



# DOUGLAS COUNTY VEHICLE CRASH REPORT

(INSTRUCTIONS: All boxes are to be checked for response, click to initiate a check mark if N/A or discrepancies leave blank fill in comments)

### Departmental Information:

Department Name: \_\_\_\_\_ Department # \_\_\_\_\_  
 Employee Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Date Reported: \_\_\_/\_\_\_/\_\_\_ Time Reported: \_\_\_:\_\_\_ am  pm

### Accident Information: Check all boxes below that apply, otherwise fill out in comments

Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_ am  pm   
 Location: \_\_\_\_\_  
 Investigated by Law Enforcement? Yes  No  Case # \_\_\_\_\_ Agency \_\_\_\_\_

### Driver Description: (500 characters auto-font)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Douglas County Vehicle: (Use / Attach ORS-7 Supplemental Form as Needed)

Vehicle #: \_\_\_\_\_ VIN: \_\_\_\_\_ Tag: \_\_\_\_\_ Year: \_\_\_\_\_  
 Make: \_\_\_\_\_ Model: \_\_\_\_\_ Dept. \_\_\_\_\_ Dept.# \_\_\_\_\_  
 Driver's Name: \_\_\_\_\_ Driver's Date of Birth: \_\_\_/\_\_\_/\_\_\_  
 Driver's License State: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Employee Injured? Yes  No  Seatbelt in Use? Yes  No  Lights / Sirens in Use? Yes  No   
 Was a backer used? Yes  No  If yes, please provide name: \_\_\_\_\_  
 Damage to County Vehicle/Property: Yes  No  Passengers: Yes  No

### Other Vehicle/Property:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Tag: \_\_\_\_\_ Year: \_\_\_\_\_  
 Driver's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_-\_\_\_-\_\_\_ Work Phone: \_\_\_-\_\_\_-\_\_\_ Driver License # \_\_\_\_\_  
 Legal Owner (if different from driver): \_\_\_\_\_ Phone #: \_\_\_-\_\_\_-\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name of Insurance Company: \_\_\_\_\_ Phone: \_\_\_-\_\_\_-\_\_\_  
 Policy #: \_\_\_\_\_ Address: \_\_\_\_\_  
 Injuries? Yes  No  If yes, please explain: \_\_\_\_\_ Passengers: Yes  No

Damage to Other Vehicle / Property:

Please attach any additional pictures, diagrams or statements



# DOUGLAS COUNTY SUPERVISORS INVESTIGATION

( All boxes are to be checked for response, click to initiate check mark if N/A or deficiencies leave blank fill in comment)

This form is for the Supervisor of any County employee involved in a vehicle accident / incident to complete.

### Supervisors Information:

Supervisors Name: \_\_\_\_\_ Supervisors Office Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Station/Precinct #: \_\_\_\_\_ Supervisors Cell Phone : \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Date of Accident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Of Analysis: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Analysis: Describe any known factors that contributed to the accident that lead to the accident / incident. ( Auto- font 250 characters max)**

**Were Civilians or Employees Injured? Yes  No  If yes please list Names below:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Prevention / Recommendations: Describe what action has or will be taken to prevent recurrence. Auto – Font 200 characters max below:**

**Please indicate from the following which contributed to the accident, illness, injury Attach Photos)\*\*\***

**Was the employee authorized to operate the vehicle/ equipment at the time of the accident? Yes  No**

**Were photos taken of the entire scene Yes  No**

**Was all property damage photographed? Yes  No**

**Was E-911 notified? Yes  No**

**Was Accident Related to a Crime? Yes  No**

**Did Georgia State Patrol Respond? Yes  No**

**Was an arrest made? Yes  No**

**Case# \_\_\_\_\_ Agency \_\_\_\_\_**

**Did Supervisor Respond to scene to Investigate?  Yes  No**

Investigated By: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ am  pm

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ am  pm

