

**Wasco County**  
**Customer Incident / Customer Accident Report Form**

This report will be completed in the event of a customer accident, or any unusual incident that occurs in connection with BMC operations. (Provide all pertinent information.)

Date of Report \_\_\_\_\_ Your Department \_\_\_\_\_ Your Supervisor \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_ AM/PM

Employee(s) Involved \_\_\_\_\_

Location where injury/incident occurred: \_\_\_\_\_

Were any County Employees Involved \ Injured: YES \_\_\_\_\_ NO \_\_\_\_\_ Names: \_\_\_\_\_

Type of Injury \_\_\_\_\_

Describe What Happened \_\_\_\_\_

Describe the physical conditions of the area where the accident occurred (ie. dark, icy, rough terrain): \_\_\_\_\_

Describe How and Why Accident Occurred \_\_\_\_\_

Describe How Accident Could Have Been Prevented \_\_\_\_\_

Describe Damage/injury \_\_\_\_\_

Police/emergency services at Scene? YES \_\_\_\_\_ NO \_\_\_\_\_ Name of Officer: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_ Name of Agency: \_\_\_\_\_

Do you believe the County was at fault? YES \_\_\_\_\_ NO \_\_\_\_\_ Why? \_\_\_\_\_

**OTHER PARTY INFO:** (IF MORE THAN ONE PARTY, COMPLETE ON ADDITIONAL FORMS)

Name of injured or involved person: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Message Number \_\_\_\_\_

Patient ID#: \_\_\_\_\_

Was Anyone Injured YES/NO Name \_\_\_\_\_

**WITNESSES:**

Names of Witness \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Name of Witness: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Name of Witness: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

**For Vehicle Accidents:**

**Other Driver Info:**

Drivers License# \_\_\_\_\_ Expiration Date \_\_\_\_\_ State \_\_\_\_\_  
Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
License Plate # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Insurance Co. \_\_\_\_\_  
Policy # \_\_\_\_\_ Insurance Company Phone # \_\_\_\_\_  
Insurance Agents Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Passenger Names and contact information: \_\_\_\_\_

**Wasco Driver Info:**

Drivers License# \_\_\_\_\_ Expiration Date \_\_\_\_\_ State \_\_\_\_\_  
Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
License Plate # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Insurance Co. \_\_\_\_\_  
Policy # \_\_\_\_\_ Insurance Company Phone # \_\_\_\_\_  
Insurance Agents Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Passenger Names: \_\_\_\_\_

**WITNESSES:**

Names of Witness \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Witness: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_

Draw Diagram of Scene of Accident

<p><b>Vehicle Damage Front</b></p>  <p>Use arrow to show first impact. (shade in damaged area)</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Towed</li><li><input type="checkbox"/> Rollover</li><li><input type="checkbox"/> Under car</li><li><input type="checkbox"/> Totaled</li><li><input type="checkbox"/> Unknown</li></ul>	<p><b>Diagram</b> Number each vehicle 1. BMC      2. Other</p> <p>      </p> <p>Show path by: </p> <p>Show pedestrian by: </p> <p>Show railroad tracks by: <b>XXXXXXXX</b></p>	<p>Name of Street, Road or Route:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p></p>
<p>Name of street, road or route ----- ↑</p>		