



## SOLANO COUNTY VEHICLE ACCIDENT FORM

<b>TIME AND LOCATION</b>	Date:		Time:		<input type="checkbox"/> a.m. or <input type="checkbox"/> p.m.	
	Where did the accident occur?					
	City or Town					
<b>COUNTY VEHICLE INVOLVED</b>	Vehicle Year & Model		Vehicle No.		License No.	
	Name of Driver				Driver License No.	
	Department				Work Phone	
	Damage to Vehicle					
	Estimated Cost of Repair \$					
<b>PERSONAL VEHICLE INVOLVED</b>	Type of Vehicle				License No.	
	Name of Driver				Driver License No.	
	Department				Work Phone	
	Damage to Vehicle					
	Estimated Cost of Repair \$					
<b>OTHER VEHICLE INVOLVED</b>	Vehicle Make & Year		Vehicle Model		License No.	
	Owner		Address		Phone	
	Driver		Address		Phone	
	Driver License No.		Insurance Co.		Policy Number	
	Damage to Other Vehicle					
<b>INJURED PERSON(S)</b>	Name		Address		Phone	
	Date of Birth	Injury		Which Vehicle?		
	To What Hospital (or other location) taken?					
	Name		Address		Phone	
	Date of Birth	Injury		Which Vehicle?		
	To What Hospital (or other location) taken?					
<b>VEHICLE PASSENGERS</b>	Name		Address		Phone	
	Name		Address		Phone	
	Name		Address		Phone	
<b>OTHER WITNESSES</b>	Name		Address		Phone	
	Name		Address		Phone	
	Name		Address		Phone	

<b>ACCIDENT DETAILS - DESCRIPTION</b>	Fully state how the accident occurred (speeds of cars; remarks of drivers; all details, attach additional sheets if necessary)	
	Were photos taken? <input type="checkbox"/> Yes <input type="checkbox"/> No	By Whom?
	Who in your opinion was at fault?(Name)	
	Address	Phone
	Why?	
<b>ACCIDENT DETAILS - DIAGRAM</b>	<p>Number your vehicle as 1, other vehicle(s) as 2, 3, etc.  Give names or numbers of streets or roads  Show pedestrian by ●  Show direction of travel:  Before accident →  After accident - - - →</p> <p style="text-align: right;">Indicate Points of Compass N. S. E. W.</p>	
<b>INVESTIGATING AGENCY</b>	Name of Agency	
	Name of Officer	
	Date of Report	Report No.

**I hereby certify that the foregoing information is true and correct to the best of my knowledge and that this accident report has been reviewed with my supervisor.**

SIGNATURE (Driver) \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE (Supervisor) \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ TITLE \_\_\_\_\_

**RETURN ORIGINAL FORMS to:**  
**Alexandra Morris**  
**Administrative Services & Operations**  
**SCOE Main Office**  
**5100 Business Center Drive, Fairfield**