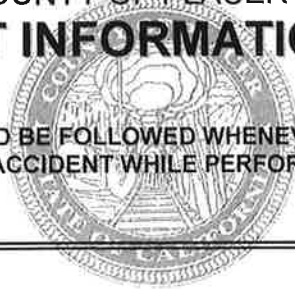


COUNTY OF PLACER
ACCIDENT INFORMATION PACKET

THIS PROCEDURE SHOULD BE FOLLOWED WHENEVER A COUNTY EMPLOYEE IS INVOLVED IN A VEHICLE ACCIDENT WHILE PERFORMING JOB RELATED DUTIES



1. Check for injuries.
2. NOTIFY THE CHP OR CITY POLICE.
3. **Do not argue** at the scene of accident. Keep calm and be courteous.
4. **Do not admit fault or liability. Do not** talk about the accident with anyone **EXCEPT**: the Police, your Supervisor, the County Safety Officer or the Risk Management Division.
5. **Secure the information required** to complete the Driver's Report of Accident/Vehicle Accident Report Form. Obtain names and addresses of occupants of other vehicle.
6. **Secure the names of possible witnesses** or the license numbers of vehicles you think may have witnessed the accident.
7. If your County vehicle requires towing, have the CHP or Police call the County Garage at:
Auburn: 530-745-7536 Tahoe: 530-584-6675
8. **Complete the DRIVER'S REPORT OF ACCIDENT/VEHICLE ACCIDENT REPORT within 24 hours** and send original to: RISK MANAGEMENT DIVISION.
9. DO NOT leave any County vehicle at the County Garage without the proper reports being completed.

IN CASE OF ACCIDENT IMMEDIATELY CALL THE FOLLOWING:

DURING WORKING HOURS: Your supervisor, Risk Management at 530-886-2600. employee is injured, call immediately to report any injury.

AFTER HOURS AND WEEKENDS: Your supervisor (who should call Sheriff's Dispatch at 530-886-5375).

FATAL or SERIOUS INJURY ACCIDENT: 1.) Your Supervisor (who will call Sheriff's Dispatch) and 2.) Risk Management (Sheriff's Dispatch will notify immediately by paging the Risk Mgmt. Administrator).

NON-INJURY ACCIDENTS: Complete the Driver's Report of Accident/Vehicle Accident Report as per No. 8 above.

IMPORTANT

COUNTY OF PLACER
AUTOMOTIVE MAINTENANCE

VEHICLE # _____

THIS PACKET MUST BE KEPT IN THE GLOVE BOX OF THIS VEHICLE AT ALL TIMES.
DO NOT REMOVE.

ADDITIONAL COPIES OF THIS PACKET AND THE ENCLOSED FORMS MAY BE
OBTAINED FROM:

COUNTY GARAGE: 530-745-7536

**PLACER COUNTY
EMERGENCY PHONE LIST**

**CHP, SHERIFF, CITY POLICE
AMBULANCE, FIRE**

DIAL 911

GARAGE: **Auburn:** 530-745-7536 **Tahoe:** 530-584-6675

RISK MANAGEMENT: Day: 530-886-2600

SHERIFF'S DISPATCH: Night/Weekends: 530-886-5375

SAFETY OFFICER: Day: 530-886-2617
SAFETY/WORKER'S COMP HOTLINE 530-886-2610

- ◆ **Immediately notify the Risk Management Division of all accidents.**
 - ◆ **The County Garage will remove the vehicle if necessary, however, repairs will not begin until appropriate reports have been submitted.**
-

**COUNTY OF PLACER
PROOF OF FINANCIAL
RESPONSIBILITY**

This automobile is owned/leased by the County of Placer, a political subdivision of the State of California. Pursuant to Vehicle Code Section 16021(c), proof of financial responsibility is established by such ownership. For further information, contact the office of Risk Management, (530) 886-2600.

