

INJURED: (including Co. Personnel.) If none-state none

Name	Address	Age	Apparent injury	Where taken	By Whom

WITNESS INFORMATION -- IMPORTANT TO GET ALL WITNESS INFORMATION EVEN IF A COUNTY EMPLOYEE IS WITNESS

Important--Get Witnesses--Important

Witnesses: (Including all Passengers except driver even if county employee is witness)

Name	Address	Day time Phone	Occupant of County Vehicle	Occupant of other Vehicle	By stander or County employee?

Weather: Check any that apply: Clear ___ Cloudy ___ Raining ___ Snowing ___ Fog ___ Sleet ___ Other ___

Road Condition : (Show Condition as DRY. WET. SNOWY. ICY. Etc)

Street Name or Highway	Width	Type of surface	Speed Limit	Condition	Lanes Marked

POLICE ACTION TAKEN:

Service Number: _____

Were Police called? Y N Name of Officer _____ State or Local _____ Address _____

Tickets given? Y N To Driver 1 ? Y N Why? _____ To Driver 2 Y N Why? _____

Property Damage to Vehicles:

Check (X) Part or Parts Damaged	Was Car # 1 Damaged? (County Car) Y N		Was Car # 2 Damaged? Y N		Was Car # 3 Damaged? Y N	
	Front ___	Rt Side ___	Front ___	Rt Side ___	Front ___	Rt Side ___
Rear ___	Lft Side ___	Rear ___	Lft Side ___	Rear ___	Lft Side ___	
RT Front ___	Rt Rear ___	RT Front ___	Rt Rear ___	RT Front ___	Rt Rear ___	
LT Front ___	Lft Rear ___	LT Front ___	Lft Rear ___	LT Front ___	Lft Rear ___	
Estimate Cost to Repair? _____						
Was car drivable after accident? _____						
Where is car now? _____						

Property Damaged - Other than above cars: Describe

Owner _____ Address _____ Est. cost to repair, \$ _____

Form S.R. 21 Sent to Department of Public Safety? _____ By Whom: _____

Was County vehicle being used on County business? _____ If not, explain _____

Date Signed _____ (Driver) _____ (Supervisor) _____

Send copy to Civil Section
District Attorney's Office