

GLENN COUNTY VEHICLE INCIDENT INFORMATION

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| <p>To be completed by County Driver:</p> <p>Date: _____ Time: _____</p> <p>Driver's Name: _____</p> <p>Co. Vehicle Number: _____</p> <p>Incident Location: _____</p> <p>_____</p> <p>County Agency: _____</p> <p>_____</p> <p>Direction of Travel: _____</p> <p>_____</p> <p style="text-align: center;">Full <input type="checkbox"/> Empty <input type="checkbox"/></p> <p>Load Type: _____</p> <p>_____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>To be completed by Citizen:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>_____</p> <p>Phone: _____</p> <p>Witness: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone: _____</p> <p>Vehicle License: _____</p> <p>Vehicle Type: _____</p> <p>_____</p> <p>_____</p> <p>Damage Claimed: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Citizen Signed: _____</p> |
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It is understood that this form is for **information only** and that by completing this form the County of Glenn does not assume any liability for damage to private or public property.

For claimant information contact:

INSURANCE IDENTIFICATION CARD

The owner of this vehicle participates in a pooled public entity liability coverage program through

Golden State Risk Management Authority
G.S.R.M.A.
Policy # JPA-GLA-0022

Copies to:
 GSRMA
 Employee File
 Safety Officer
 Citizen

As authorized by Sec. 16020 (b)(4) of the California Vehicle Code
 Information on how to initiate a claim can be obtained by contacting

Golden State Risk Management Authority
Tel. (530) 934-5633 • (530) 934-8133
P.O. Box 706, Willows, CA 95988-0706