



**PINAL COUNTY**

# EMPLOYEE VEHICLE OR EQUIPMENT INCIDENT REPORT

USE THIS FORM TO REPORT COUNTY-OWNED MOTOR VEHICLE INCIDENTS OR DAMAGE TO COUNTY EQUIPMENT.  
REPORT THE INCIDENT TO YOUR SUPERVISOR. *For assistance call Risk Management at 520-866-6236*

COMPLETE THE FORM WITHIN 24 HOURS. SUBMIT TO: [riskmgmt@pinal.gov](mailto:riskmgmt@pinal.gov)

ACCIDENT LOCATION (STREET ADDRESS AND CITY):		DATE/TIME OF INCIDENT:
INTERSECTING STREET AND/OR MILE POST NUMBER:		<input type="checkbox"/> INTERSECTION <input type="checkbox"/> NON-INTERSECTION
WEATHER/ROAD CONDITIONS:	NUMBER OF VEHICLES INVOLVED:	NUMBER OF PERSONS INJURED:
VEHICLE/EQUIPMENT INVOLVED: <input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> OTHER COUNTY VEHICLE # _____ <input type="checkbox"/> OTHER VEHICLE	<input type="checkbox"/> FIXED OBJECT <input type="checkbox"/> OTHER-EXPLAIN:

### COUNTY VEHICLE INFORMATION

YEAR:	MAKE:	MODEL:	LICENSE PLATE:	COUNTY VEHICLE NUMBER:
DRIVEABLE? IF NO, GIVE LOCATION OF VEHICLE: <input type="checkbox"/> YES <input type="checkbox"/> NO			REMOVED BY:	
EMPLOYEE DRIVER'S NAME:			DEPARTMENT:	
EMPLOYEE'S WORK ADDRESS (PHYSICAL AND CITY):		WORK PHONE NUMBER:	CELL PHONE NUMBER:	
DRIVER'S LICENSE NUMBER:	CLASS:	EXPIRATION:	STATE:	
JOB TITLE:	POINT OF IMPACT OR DAMAGE ON COUNTY VEHICLE:			

### OTHER VEHICLE INFORMATION

YEAR:	MAKE:	MODEL:	LICENSE PLATE# AND STATE:	VEHICLE ID (VIN):
DRIVEABLE? IF NO, GIVE LOCATION OF VEHICLE: <input type="checkbox"/> YES <input type="checkbox"/> NO			REMOVED BY:	
DRIVER'S ADDRESS- CITY, STATE AND ZIP:			DRIVER/OWNER SAME PERSON: <input type="checkbox"/> YES <input type="checkbox"/> NO	
DRIVER'S LICENSE NUMBER:	CLASS:	EXPIRATION:	STATE:	
OWNER'S NAME (IF DIFFERENT FROM DRIVER):		WORK PHONE NUMBER:	CELL PHONE NUMBER:	
OWNER'S ADDRESS (CITY, STATE, AND ZIP):				
INSURANCE COMPANY:	POLICY NUMBER AND EXPIRATION:		AGENT AND PHONE NUMBER:	
POINT OF IMPACT OR DAMAGE ON VEHICLE:				

**PROPERTY DAMAGE**

PROPERTY DAMAGE:		ESTIMATED COST TO REPAIR:
NAME OF PROPERTY OWNER:		ADDRESS, CITY, STATE, AND ZIP:

**INJURIES INFORMATION**

NAME:	ADDRESS, CITY, STATE, AND ZIP:	CONTACT PHONE NUMBER:
TYPE OF TREATMENT FOR INJURIES: <input type="checkbox"/> FIRST AID AT SCENE <input type="checkbox"/> TRANSPORTED BY MEDICAL <input type="checkbox"/> REFUSED EVALUATION <input type="checkbox"/> OTHER-EXPLAIN:		
DESCRIBE INJURIES:		
PERSON INJURED: <input type="checkbox"/> DRIVER-COUNTY VEHICLE <input type="checkbox"/> DRIVER-OTHER VEHICLE <input type="checkbox"/> PASSENGER- COUNTY VEHICLE <input type="checkbox"/> PASSENGER – OTHER VEHICLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> BICYCLIST <input type="checkbox"/> OTHER-EXPLAIN:		
NAME:	ADDRESS, CITY, STATE, AND ZIP:	CONTACT PHONE NUMBER:
TYPE OF TREATMENT FOR INJURIES: <input type="checkbox"/> FIRST AID AT SCENE <input type="checkbox"/> TRANSPORTED BY MEDICAL <input type="checkbox"/> REFUSED EVALUATION <input type="checkbox"/> OTHER-EXPLAIN:		
DESCRIBE INJURIES:		
PERSON INJURED: <input type="checkbox"/> DRIVER-COUNTY VEHICLE <input type="checkbox"/> DRIVER-OTHER VEHICLE <input type="checkbox"/> PASSENGER- COUNTY VEHICLE <input type="checkbox"/> PASSENGER – OTHER VEHICLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> BICYCLIST <input type="checkbox"/> OTHER-EXPLAIN:		

**WITNESSES**

NAME:	ADDRESS, CITY, STATE, AND ZIP:	CONTACT PHONE NUMBER:
NAME:	ADDRESS, CITY, STATE, AND ZIP:	CONTACT PHONE NUMBER:
NAME:	ADDRESS, CITY, STATE, AND ZIP:	CONTACT PHONE NUMBER:

**RESPONDING LAW ENFORCEMENT INFORMATION**

RESPONDING AGENCY:	OFFICER NAME AND BADGE:	REPORT NUMBER:	AGENCY PHONE NUMBER:
WEARING SEATBELTS IN COUNTY VEHICLE: <input type="checkbox"/> COUNTY DRIVER <input type="checkbox"/> COUNTY PASSENGERS		WEARING SEATBELTS IN OTHER VEHICLE: <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGERS	
COUNTY DRIVER CITED WITH A VIOLATION: <input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER DRIVER CITED WITH A VIOLATION: <input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS OTHER DRIVER'S LICENSE SUSPENDED: <input type="checkbox"/> YES <input type="checkbox"/> NO		WHAT SPEED WAS COUNTY VEHICLE TRAVELING AT IMPACT:	

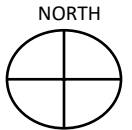
**ACCIDENT DETAIL**

ACCIDENT DESCRIPTION:

DRAW A DIAGRAM OF HOW THE ACCIDENT OCCURRED. SHOW DIRECTION AND DISTANCE TRAVELED BEFORE CRASH.

SHOW YOUR VEHICLE AS: 

SHOW OTHER VEHICLE AS: 



**I HEREBY CERTIFY THAT THIS IS A TRUE STATEMENT OF FACTS TO THE BEST OF MY KNOWLEDGE AND BELIEF:**

DRIVER'S NAME AND SIGNATURE:

DATE:

SUPERVISOR'S NAME AND SIGNATURE:

DATE: