

# DRIVER'S STATEMENT OF ACCIDENT

FORM 100

To be completed at the scene of an accident by County Driver & Supervisor

Send copy of completed form to Risk Management: DA-Risk-MGMT@slco.org

## ACCIDENT INFORMATION:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM Division: \_\_\_\_\_  
Driver Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Type of Incident: \_\_\_\_\_  
Vehicle Unit #: \_\_\_\_\_ Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_  
Location: \_\_\_\_\_

## NON-COUNTY DRIVER'S/PROPERTY INFORMATION: (FILL OUT WHERE APPLICABLE)

Non-County Driver's Name: \_\_\_\_\_  
Non-County Vehicle (Year, Make, and Model): \_\_\_\_\_  
Non-County Driver Insurance Information: (Insurance name, phone #, and policy #) \_\_\_\_\_  
\_\_\_\_\_  
Other Property Damage: \_\_\_\_\_  
\_\_\_\_\_

## COUNTY DRIVER'S STATEMENT OF ACCIDENT:

Please describe what happened:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**DIAGRAM OF WHAT HAPPENED:**

INDICATE DIRECTION OF NORTH

Photos Taken:	Yes	No
Photos Attached:	Yes	No

COUNTY DRIVER'S SIGNATURE: \_\_\_\_\_