

PUTNAM COUNTY - TRAFFIC ACCIDENT REPORT

If you are in an accident, call/radio your supervisor immediately! If anyone is injured or if there is property damage, the accident must be reported to the local authorities. The supervisor should notify the proper authority. If the supervisor or other management is not available, you are responsible for reporting the accident to the local police, the Florida Highway Patrol or the Sheriff's Office. If your vehicle is blocking traffic, move it, or if you cannot move it, the supervisor (or designee) will call for a tow truck.

You must be ready to exchange driver information (your name, address, and driver's license number, the vehicle registration number, owner's identification and insurance information). Do not sign anything or give information other than the driver exchange information to anyone other than as required by the investigating officer. Use this form to record necessary data for our internal reporting purposes. Print all information. Use additional sheets if necessary. Maintain a copy of this report for your department. Forward the original report to Human Resources.

County Employee/Driver's Name Department Date of Accident Day of Week Time of Accident

License Number Date of Birth Phone Number Address

County Vehicle No. Year/Make/Model Tag No. Vehicle ID No.

Your Passenger's Name Phone No. Injured?  yes  no

Your Passenger's Street Address, City, State, Zip Code Date of Birth

Other Driver's Name License Number Phone Number

Other Driver's Street Address, City, State, Zip Code Date of Birth Injured?  yes  no

Other Driver's Insurance Company Name, Address and Policy Number

Other Vehicle Owner's ID (if different than driver) Phone Number

Owner's Insurance Company Name, Address and Policy No.

Other Vehicle Year/Make/Model Tag No./State Vehicle ID No.

Other Passenger's Name Phone No. Injured?  yes  no

Other Passenger's Street Address, City, State, Zip Code Date of Birth

Witnesses (do not include yourself or other driver's passengers)

Name Address Phone No.

Name Address Phone No.

Name Address Phone No.

PLEASE COMPLETE REVERSE