PACKET SHOULD INCLUDE: VEHICLE REGISTRATION
DRIVER'S REPORT OF ACCIDENT /VEHICLE ACCIDENT REPORT

Vehicle #: _____

VEHICLE ACCIDENT REPORT

This form **MUST** be completed whenever a County employee is involved in a vehicle accident.
Please complete all sections with accurate information regarding all parties involved and send the original report to

Risk Management Division

ACCIDENT INFORMATION:

Date of Accident: _____ Location: _____
Time: _____ Police notified? Yes No
CHP Sheriff Police Report #: _____

COUNTY DRIVER INFORMATION:

Name: _____ Dept/Div: _____ Job Title/Class: _____
Home Address: _____ Home Telephone: _____ Business Telephone: _____
The type of vehicle you were driving: County Vehicle Personal Vehicle County Vehicle #: _____
Make: _____ Model: _____ Year: _____ Lic# _____

Did the accident occur while you were working? Yes No



Describe damage to vehicle: (Indicate area of vehicle damaged on diagram to the right)

Where any passengers in your vehicle? Yes No Indicate where passengers were seated by circling the numbers in the diagram below

Were you injured: Yes No



Any injuries: Yes No

(Identify each passenger by the number location from the second diagram above)

Identify each injured person in the vehicle: _____

OTHER DRIVER/OWNER INFORMATION:

Name: _____ Address: _____
Home Telephone: _____ Business Telephone: _____ DL#: _____ State: _____
Date of Birth: _____ Registered owner of vehicle: _____
Vehicle Make: _____ Model: _____ Year: _____ Lic# _____
Insurance Co: _____ Telephone: _____ Policy #: _____

Describe damage to vehicle: _____
(Indicate area of vehicle damaged on diagram to the right)



Indicate where passengers were seated by circling the numbers in the diagram below

Were there any passengers in this vehicle? Yes No

Any injuries: Yes No

5	3	1
6	4	2

FRONT



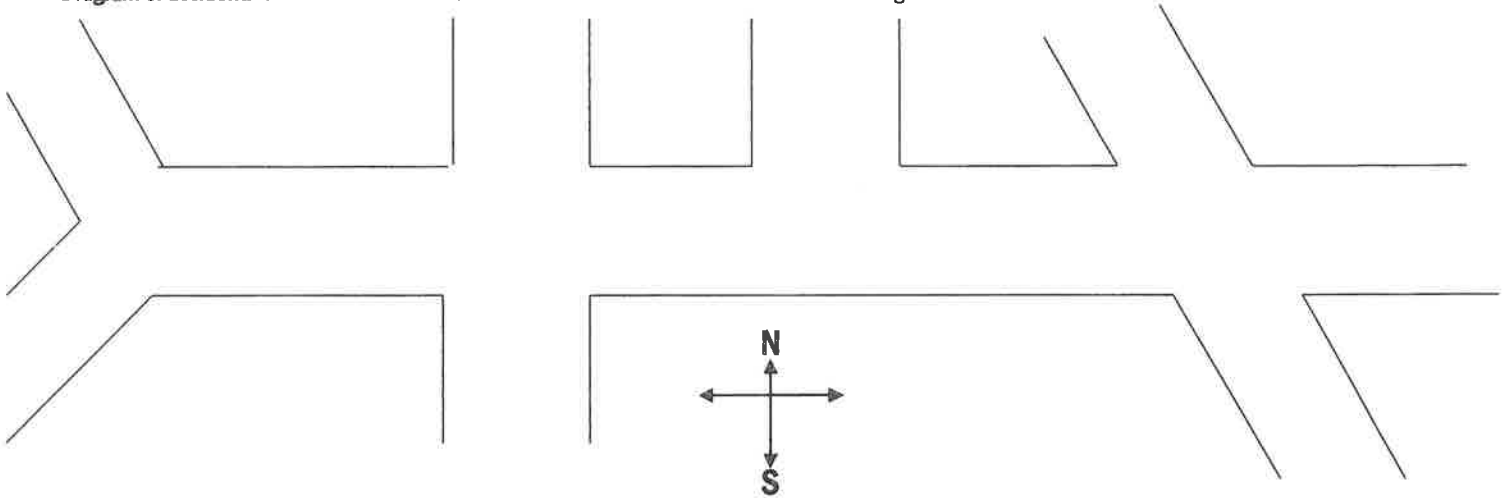
List the names of passengers: _____

(Identify each passenger by the number location from the diagram above)

DESCRIPTION OF ACCIDENT:

In your own words, describe the details of the accident.

Diagram of accident. Show names of streets and directions in which vehicles were travelling.



