ILENE SHAPIRO
COUNTY EXECUTIVE

VEHICLE ACCIDENT REPORTING PROCEDURES

1. **STOP AT ONCE!** Check for personal injuries and send for an ambulance, if needed. Think Safety First for you and others. DO NOT leave the scene, but keep a safe distance.
2. **IF FIRE, SMOKE OR SPILLED FUEL IS PRESENT,** evacuate passengers to a safe location away from the vehicle and/or away from the roadway and send for the fire department.
3. **DO NOT CREATE FURTHER HAZARDS.** Set emergency signals (Car Hazard Flashers) to prevent further injury or damage. Move vehicle off the road if it can be safely operated and doing so is necessary to prevent a further hazard.
4. **SECURE THE ASSISTANCE OF A POLICE OFFICER.**
5. **RECORD NAMES AND ADDRESSES** of all witnesses and occupants of involved vehicles. Record vehicle license numbers. Exchange insurance information (name of insurance company, agent name and phone number) with other driver(s) involved in the accident.
6. **DO NOT ARGUE!** Do not admit fault or make statements regarding responsibility for the accident. Cooperate with responding law enforcement.

NOTIFICATION

1. **REPORT THE ACCIDENT TO YOUR SUPERVISOR OR DISPATCHER IMMEDIATELY** after first aid has been given, the authorities have been notified, the scene protected, and you are able to do so.
2. **THE EMPLOYEE SHALL COMPLETE THE AUTOMOBILE ACCIDENT REPORT AS THOROUGHLY AS POSSIBLE.** This form is available from your supervisor or the Human Resource Department (HRD). Additional forms may need completed depending on the circumstances of the accident.
3. **THE IMMEDIATE SUPERVISOR SHALL NOTIFY SAFETY (HRD) AS SOON AS THEY ARE NOTIFIED OF THE ACCIDENT**and submit a copy of the Automobile Accident Report Form, Police Accident Report when available, and any other applicable forms to Safety (HRD).

AUTO REPAIR

1. Safety (HRD) will notify the Department of Law and Risk Management, at which time the supervisor will be advised as to where to send the vehicle for estimates if the vehicle is drivable. If non-drivable, the vehicle will be towed to the county vehicle storage lot at which time three estimates of the repair should be secured.
2. A total of three (3) estimates will be required if the cost exceeds $25,000. Repair estimates are to be faxed or emailed from the auto repair company directly to the Department of Law and Risk Management, fax: 330.643.8428.
3. Upon receipt of the three (3) estimates, Police Accident Report and Insurance/Accident Report Form, the Department of Law and Risk Management will obtain a purchase order and advise the department head as to where to send the vehicles for repair, if repairs are to be made. No repairs are to be made to a vehicle until a purchase order has been issued. Repairs made prior to the issuance of a purchase order will not be paid by or be the responsibility of the county.

COUNTY OF SUMMIT
DEPARTMENT OF LAW & RISK MANAGEMENT
175 S. MAIN STREET, 8TH FLOOR
AKRON, OHIO 44308
PHONE: 330.643.8428 • FAX: 330.643.2507

COUNTY OF SUMMIT
DEPARTMENT OF HUMAN RESOURCES
1180 S. MAIN STREET, SUITE 311
AKRON, OH 44301
PHONE: 330.926.2500 • FAX: 330.643.8562

Rev. 09/26

Department of Human Resources
Russell M. Pry Building
1180 S. Main Street, Suite 311
Akron, OH 44301
330.926.2500
330.643.8562 *Fax*
www.co.summitoh.net

Motor Vehicle Accident Report

CONFIDENTIAL INTERNAL USE ONLY

CLAIM NUMBER

CLAIMANT/EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)			DATE OF BIRTH (YEAR/MONTH/DAY)	
HOME ADDRESS STREET		CITY/TOWN	STATE	ZIP CODE
PHONE NUMBER	INSURANCE COMPANY NAME/POLICY NUMBER		INSURANCE COMPANY PHONE NUMBER	
INSURANCE COMPANY STREET		CITY/TOWN	STATE	ZIP CODE
MAKE OF VEHICLE	YEAR	MODEL	VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE NUMBER/STATE
DESCRIBE DAMAGE			ESTIMATE OF DAMAGE ($)	
NAME OF DRIVER OF YOUR VEHICLE	AGE	DRIVER'S LICENSE NUMBER	PHONE NUMBER	
HOME ADDRESS STREET		CITY/TOWN	STATE	ZIP CODE
DATE OF ACCIDENT (YEAR/MONTH/DAY)	TIME	WERE YOU WEARING A SEATBELT?	HAD YOU TAKEN ANY ALCOHOLIC BEVERAGES OR DRUGS PRIOR TO THE ACCIDENT?	
LOCATION OF ACCIDENT				
PURPOSE VEHICLE USED FOR AT TIME OF ACCIDENT		WEATHER CONDITION	ROAD CONDITION	
YOUR SPEED (MPH)	DIRECTION	OTHER'S SPEED (MPH)	DIRECTION	
POLICE INVESTIGATION BY			CHARGES	
WHO WAS RESPONSIBLE FOR THE ACCIDENT? (REASON)				

