

COUNTY OF LOS ANGELES REPORT OF VEHICLE COLLISION OR INCIDENT

FATALITIES OR SERIOUS INJURIES MUST BE REPORTED IMMEDIATELY BY TELEPHONE TO GEORGE HILLS COMPANY (855) 442-2357

Prepared for County Counsel in defense of the County, Special Districts, and Employees

VEHICLE DRIVEN BY EMPLOYEE (check one)									
Dept. Name: _____ Dept. No.: _____			COUNTY VEHICLE (Includes vehicle leased Or rented by CO.)		EMPLOYEE'S VEHICLE		CONTRACT CITIES SERVICES		
DIV. or Facility: _____			Equip. No.: _____		Insurance Co.: _____		YES ☐ NO ☐ If yes, name of contract city _____		
SECTION: _____			License No.: _____		Policy No.: _____		Permittee: YES ☐ NO ☐		
File No.: _____									
POLICE REPORT ☐ YES ☐ NO			POLICE AGENCY REPORTING _____			STATION _____		REPORT # _____	
INCIDENT DATE _____			CITY _____		ON _____		AT _____ (Street or Highway)		
HOUR _____			AM/PM _____		SPECIFIC LOCATION _____				
COUNTY DRIVER (1)	DRIVER NAME: _____ Job Title: _____ Driver's License No.: _____ Home Address: _____ Phone No.: _____ Work Location: _____ Phone No.: _____								
	VEHICLE Year: _____ Make: _____ Model or Type: _____ Lic. Plate No.: _____ Parts Damaged: _____								
	PASSENGER County Employee? Yes ☐ No ☐ Name: _____ Home Address: _____ Phone No.: _____								
	DRIVER NAME: _____ DRIVER'S LICENSE NO.: _____ STATE _____ INSURANCE CO.: _____ POLICY NO.: _____ EMPLOYER: _____ (Name of Person, Company, or Organization) (Address) (City, State, Zip Code) (Phone)								
OTHER DRIVER (2)	VEHICLE _____ Veh. Lic. No. _____ (Year) (Make) (Model or Type) (Year) (Number) (State) PARTS DAMAGED: _____ REGISTERED OWNER: _____ (Name) (Address) (City, State, Zip Code) (Phone)								
	PASSENGER Name: _____ Home Address: _____ Phone No.: _____								
	DRIVER NAME: _____ DRIVER'S LICENSE NO.: _____ STATE _____ INSURANCE CO.: _____ POLICY NO.: _____ EMPLOYER: _____ (Name of Person, Company, or Organization) (Address) (City, State, Zip Code) (Phone)								
	VEHICLE: _____ Veh. Lic. No. _____ (Year) (Make) (Model or Type) (Year) (Number) (State) PARTS DAMAGED: _____ REGISTERED OWNER: _____ (Name) (Address) (City, State, Zip Code) (Phone)								
OTHER DRIVER (3)	PASSENGER Name: _____ Home Address: _____ Phone No.: _____								
	DRIVER NAME: _____ DRIVER'S LICENSE NO.: _____ STATE _____ INSURANCE CO.: _____ POLICY NO.: _____ EMPLOYER: _____ (Name of Person, Company, or Organization) (Address) (City, State, Zip Code) (Phone)								
	VEHICLE: _____ Veh. Lic. No. _____ (Year) (Make) (Model or Type) (Year) (Number) (State) PARTS DAMAGED: _____ REGISTERED OWNER: _____ (Name) (Address) (City, State, Zip Code) (Phone)								
	PASSENGER Name: _____ Home Address: _____ Phone No.: _____								
INJURED WITNESSES	Check One: ☐ INJURED ☐ WITNESS ☐ WITNESS ☐ FATALITY NAME: _____ PHONE NO.: _____ NATURE OF INJURY: _____ ADDRESS: _____ TRANSPORTED TO: _____								
	Check One: ☐ INJURED ☐ WITNESS ☐ WITNESS ☐ FATALITY NAME: _____ PHONE NO.: _____ NATURE OF INJURY: _____ ADDRESS: _____ TRANSPORTED TO: _____								
	Check One: ☐ INJURED ☐ WITNESS ☐ WITNESS ☐ FATALITY NAME: _____ PHONE NO.: _____ NATURE OF INJURY: _____ ADDRESS: _____ TRANSPORTED TO: _____								
	Check One: ☐ INJURED ☐ WITNESS ☐ WITNESS ☐ FATALITY NAME: _____ PHONE NO.: _____ NATURE OF INJURY: _____ ADDRESS: _____ TRANSPORTED TO: _____								