ADDITIONAL INFORMATION:

TO BE COMPLETED BY SUPERVISOR OF CO. EMPLOYEE:

Supervisor's Name: _____ Job Title/Class: _____ Tel#: _____

In your opinion, could this accident have been prevented by the County Employee?: YES NO If yes, explain below:

COMMENTS/RECOMMENDATIONS: _____

DATE _____

SIGNATURE: _____



COUNTY OF PLACER

COUNTY EXECUTIVE OFFICER, JANE CHRISTENSON

OFFICE OF COUNTY EXECUTIVE RISK MANAGEMENT DIVISION

145 FULWEILER AVENUE, SUITE 100

AUBURN, CA 95603

TELEPHONE (530) 886-2600 • FAX (530) 886-2609

December 9, 2022

Department of Motor Vehicles
4700 Broadway
Sacramento, CA 95820

Re: Placer County Vehicle Insurance

Effective Date: November 1, 2022 through December 31, 2023

County of Placer Self Insurance Certification

To Whom It May Concern:

Please accept this letter as certification that the Self-Insurance Program of the County of Placer adequately protects against liability arising from activities and incidents related to Placer County vehicles. The County self-insures or its general liability, environmental/pollution liability, automobile liability, and workers' compensation in accordance with Government Code 990.4. This letter is valid from November 1, 2022 through December 31, 2023 and may be renewed annually upon request.

If you should have any questions regarding the County's insurance coverage, please feel free to contact the Risk Management Division of the County Executive Office at (530) 886-2600.

Terry M. Butrym
Liability Manager
Risk Management

CALIFORNIA INSURANCE IDENTIFICATION CARD

(A BLANK COPY OF THIS CARD SHOULD BE KEPT IN THE INSURED VEHICLE)

Insured: PLACER COUNTY

IN CASE OF ACCIDENT:

Do not admit responsibility. Only discuss details with Law Enforcement if present. Report all accidents to your Supervisor or Department Head as soon as possible.

Obtain the following information of each driver, passenger and witness:

NAME: _____

ADDRESS: _____

PHONE #: _____

INSURANCE COMPANY: _____

POLICY #: _____

Take photos – if it is safe to do so.

Use additional sheets if necessary

CALIFORNIA INSURANCE IDENTIFICATION CARD

(THIS CARD MAY BE PRESENTED TO THE OTHER DRIVER UPON REQUEST)

Insured: PLACER COUNTY

PLEASE DIRECT QUESTIONS TO:

PLACER COUNTY
RISK MANAGEMENT DIVISION
145 FULWEILER AVENUE, SUITE 100
AUBURN, CA 95603

Claims Administration Contact Info:

NAME: TERRY M. BUTRYM, LIABILITY MANAGER

ADDRESS: PLACER COUNTY
RISK MANAGEMENT DIVISION
145 FULWEILER AVENUE, SUITE 100
AUBURN, CA 95603

PHONE: (530) 886-2600

**This vehicle is owned by a public entity
(Cal. Vehicle Code Sec. 16020(b))**

INCIDENT REPORT FORM

CEO, Risk Management Division
Main Number 530.886.2600 ● Email riskman@placer.ca.gov
145 Fulweiler Avenue, Suite 100, Auburn, CA 95603

Report all incidents, injuries or damage involving the general public or County owned property (including buildings, etc.)

Report all incidents within 24 hours. Send/fax this form to Risk Management Division within 48 hours of incident.

Incident Report:

Damage to County Property:

Injury to General Public:

Dept./Div. Reporting:

Dept. Contact:

Phone No.:

Date of Incident: _____ Time: _____ a.m./p.m. Location of Incident: _____

Name County Employee Involved: _____ Phone #: _____

Name of Person(s) Injured/Involved: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Description of Incident:

Attach additional pages, pictures, as necessary

Witnesses:

Name: _____ Dept./Div.: _____ Telephone: _____

Name: _____ Dept./Div.: _____ Telephone: _____

Signature: _____

Date: _____

Title: _____

Telephone: _____

RISK MANAGEMENT USE ONLY:

REPORT #: _____ REPORT ONLY: INITIALS: _____ ASSIGNED: FILE #: _____



County Executive Office

RISK MANAGEMENT

145 Fulweiler Ave.
Suite 100
Auburn, CA 95603

Report Accidents:
main (530) 886-2600
fax (530) 886-2609
placer.ca.gov/riskmanagement