



It's real.

This form is required within 24 hours of the accident. Incomplete reports will be returned.

The City of Seguin

HR Email:

Employee's Vehicle Accident Report Form

piuffredo@seguintexas.gov

Instructions: Employee must complete Part I. Supervisor or Manager must complete Part II. Please return form to Human Resources.

Date: _____

Part I: Completed by Employee

Type of Report: Vehicle Accident Property/Equip. Damage Vandalism

Employee's Name (Driver): _____ Age: _____

Location/Cross Street _____ Phone # _____

Date of Incident: _____ Time of Incident: _____ AM PM

Job Title: _____

Department: _____ Supervisor's Name: _____

City Vehicle Information: Year/Make/Model _____

VIN: _____ License Plate#: _____ Vehicle Unit #: _____

If any City employee is injured a First Report of Injury Form will also need to be completed within 24 hours of injury.

Any Passengers in City Vehicle? Yes No If Yes, Passenger's Name: _____

Injured? Yes No If Yes, was EMS requested? Yes No Passengers statement attached? Yes No

Were the Police at the accident scene? Yes No Police Report #: _____

Was your Supervisor at the accident scene? Yes No Supervisor's Name: _____

Body damage to City Vehicle (Check all that apply): None Front Rear Left Right

Description of damage, if any: _____

City Vehicle towed: Yes No Estimate of Damages: Less than \$1000 Greater than \$1000

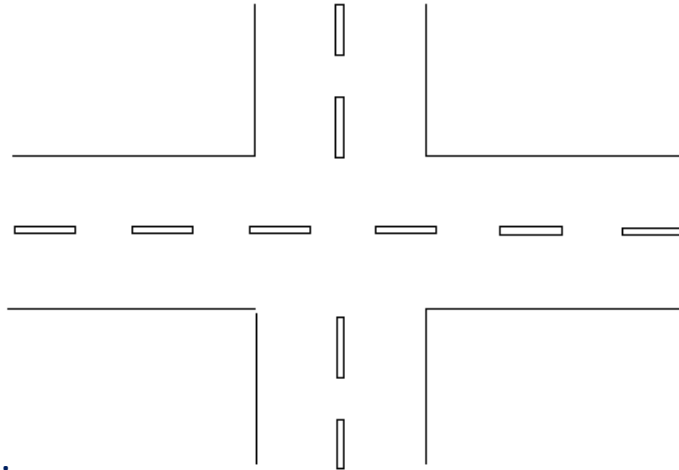
Photos taken of scene? Yes No *Recommend taking pictures at scene*

Witnesses? Yes No Name(s) & Phone #: _____

Attach Witness Statement to Report

How did accident occur: (Describe in detail):

Diagram Accident:



Part II: Supervisors Section:

Employee wearing seat belt? Yes: _____ No: _____

Equipment Malfunction? Yes: _____ No: _____

Was Damage to City Property Preventable? Yes: _____ No: _____

What action have you taken? Discipline Review Procedures Training Other

Explain: _____

To the best of my knowledge, I certify that all the information is complete and accurate.

Employee's Name: _____ Signature: _____ Date: _____

Supervisor's Name: _____ Signature: _____ Date: _____

Director's Name: _____ Signature: _____ Date: _____

Please contact Human Resources for further assistance.

Pina Iuffredo @ 830-386-2244 or 562-833-7459 after business hours & weekends