



# New Kent County Incident Report Summary

Please submit form to Andrea Gardner in the Financial Services Office

## Occurrence/Accident Description

Location of Incident: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ AM  
PM

Type of Loss: \_\_\_\_\_ If other, please explain: \_\_\_\_\_

*\*For Lightning Damage, the Repairer must complete the Lightning Affidavit*

### Description of Incident:

Police on Scene: YES  NO

Fire & Rescue on Scene: YES  NO

County Deputy Name: \_\_\_\_\_ State Trooper Name: \_\_\_\_\_

## First Reported To

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

When was the incident first reported? \_\_\_\_\_

## Third-Party at Fault

Is a party outside of the organization at fault? (If yes, please complete the information below) YES  NO

Property or Vehicle Owner

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Driver Name (If Vehicle): \_\_\_\_\_ Same as Owner? YES  NO

Address: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make & Model: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Insured? (Property or Vehicle) YES  NO  Insurance Company: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Insurance Company Phone #: \_\_\_\_\_

**Describe Damage: (Property or Vehicle)**

Repair Cost Estimate:\$ \_\_\_\_\_ Where Can Vehicle Be Seen? \_\_\_\_\_

**County Property and Loss**

Address: \_\_\_\_\_

**Description of Damage:**

What is the estimated loss value for this property? \$ \_\_\_\_\_

**County Vehicle Involved**

Vehicle #: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN: \_\_\_\_\_ License Plate #: \_\_\_\_\_

County Department Owning Vehicle: \_\_\_\_\_

**Describe what was damaged and how:**

Estimated Cost to Repair this vehicle:\$ \_\_\_\_\_

**Who should we contact for vehicle inspection?**

First & Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Vehicle Location Address: \_\_\_\_\_

Company Repairing Vehicle (if known): \_\_\_\_\_

Was someone operating this vehicle at the time of the incident? YES  NO  Driver's License #: \_\_\_\_\_

Driver First & Last Name: \_\_\_\_\_ Driver Primary Phone: \_\_\_\_\_

Driver Alternate Phone: \_\_\_\_\_ Driver Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Was this vehicle used with permission? YES  NO

### Injuries

Any Personal Injuries: YES  NO  Number of Persons Injured: \_\_\_\_\_

If County employee is injured have the injuries been reported to Human Resources? YES  NO

*List Names, Addresses, Phones, Ages & Extent of Injuries for Each Non-Employee (use separate page if needed)*

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Extent of Injury:

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Extent of Injury:

### Witnesses

*Any witnesses besides the drivers listed or employees involved? If yes, please fill out the information below for each person (use separate pages if needed)*

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip Code: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip Code: \_\_\_\_\_

### Signatures

*I certify that my statements are true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_