



**Section III**

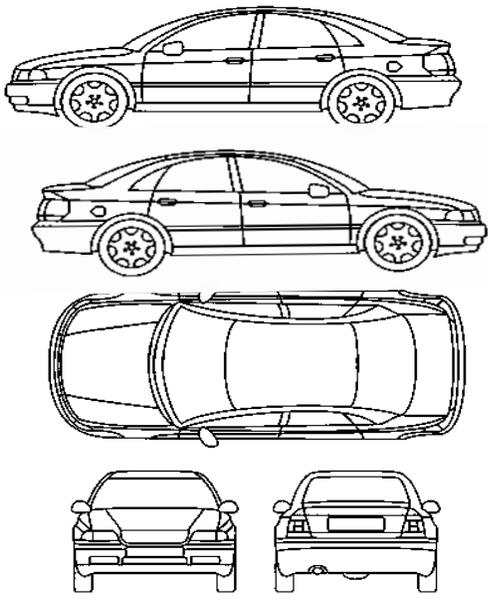
**SUPERVISOR'S ASSESSMENT OF CONTRIBUTING FACTORS BASED ON THE ACTIONS OF THE DRIVER OF COUNTY'S VEHICLE**

<p><b>19.</b></p> <input type="checkbox"/> No Contributing Factors on County Driver's Behalf. <input type="checkbox"/> DUI Alcohol/Drugs <input type="checkbox"/> Following Too Close <input type="checkbox"/> Failed to Yield <input type="checkbox"/> Disregard Stop Sign/Signal <input type="checkbox"/> Wrong Side of Road <input type="checkbox"/> Weather Conditions <input type="checkbox"/> Exceeding Speed Limit/estimated ____ mph	<input type="checkbox"/> Improper Passing <input type="checkbox"/> Driver Lost Control <input type="checkbox"/> Changed Lanes Improperly <input type="checkbox"/> Struck Object or Animal <input type="checkbox"/> Improper Turn <input type="checkbox"/> Parked Improperly <input type="checkbox"/> Mechanical or Vehicle Failure <input type="checkbox"/> Surface defects to Road/Street or Highway <input type="checkbox"/> Other	<input type="checkbox"/> Misjudged Clearance <input type="checkbox"/> Improper Backing <input type="checkbox"/> No signal/Improper Signal <input type="checkbox"/> Driver Condition <input type="checkbox"/> Driverless Vehicle <input type="checkbox"/> Too Fast for Conditions <input type="checkbox"/> Improper Passing of School Bus <input type="checkbox"/> Disregard of Law Enforcement Officer <input type="checkbox"/> Distracted By: _____
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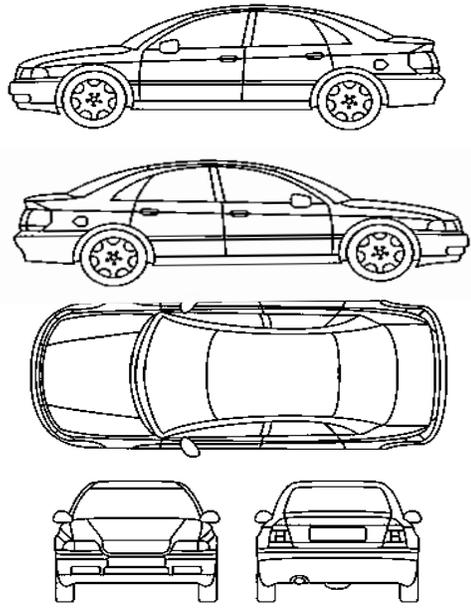
**SUPERVISOR'S ASSESSMENT OF CONTRIBUTING FACTORS BASED ON THE ACTIONS OF THE DRIVER OF THE OTHER VEHICLE**

<p><b>20.</b></p> <input type="checkbox"/> No Contributing Factors on Other Driver's Behalf. <input type="checkbox"/> DUI Alcohol/Drugs <input type="checkbox"/> Following Too Close <input type="checkbox"/> Failed to Yield <input type="checkbox"/> Disregard Stop Sign/Signal <input type="checkbox"/> Wrong Side of Road <input type="checkbox"/> Weather Conditions <input type="checkbox"/> Exceeding Speed Limit/estimated ____ mph	<input type="checkbox"/> Improper Passing <input type="checkbox"/> Driver Lost Control <input type="checkbox"/> Changed Lanes Improperly <input type="checkbox"/> Struck Object or Animal <input type="checkbox"/> Improper Turn <input type="checkbox"/> Parked Improperly <input type="checkbox"/> Mechanical or Vehicle Failure <input type="checkbox"/> Surface defects to Road/Street or Highway <input type="checkbox"/> <input type="checkbox"/> Other	<input type="checkbox"/> Misjudged Clearance <input type="checkbox"/> Improper Backing <input type="checkbox"/> No signal/Improper Signal <input type="checkbox"/> Driver Condition <input type="checkbox"/> Driverless Vehicle <input type="checkbox"/> Too Fast for Conditions <input type="checkbox"/> Improper Passing of School Bus <input type="checkbox"/> Disregard of Law Enforcement Officer <input type="checkbox"/> Distracted By: _____
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**21.** Draw a circle around the areas where there was visible damage to the county's vehicle as a result of this accident.



**22.** Draw a circle around the area(s) where there was visible damage to the other vehicle as a result of this accident.



**23.** Was the County's vehicle towed from the accident scene?  
 Yes  No \_\_\_\_\_  
 Enter Name of Wrecker Service above

**Shaded areas to be completed by Safety Division**

Preventable  Non-Preventable  Letter of Fault

**24.** Was the County's vehicle capable of being returned to service?  
 Yes  No

County Points +  Points State MVR =

**25.** Was the County's vehicle taken to Fleet Maintenance for a damage inspection by a Mechanic/Technician as within 24 hours required by policy excluding weekends and holidays?  Yes  No

**County Driving Privilege Suspended/Revoked**  
 Yes  No

**X**

**Has the County Driver Requested an Appeal Before VARB ?**   
 Yes  No

Supervisor's signature above: \_\_\_\_\_ Date \_\_\_\_\_

**Appeal Hearing Held On** \_\_\_\_\_  
**Rule Infraction Sustained**  Unsustained

Supervisor's Telephone Number: \_\_\_\_\_

Safety Signature Above _____	Date _____	Fleets Damage Estimate _____
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