

**HALIFAX COUNTY
MOTOR VEHICLE ACCIDENT
ADMINISTRATIVE REPORT**

Date: _____

To: _____
(Department Head)

From: _____
Name Title

Subject: Accident Involving Departmental County Vehicle

Date & Time of Accident: _____

Location of Accident: _____

Employees Involved: _____

Summary of Accident (include pertinent statements from drivers and witnesses: the names, addresses, and telephone numbers of all persons involved: names of persons injured and nature of injuries: description of medical treatment required: name of treatment facility and attending physician: description of vehicle damages: including known previous damage and estimated dollar value: and any other information pertinent to the accident. **DO NOT** include any conclusions about improper or proper driving):

Signature: _____
Title and Assignment