



MOTOR VEHICLE INCIDENT REPORT

For Vehicle Collisions/Incidents ONLY

If Injuries Occur, Contact:
 George Hills Company PH: (909) 453-4410
 Email: Yolanda.graviloni@georgehills.com
 24 HOUR EMERGENCY LINE: (855) 442-2357

DATE, TIME AND LOCATION

Date:	Time:	AM	PM	Police Report Number:
Location:				
Drivers Name:			Driver's License Number:	
Work Phone #:	Home Phone #:		Program Leader:	
For what purpose was the vehicle being used?				
Vehicle – Year:	Make:	Model:	License No:	Equip: No:
City Owned Vehicle:	Yes	No		
Damage / Describe damage to vehicle:				
Photographs Taken:	Yes	No	If yes, how many:	

OTHER DRIVER/PARTY AND VEHICLE

Drivers Name:	Driver's License #:	State:	DOB:
Address:		Work Phone #:	Home Phone #:
Vehicle – Year:	Make:	Model:	License Plate: Equip: #:
Name & Address of Registered Owner:			
Damage / Describe damage to vehicle:			
Photographs Taken:	Yes	No	If yes, how many:

Drivers Name:	Driver's License #:	State:	DOB:
Address:		Work Phone #:	Home Phone #:
Vehicle –Year:	Make:	Model:	License Plate: Equip: #:
Name & Address of Registered Owner:			
Damage / Describe damage to vehicle:			
Photographs Taken:	Yes	No	If yes, how many:

PASSENGERS, INJURED PERSONS OR EYE WITNESSES

Witness Passenger Injured	Name: Address: Phone:	Approx. Age
Which Vehicle City Other	Injury:	

Describe Passenger/Witness Position:	Seatbelts Used:	Yes	No
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Witness Passenger Injured	Name: Address: Phone:	Approx. Age
Which Vehicle City Other	Injury:	

Describe Passenger/Witness Position:	Seatbelts Used:	Yes	No
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Witness	Name: Address:	Approx. Age
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Passenger Injured	Phone:		
Which Vehicle City Other	Injury:		
Describe Passenger/Witness Position:			Seatbelts Used: Yes No

ADDITIONAL INFORMATION FOR VEHICLE COLLISION/INCIDENT
 Diagram **SHOULD BE COMPLETED** (Draw your own diagram if necessary)
 ** Show street names, direction, vehicle major obstructions to view **

Vehicle Repaired:	Yes	No
Where:		
Cost:		
<i>RISK MANAGEMENT USE ONLY</i>		

◊ Pole	🌳 Tree	🚗 Vehicle	←→→→→ Backing	← Vehicle Travel	🌀 Overturned	🚘 Parked
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NOT TO SCALE

X = Point of Impact T = Traffic Light S = Stop Sign Y = Yield Sign 35 = Speed Limit

DESCRIPTION OF COLLISION/INCIDENT – PLEASE COMPLETE

Describe weather conditions:		Traffic Controls Present	Yes	No
Describe road conditions		Traffic Controls Functioning	Yes	No
Location of collision / incident	URBAN	RURAL	FREEWAY	OTHER:
Were you on city business?	Yes	No	Describe:	
Police Notified:	Yes	No	Police Agency:	
Anyone Cited?	Yes	No	Which Party:	Violation Code:

Before Collision:	YOUR VEHICLE				OTHER PARTY				
Vehicle was:	MOVING	STOPPED	PARKED		MOVING	STOPPED	PARKED		
Direction moving or facing:	NORTH	SOUTH	EAST	WEST	NORTH	SOUTH	EAST	WEST	
On what Street or Highway:	Apprx. Speed:				On what Street or Highway:	Apprx. Speed:			

At time of Collision:	YOUR VEHICLE				OTHER PARTY				
Vehicle was :	MOVING	STOPPED	PARKED		MOVING	STOPPED	PARKED		
Direction moving or facing:	NORTH	SOUTH	EAST	WEST	NORTH	SOUTH	EAST	WEST	
On what Street or Highway:	Apprx. Speed:				On what Street or Highway	Apprx. Speed:			

What if anything was said by the driver of the other vehicle after the collision:

SUMMARIZE how collision / incident occurred (Include vehicle's direction of travel, street, approximate speeds):

Driver's Name:	Signature:	Date:	
Supervisor's Name:	Signature:	Date:	
Reviewed & signed by Division Manager:	Yes No	Copy to City Yard: Yes No	Copy to Risk Management: Yes No

THIS FORM IS TO BE FILLED IN AS COMPLETELY AS POSSIBLE AND DELIVERED TO THE RISK MANAGEMENT OFFICE IMMEDIATELY OR, IN THE EVENT, NO LATER THAN 5:00 PM THE FIRST BUSINESS DAY FOLLOWING THE INCIDENT. *THIS FORM IS BEING COMPLETED IN ANTICIPATION OF LITIGATION INVOLVING THE CITY.*