INSTRUCTIONS Complete form within 24 hours of vehicle collision and submit to your supervisor. If more space is needed to completely answer any category on this form, please attach additional sheets.										Circle direction North West —+— East South	
DRAW A DIAGRAM AND SHOW HOW COLLISION OCCURRED SHOW your vehicle as #1. Show the other vehicles as #2 and #3, etc. SHOW the location and position of vehicle(s) at point of impact. SHOW the name of the street(s) and location of stop sign and signals. SHOW number of lanes and length of skid marks.							Number of photos attached:		Number of County vehicles involved:		
EXPLAIN CLEARLY HOW COLLISION OCCURRED. ATTACH ADDITIONAL SHEETS IF NECESSARY. IF SHERIFF DEPARTMENT INVOLVED, STATE IF MDT RELATED.											
LOCALITY		OPERATING AREA		MOVEMENT			TRAFFIC CONTROL			AMOUNT OF TRAFFIC	
Rural		No intersection			Vehicle 1	Vehicle 2		Vehicle 1	Vehicle 2	Light	
Residential		Nearing intersection		Straight Ahead			Non present			Medium	
Business		In intersection		Lane Change			Green Signal			Heavy-Flowing	
Freeway		Leaving intersection		Making Right Turn			Yellow Signal			Congested	
Open Field		Entering intersection		Making Left Turn			Red Signal			TERRAIN	
Private Road		Leaving Driveway		Standing			Flashing Signal			Level	
Other		Construction Zone		Parked			Stop Sign			Upgrade	
		Parking/Bus Lot		Backing			Warning Sign			Downgrade	
		Other		Moving Unattended			Construction Sign			Hill Crest	
							Other			Dip	

COLLISION DETAILS CONTINUE											
ROAD SURFACE		VISIBILITY		WEATHER		ROAD CONDITION		EVASION ACTION		SAFETY BELTS	
Concrete		Good		Clear		Dry		Locked Brakes		Installed, Not Worn	
Asphalt		Fair		Rain		Wet		Hard Brakes		Installed and Worn	
Oiled/Gravel		Poor		Fog		Muddy		Slowed Stopped		Not installed	
Unpaved		Very Poor		Dusty		Snowy		Steered Away		Vehicle Unoccupied	
Other		Other		Snow		Icy		Accelerated		Other	
				Other		Other		None			
						Other					
EMERGENCY RESPONSE (Applies to vehicle driven by employee)											
Did Emergency Response Arrive?		Yes		No		Were Emergency Lights and Siren Activated?		Yes		No	

SIGNATURES				
Employee Name:			Employee No.:	
Employee Signature:			Date:	
Supervisor Name:				
Supervisor Signature:			Date:	
Department Head or Authorized Representative				
Name:				
Signature:				
Date:				

DEPARTMENTAL PROCEDURE FOR DISTRIBUTION	
E-mail to: COLANewIncidentClaims@georgehills.com or	
Mail to: George Hills Company P.O. Box 120 Rocklin, CA 95677	One Copy (only if County Vehicle was damaged) Internal Services Department 1100 North Eastern Avenue, Room 210 Los Angeles, CA 90063
(Not applicable for Road and Flood Control vehicles)	