

**"Privileged and Confidential for Evaluation and Review by Risk Management and Fulton County Attorney and Exhibit A prepared in anticipation of litigation."
Board of Commissioners, Fulton County Georgia, Finance Department**

WITNESSES

Give Name and Addresses

#1	Name: Address: Phone#:
#2	Name: Address: Phone#:
#3	Name: Address: Phone#:

YOUR VEHICLE

Name of Legal Owner: **FULTON COUNTY GOVERNMENT**

Name of Driver:	Age:
Department:	
Office Phone#:	Home/Cell#:
Vehicle ID Number (VIN)	
Year, Make & Type of Vehicle:	
Driver's License #	State:
License Plate #	County Vehicle #

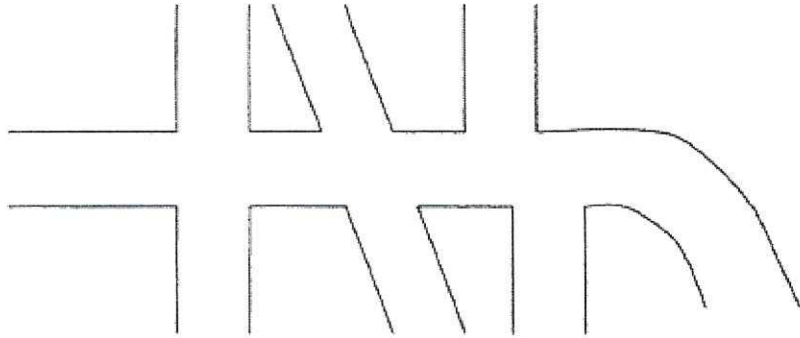
Describe damage to County property:

Estimate cost to repair:	\$
Driver's Signature: x _____	Date:
Department Head's Signature: x _____	Date:

ACCIDENT REPORT

Date	/	/	Time	:	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.
Location:						
On which side street were you?						
Driving which direction?						
How far from curb?			Were your Lights on?			
Which side of the street?			Rate of Speed			
Direction of other car?						
How far from curb?			Were other vehicle's lights on?			
Which side of the street?			Rate of Speed mph			
Weather conditions:						
Type and condition of street:						
What warning signals were given?						
Investigating Agency:						
Investigating Officer:					Badge#	
Case/Report Number:						
Describe how incident occurred:						

DIAGRAM OF ACCIDENT



Form must be printed to draw in diagram of accident.

Show street names, directions vehicles were traveling, and locations of objects concerned. Indicate North, South, East or West.

DAMAGE TO PROPERTY OF OTHERS

Name of Legal Owner:

Address(Street, City, State & Zip Code):

Home/Cell#:

Work#:

Name of Driver if different from Legal Owner:

Address of Driver (if different from Legal Owner):

Home/Cell#:

Work#:

Driver's License#:

State:

Insurance Company:

Describe damage of other vehicles and/or other property:

Estimate cost of damage: \$

THE INJURED(County & Others)

Name:

Age:

Address:

Injuries:

Name:

Age:

Address:

Injuries:

Name:

Age:

Address:

Injuries:

Name:

Age:

Address:

Injuries:

Name:

Age:

Address:

Injuries:

Was an Ambulance called? Yes No

Where were the injured taken?