OWNER OF OTHER VEHICLE				OWNER OF OTHER VEHICLE			
PHONE NUMBER				PHONE NUMBER			
HOME ADDRESS				HOME ADDRESS			
MAKE OF VEHICLE	YEAR	MODEL	LICENSE # / STATE	MAKE OF VEHICLE	YEAR	MODEL	LICENSE # / STATE
NAME OF INSURANCE COMPANY				NAME OF INSURANCE COMPANY			
DESCRIPTION OF DAMAGE				DESCRIPTION OF DAMAGE			
NAME OF DRIVER		PHONE NUMBER		NAME OF DRIVER		PHONE NUMBER	
HOME ADDRESS				HOME ADDRESS			

COMPLETE BOTH FRONT AND BACK SIDES BEFORE SENDING.

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Motor Vehicle Accident Report

CONFIDENTIAL INTERNAL USE ONLY

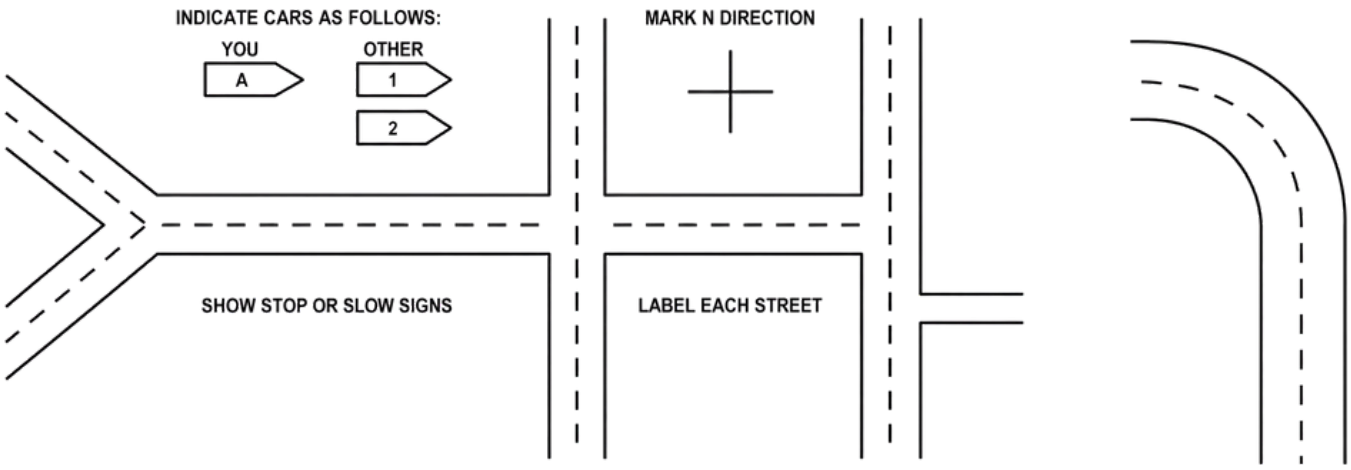
CLAIMANT/EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)	CLAIM NUMBER

DETAIL OF ACCIDENT WITNESSES

NAME	NAME	NAME
HOME ADDRESS	HOME ADDRESS	HOME ADDRESS
PHONE NUMBER	PHONE NUMBER	PHONE NUMBER
IN WHICH CAR? ☐ YOUR CAR ☐ OTHER CAR #1 ☐ OTHER CAR #2 ☐ OTHER	IN WHICH CAR? ☐ YOUR CAR ☐ OTHER CAR #1 ☐ OTHER CAR #2 ☐ OTHER	IN WHICH CAR? ☐ YOUR CAR ☐ OTHER CAR #1 ☐ OTHER CAR #2 ☐ OTHER

DESCRIPTION OF ACCIDENT

ILLUSTRATE POSITION OF CARS AT TIME OF COLLISION, SHOW SKID MARKS.
(IF ANY STREET IS MORE THAN TWO LANES OR IS ONE WAY ONLY, PLEASE INDICATE.)



CHECK ONE: I WAS ☐ DRIVER OF VEHICLE A ☐ PASSENGER OF VEHICLE A

DESCRIBE THE ACCIDENT IN YOUR OWN WORDS (ATTACH SEPARATE SHEETS IF NECESSARY.)

CLAIMANT/ EMPLOYEE COMPLETING THIS REPORT SIGN HERE ▶	DATE

COMPLETE BOTH FRONT AND BACK SIDES BEFORE SENDING.