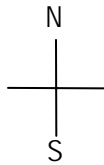


COUNTY OF MARIN MOTOR VEHICLE ACCIDENT REPORT

Submit Original Only To:									
County Counsel of Marin, 3501 Civic Center Drive, Suite 303, San Rafael, CA 94903									
Time and place of accident									
Date:			Time:		Street:			City:	
County vehicle									
Year:		Make:		Model:		Property Number:		License Number:	
Driver									
Last Name:		First Name:		MI:	Department:		Org No.:		Bus. Phone:
Damage to County Vehicle (Describe):									
Police Report Authority to whom accident was reported (required):					Officer:			Badge Number:	
Damage to property of others (use additional sheets if necessary)									
Owner, Last Name:		First Name:		MI:	Address:			Bus. Phone:	Res. Phone:
Driver, Last Name:		First Name:		MI:	License No.:	Address:		Bus. Phone:	Res. Phone:
Car Make Model:	Year:	License Number:		State:	Year:	Degree of Damage: Major Minor		Name of Insurance Co. Policy #:	
Other Property Damage – Describe – Use Additional Sheet(s) if Necessary:									
Persons injured (County employees are required to file a separate worker's compensation report)									
Last Name:		First Name:		MI:	Age:	Address:			
Res. Phone:		Bus Phone:		Passenger:					
						County	Other	Pedestrian	
Last Name:		First Name:		MI:	Age:	Address:			
Res. Phone:		Bus Phone:		Passenger:					
						County	Other	Pedestrian	
Uninjured occupants									
Last Name:		First Name:		MI:	Address:		Res. Phone:	Bus Phone:	County Car:
Last Name:		First Name:		MI:	Address:		Res. Phone:	Bus Phone:	County Car:
Last Name:		First Name:		MI:	Address:		Res. Phone:	Bus Phone:	County Car:
Last Name:		First Name:		MI:	Address:		Res. Phone:	Bus Phone:	County Car:

Description of Accident:

Complete the following diagram showing direction and positions of automobiles or property involved, designating clearly point of contact. Indicate points of compass



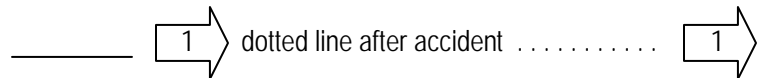
GIVE STREET NAMES, DIRECTIONS AND LOCATIONS OF OBJECTS INVOLVED

INSTRUCTIONS:

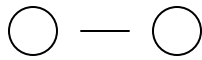
1. Number each vehicle and show the direction of travel by arrow



2. Use solid line to show path of each vehicle before accident



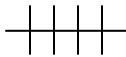
3. Show motorcycle or bicycle by



4. Show pedestrian by



5. Show railroad by



WERE THERE WITNESSES YES NO

HAVE YOU ATTACHED WITNESS CARDS? YES NO

Signature of County Driver

Signature of Supervisor