MEDICAL SERVICES			FOR TOW-AWAY SERVICE				
	ALTERNATE – CONTACT THE COUNTY OPERATOR AT 650-363-4000 / 573-2222 TO REQUEST POLICE DISPATCH (NON-MEDICAL EMERGENCIES ONLY)			AFTER HOURS ACTION TOWING 650				650-363-4037 650-593-5555 650-363-4000 OR 573-2222
	DRIVER'S / OWNER'S NAME		AGE / DOB	VEHICLE LICENSE NO.	VEHIC MODE	LE YEAR, L	MAKE,	NO. OF PASSENGERS
PERTY	DRIVER LICENSE NO.	TELEPHONE	ALTERNATE	REGISTERED OWNER				
ROF	DRIVER'S / OWNER'S ADDRESS (STREET, CITY, SATE, ZIP)			OWNER'S ADDRESS HOME TEL				HOME TELEPHONE
OTHER VEHICLE OR PROPERTY				WORK TELEPHONE				
R VEH	DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY			NAME, ADDRESS AND POLICY NO. OF OTHER PARTY'S INSURANCE				
ОТНЕ								
			_					
	IF A COUNTY EMPLOYEE IS INJURED, A SEPARATE WORKERS' COMPENSATION REPORT IS REQUIRED.			L '	PASSENG (CHECK			
S	NAME (LAST, FIRST INITIAL)		TELEPHONE	ADDRESS	County Car	Other Car	Pedestrian	EXTENT OF INJURIES
NGEF								
ASSE								
LE P.								
VEHICLE PASSENGERS								
				l	1	1	1	1
	NAME (LAST, FIRST INITIAL) TELEPHONE			ADDRESS				
SSES								
WITNESSES								
>								

(CONTINUE ON REVERSE)

CLAIM NUMBER

		MATEO MOTOR VEHICLE ACC				
FAX	TO RISK MANAGEMENT 650-363-4864 AND SU	JBMIT ORIGINAL TO PONY HRD163 or 455 CO	UNTY CENTER – REDWOOD CITY – 94063			
	FULLY STATE HOW ACCIDENT OCCURRED (Give details, a	attach additional sheets if necessary. Include any suggestions tha	t might prevent future accidents.)			
2						
<u> </u>						
RIP						
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– D						
ILS						
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T D						
DEN						
ACCIDENT DETAILS – DESCRIPTION						
∢						
			Number County vehicle as 1,			
		→ 1 > < 2 ←	other vehicle(s) as 2, 3, etc.			
			Show pedestrian by O			
			Show direction of travel as follows:			
			Before accident ◀			
		Indicate Points	After accident			
⋝		Give names or numbers of street or roads				
RA						
ACCIDENT DIAGRAM		N.S.E.W.				
Ė						
DE						
22						
4						
	IF A COUNTY EMPLOYEE IS INJURED, A SEPARATE	<u> </u>	PASSENGER IN			
	WORKERS' COMPENSATION REPORT IS REQUIRED	D.	(CHECK ONE)			
ERS	NAME (LAST, FIRST INITIAL)	TELEPHONE ADDRESS	County Car Car Pedestrian EXTENT OF INJURIES			
ADDITIONAL PASSENGERS						
SSE						
PA.						
NAL						
OE.						
OΟ						
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>		of the accident and the vehicle was being operated on official Cou.	nty Telephone No. Of Reviewing Supervisor			
ΛE	business at the time of the accident. (The reviewing supervisor necessary.	r or manager is to explain any exception.) Attach extra pages as				
Ŗ		Poviousing Companies Circulture and Date	Drint Name and Title of Paulauting Committee			
OR	Employee Signature and Date	Reviewing Supervisor Signature and Date	Print Name and Title of Reviewing Supervisor			
RVIS						
UPERVISOR REVIEW						