

NAVAJO COUNTY
VEHICLE EVENT REPORT

OFFICE USE ONLY

Form Revision Date: 9-16-2014

REPORT #: _____

COMPLETE THIS REPORT AS SOON AS POSSIBLE AND NO LATER THAN 8 HOURS AFTER THE INCIDENT

SEND THE COMPLETED FORM TO:

ORIGINAL: Risk Management

FAX: Fleet Maintenance 928-524-4122

FAX: Risk Management 928-524-4451

COPY: Supervisor and/or Department

EMPLOYEE INFORMATION:

1. EMPLOYEE #: _____ 2. EMPLOYEE NAME: _____ 3. DEPT: _____
Print Name: Last, First, MI

4. EMPLOYEE WORK STATUS: FULL-TIME PART-TIME TEMPORARY VOLUNTEER OTHER
5. TIME SHIFT BEGAN: _____ TIME OF EVENT: _____
6. WAS EVASIVE ACTION TAKEN? YES NO
7. WAS HORN USED? YES NO
8. WERE BRAKES APPLIED BEFORE IMPACT? YES NO
9. WERE YOU INJURED IN THE EVENT? YES NO

10. EVENT DATE: _____ 11. DAY: _____ 12. TIME OF EVENT: _____ AM/PM
13. LOCATION OF EVENT: _____ 14. CITY: _____ 15. STATE: _____
16. CROSS STREET _____ 17. CROSS STREET 2: _____
18. SEVERITY CODE: FATALITY PERSONAL INJURY PROPERTY DAMAGE WITNESS (Go to Item B.)
19. EVENT CATEGORY: COLLISION PEDESTRIAN ONE VEHICLE PARKED VEHICLE OTHER

ENVIRONMENTS:

20. WEATHER: CLEAR CLOUDY FOG RAIN SMOGGY SMOKE SMOKE
21. CONDITION OF ROAD: DRY WET OILY ICY POTHOLES SANDY
22. ROAD SURFACE: ASPHALT CONCRETE CONSTRUCTION BRICK DIRT GRAVEL

23. ROAD TYPE: A. DIRECTION: STRAIGHT CURVE
B. GRADE: UPHILL DOWNHILL LEVEL
C. TYPE OF ROAD: STREET ONE-WAY HIGHWAY TWO-WAY FREEWAY DIVIDED EQUIPMENT YARD

24. LIGHTING CONDITIONS: NORMAL DAYLIGHT TWILIGHT (DUSK/DAWN) DARK (NO STREET LIGHTS) DARK (WITH STREET LIGHTS) GLARE (SUN / LIGHT)
25. MOTION OF VEHICLE: STANDING RUNNING STARTING STOPPING BACKING PARKED

I certify that all information given in this report is true and correct to the best of my knowledge. I agree that any intentional misstatement or concealment of facts may subject me to disciplinary action or dismissal. Unless otherwise required by law, I will keep confidential my opinion as to the cause of the event.

EMPLOYEE SIGNATURE: _____ DATE: _____

A. ASSISTANCE RENDERED AT THE EVENT:

CHECK ALL THAT APPLY AND PLEASE IDENTIFY:
 CITY POLICE (AGENCY): _____
 DPS (AGENCY): _____
 SHERIFF (AGENCY): _____
 AMBULANCE (AGENCY): _____
 DOCTOR (NAME/LOCATION): _____
 HOSPITAL (NAME/LOCATION): _____
 TWO-WAY RADIO _____

POLICE ARRESTS:
 YES
 NO
 UNKNOWN

CITATIONS:
 YES
 NO
 UNKNOWN

B. PERSONS (INVOLVED OR INJURED OR WITNESSES):

INVOLVED/ INJURED:	NAME:	STREET ADDRESS:	CITY:	PHONE NO.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

WITNESSES: 1. _____
2. _____
3. _____

TRAFFIC DIAGRAM -- IMPORTANT -- Draw a complete sketch of where and how the accident happened, using the symbols below showing street names or road designation and indicating direction of travel by line of arrows of vehicles involved. If sketch shown is no suitable for this event, use blank sheet to draw your own or reverse side of paper.

TRAFFIC DIAGRAM

