FORM 2-A Revised 1/29/2011

COUNTY of DALLAS



Auto, Equipment, Property, Accident / Damage report

DO NOT DISCUSS ACCIDENT WITH ANY ONE EXCEPT YOUR OWN SUPERVISOR OR LEGAL AUTHORITIES

WITHIN 24-HOURS OF ACCIDENT SEND COPY TO CIVIL SECTION, DISTRICT ATTORNEY'S OFFICE AND DELIVER A COPY

TO AUTO SERVICE CENTER

CALL: 1) DALLAS COUNTY SHERIFF DISPATCHER AT (214)749-8641 AND 2) YOUR SUPERVISOR

TYPE OR PRINT	Date	e of Report				
Date of Accident:	a .	10	Time of Acci	dent:		am pm
Name of Department						
Address						
Place of Accident						
City:	State:			Number of Vel	hicles Involved:	
COUNTY VEHICLE INFOR	RMATION # 1 on back	Year:		Make:		Body:
License # and Year:	d Year: County		uipment #:		Mileage	
Driver:					Drivers License #:	
Home Address:						
City:	State			Zip:		
Age:	Date of Birth:		Sex:	How long emp	loyed with County?	
Job Description:						
Other Vehicle involve	ed #2 on back	Year:		Make:		Body:
License # and Year:		Vehicle Identification Num		ber	16	
Driver:		Sex:	Drivers Licen	se #:		State:
Age:	Date of Birth:		Address:	_		
City:		State:			Zip code:	
Where employed:			Work Phone	:	Home Phone	 e:
Number of people in vehicle:			Vehicle owned by:			
Address				.**		
City:	State:		Work Phone	:	Home Phone	2;
Insurance Co:			Policy #		Issued Date:	
IF MORE THAN	TWO VEHICLES ARE II	NVOLVED, A	TTACH ADDI	TIONAL PAGE	S FOR INFORMATIO	N ON EACH VEHICLE
Description of Accident:			Diagran	n of Accident: In	dicate Direction of travel 8	& indicate North
				- 0		
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Name	Address	Age	Apparent in	ury	Where tak	en	By Whorr		
WITNESS INFORMAT	ION IMPORTANT TO GE		-Get Witnesse			EMPLOYEE	IS WITNESS		
Witnesses: /leel.	ding all Passengers except	- Salla de Salle		Marian Carlo Company					
withesses. (Inclu	allig all i asserigers except	in country empi	Day time			By stander or County			
Name	Address			Disease	County Vehicle	Occupant of	employee?		
Ivaille	Address			Phone	Vernicle	other vernicle	employeer		
		-							
			9						
	at apply: Clear Cloudy _			og Sleet	Other				
	how Condition as DRY.								
Street Name or Highway	y Width	Type of su	rface		Speed Limit	Condition	Lanes Marked		
POLICE ACTION TAK		Service Number:							
			State or LocalAddress						
Fickets given? Y N									
Property Damage to	Vehicles:								
11/11/2019	f # 1 Damaged? (County	Car) Y N	Was Car # 2	. Damageo	1? Y N	Was Car #	3 Damaged? Y N		
Check (X)		12.0		-		1	-		
Part	Front Rt Sid	e	Front	Rt Side	·	Front	_ Rt Side		
or	Rear Lft Side	9	Rear	Lft Side		Rear	Lft Side		
Parts	RT FrontRt Rea	ır	RT Front_	Rt Rea	r	RT Front_	Rt Rear_		
Damaged	LT Front Lft Rea	ar	LT Front_	Lft Rea	r	LT Front_	Lft Rear		
Estimate Cost to Repair	1		Property for Secretary						
Was car drivable after a									
Where is car now?	2								
Property Damaged	- Other than above cars:	Describe				-			
							•		
	>						250		
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 b	usiness?		If not,	explain				
50									
Date Signed	(Driv	(orl		/C	nervisor)				