



Vehicle Accident Reporting
REVISED AUGUST 2021

THIS FORM MUST BE SUBMITTED TO RISK MANAGEMENT WITHIN 24 HOURS OF ACCIDENT

Email: Risk Management

risk_management@hampton.gov

Please make sure to reference your department's reporting manual for additional reporting guidance.

Authorized recipients of this form are the Department's Managerial staff, City Attorney's Office, and Risk Management. Any requests to obtain a copy of this document should be directed to Risk Management for handling.

ACCIDENT INFORMATION

Accident Date:

Accident Time:

Location (Address, Street, or Intersestion):

EMPLOYEE INFORMATION

Employee Name:

Dept and Division:

Age:

Phone number:

Title:

Is the employee injured?: Yes or No

Supervisor Name:

Supervisor Phone No.:

CITY VEHICLE INFORMATION

Please do not discuss the details of the accident with anyone other than the employee(s) involved, the investigating officer, Safety, Risk Management or a supervisor from the department.

Year:

Make/Model:

License No.:

Plate No.:

Describe Damage:

Vehicle Status:
Driveable Not Drivable

Personnel Administrative No. 1 Chapter: 2 Subject: *Substance Abuse Policy* Employees shall be subject to post-accident testing if any vehicle is towed from the scene or any one person is injured. Supervisor's shall familiarize themselves with the full directive under this chapter for post-accident and reasonable suspicion testing.

CITIZEN VEHICLE INFORMATION

Driver's Name:

Home Address:

Year:

Make/Model:

License No:

Plate No.:

Owner's Name & License No. (if different from driver):

Insurance Co. & Policy No. (Must be obtained):

Vehicle Status:
Driveable Not Drivable

Describe Damage:

ADDITIONAL INFORMATION

You must notify the Hampton Division of Police immediately.

Were the Police notified? Yes or No

Investigating Police Officer:

Did either party receive a citation? Yes or No

Who was cited: Citizen or Employee

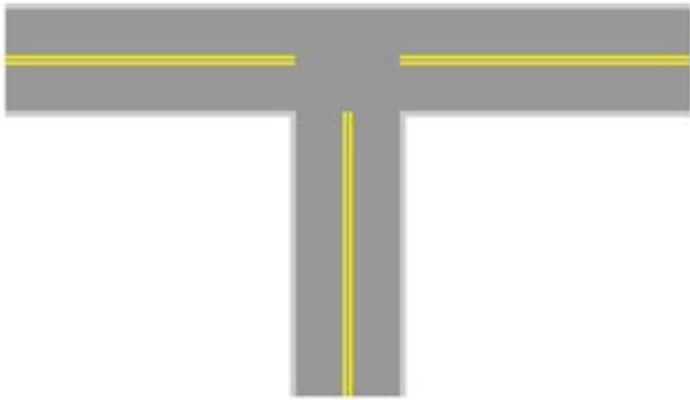
Police Dept./Badge No.:

Report No.:

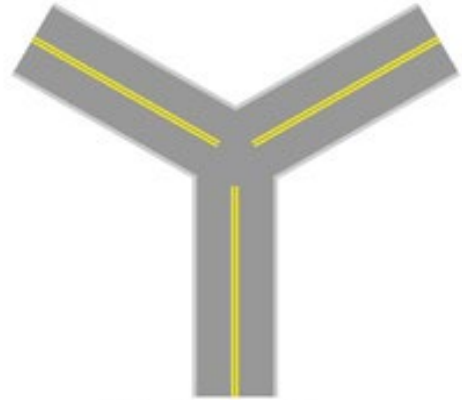
Please give a detailed description of how the incident occurred below:

Weather Conditions (Circle): Sunny, Cloudy, Raining, Snowing, Freezing Rain, Foggy

Surface Type (Circle): Wet, Dry, Snow Covered, Road Obstruction, Road Construction



T-Intersection



Y-Intersection



Cross-Intersection (four legs)



Five or more legs and not circular

PLEASE MAKE SURE TO ATTACH PHOTOS ALONG WITH THIS FORM

Person Completing this Report:

Date Report Completed: