



## Driver's Report of Accident (DRA)

A DRA **must be completed** whenever a County employee or County vehicle is involved in a vehicle accident or collision (*including those involving personal vehicles used for County business*)

### For the Driver

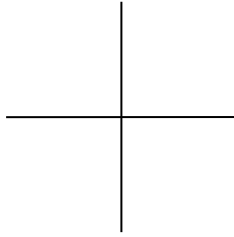
- Remain calm
- Do NOT admit blame, or make promises to the other party(s) regarding reimbursement by the County
- *If there are injuries* - immediately call 9-1-1
- **Call the County Communication Center at 875-6900.** They will notify appropriate responders (law enforcement, ambulance, tow-truck, etc.)
- Do NOT leave the scene until you've completed the following sections of the DRA (the remainder can be completed back at your office):
  - Accident Details
  - Other Driver/Vehicle Information
  - Passenger in Other Vehicle
  - Witnesses
- Exchange the following information with the other party (**Mandatory Exchange - CVC 16025**)
  - Your Name
  - Driver's License # and County Vehicle ID #
  - Address of Registered Owner  
**For County Vehicles** - 700 H Street, Sacramento, CA 95814
  - Evidence of Financial Responsibility for the vehicle (a.k.a. Insurance information)  
**For County Vehicles** - Risk Management, 9310 Tech Center Dr., Ste. 240, Sacramento, CA 95826  
916-876-1073 (**Advise the other party that the County is a "Self-insured public entity"**)
- Complete the DRA and submit to your supervisor for immediate review
- Do NOT discuss this accident/incident with the other party or any representative of the other party, such as insurance companies or attorneys. Refer all phone calls, letters, etc. from the other party, or their representative, to Risk Management at (916) 876-1073

### For the Supervisor

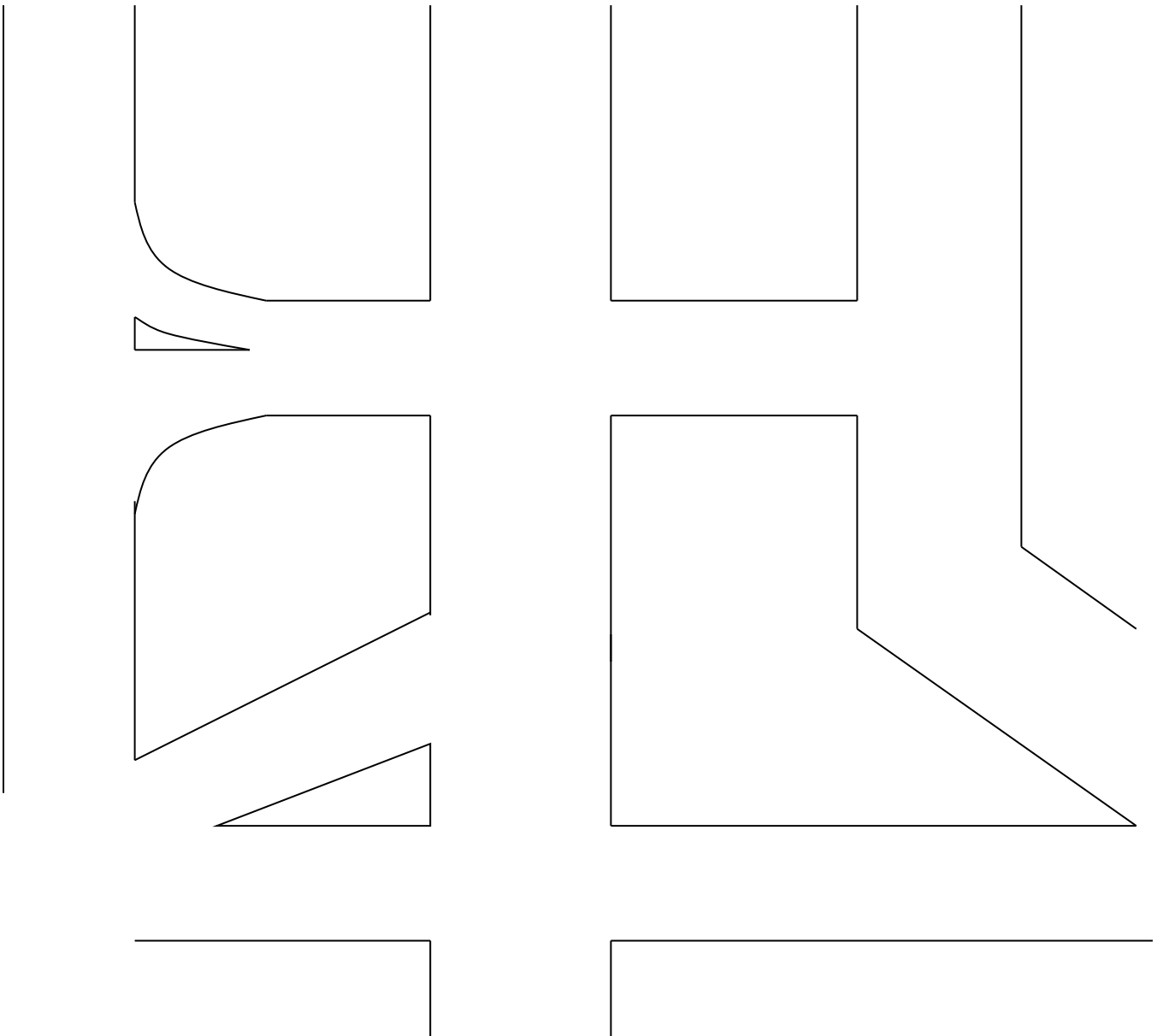
- Complete Supervisor section of the Driver's Report of Accident
- Send original DRA to Risk Management Office **within 24 hours** of the accident  
(**E-mail:** DPSPPropCaus@sacounty.gov, **Fax:** 916-876-5156, or **Mail Code:** 58-600)
- **If employee was injured**, send copy of DRA to: Workers' Compensation Office  
(**E-mail:** DPSWorksComp@sacounty.gov **Fax:** 916-876-5157 or **Mail Code:** 25-100)
- Arrange for County vehicle to be inspected at appropriate County maintenance facility
- Send copy of DRA to appropriate County Garage
  - Fleet Services – **Light Equipment** (MC: 07-001)
  - Fleet Services – **Heavy Equipment** (MC: 73-001)
  - For vehicles assigned to the **Airport** (MC: 95-001)

# LOCATION DIAGRAM

Indicate Directional Points on the Compass (N, S, E, W)



- Identify streets
- Indicate COUNTY VEHICLE as #1, and all other vehicles in numerical sequence



FOR SHERIFF'S DEPARTMENT USE ONLY	
Operational Damage	_____
Preventable	_____
Non-Preventable	_____

**COUNTY OF SACRAMENTO**  
**Driver's Report of Accident**

Contains Confidential Information  
Do NOT release without consent of Risk Management Office

Risk Management File Number
Department Use Only

DATE of Accident / Incident: \_\_\_\_\_

TIME of Accident / Incident: \_\_\_\_\_

**COUNTY DRIVER INFORMATION - You may complete this section at your office**

NAME	DRIVER'S LIC. # / EXPIRATION DATE	DATE OF BIRTH
JOB TITLE	WORK PHONE #	INJURED? "YES" OR "NO"
DEPARTMENT / DIVISION	WORK E-MAIL ADDRESS	

**COUNTY VEHICLE INFORMATION - You may complete this section at your office**

COUNTY VEHICLE NUMBER	VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR
LICENSE PLATE NUMBER	VEHICLE COLOR	CHILD SAFETY SEAT IN CAR? "YES" OR "NO"	ODOMETER AT TIME OF ACCIDENT
DESCRIBE DAMAGES TO COUNTY VEHICLE (INDICATE SEVERITY FIRST) _____ NONE _____ MINOR _____ MODERATE _____ MAJOR			
IS THIS A RENTAL VEHICLE? ("YES" OR "NO" - IF "YES" PROVIDE RENTAL CO.)		IS THIS A PERSONAL VEHICLE? ("Yes" or "No")	

**ACCIDENT DETAILS - Complete at scene of accident / incident**

LOCATION OF ACCIDENT / INCIDENT (Provide Address or Area, City, State, and ZIP Code)		
ROAD CONDITIONS (i.e. Paved, Loose Gravel, Dirt, Etc.)	WEATHER CONDITIONS (i.e. Clear & Dry, Raining, Wet, Windy, Etc.)	
TRAFFIC CONDITIONS (i.e. Light / Moderate / Heavy)	HOW FAST WERE YOU DRIVING?	EST. SPEED OF OTHER VEHICLE

**OTHER DRIVER / VEHICLE INFORMATION - Complete at scene of accident / incident**

DRIVER'S NAME	DATE OF BIRTH	DRIVER'S LICENSE NO. / STATE / EXP.	
HOME PHONE NUMBER	WORK PHONE NUMBER	E-MAIL ADDRESS	# PEOPLE IN VEHICLE
DRIVER'S ADDRESS (Include City, State, and ZIP Code)			
REGISTERED OWNER OF OTHER VEHICLE (If different from Driver)	E-MAIL ADDRESS	PHONE NUMBER	
OWNER'S ADDRESS (Include City, State, and ZIP Code)			
OTHER PARTY'S INSURANCE (Include Insurance Co., Address, Phone # and Policy #)			
VEHICLE MAKE	VEHICLE MODEL	YEAR	COLOR
LICENSE PLATE NUMBER / STATE	DESCRIBE DAMAGES TO OTHER VEHICLE		

**PASSENGERS IN OTHER VEHICLE - Complete at scene of accident / incident**

NAME	ADDRESS & PHONE #	INJURED? "YES" or "NO"
NAME	ADDRESS & PHONE #	INJURED? "YES" or "NO"
NAME	ADDRESS & PHONE #	INJURED? "YES" or "NO"

