

YORK COUNTY VEHICLE INCIDENT REPORT

This report must be filed with the York County Risk Management Department,
 P O Box 85, York, SC 29745-0085 within **12 hours** of incident. It may be faxed to Risk Management at
 684-8591 or completed on-line and e-mailed to Risk Management. (Follow up with signed original by mail.)

Date of Incident	Time of Incident	Place of Incident	Department	Name of Driver	
	am pm				
County Vehicle Information:					
Vehicle #	Tag #	Year of Vehicle	Make	Model	Serial #
Estimated Damage to County Vehicle \$			Wrecker Service:	Location of Damage on County Vehicle:	
Other Driver Information:					
Name		Address		City, State, Zip	Phone #
Other Driver's Insurance Co.	Policy #	Address		City, State, Zip	Phone #
Estimated Damage to Other Vehicle \$	Was other vehicle towed?	Location of Damage on Other Vehicle			
Other Information:					
Witnesses: Name(s)		Address		City, State, Zip	Phone #
Investigating Officer:			Investigating Law Enforcement Agency:		
Name & address of anyone charged with a traffic violation:					
Date, time and location of court trial:					
Description of how Incident occurred:					
					Was employee on duty?
Posted speed at incident location:			Estimated speed of County Vehicle:	Estimated speed of other vehicle:	
Describe injuries to County Employees:					
Describe injuries to other parties involved:					
Other property damages:					
Employee/Driver Signature:			Immediate Supervisor's Signature:		
(Print Name)			(Print Name)		
Date:			Date:		