

**SAN BERNARDINO COUNTY
PROBATION DEPARTMENT PROCEDURE**

Inter-Bureau Procedure #00-01-79 Incident Reports Related to Damage of County Property and Theft of County Funds

Authority: P. Joseph Lenz, Deputy Chief Probation Officer

On every occasion of property damage and theft of county property or funds, the affected employee and supervisor are to complete an Incident Report Form (Attachment A), and forward such to Risk Management. This procedure is necessary for the County to replace the Department's losses in the incidents mentioned above.

A copy of that same incident report is to be forwarded to the Deputy Chief Probation Officer, Administrative Services at the same time the original incident report is sent to Risk Management.

In every incident when damaged or stolen items or monetary funds are awarded as replacement, a copy of the repair/replacement bills or purchase orders/receipts for that property are to be forwarded, within three (3) work days, to the Office of the Deputy Chief Probation Officer, Administrative Services.

Issued by: P. Joseph Lenz, Deputy Chief Probation Officer

Date: January 13, 2000

Revised:

Policy Reference(s): 2 & 3

INCIDENT REPORT

(See reverse side for instructions) PLEASE TYPE

Auto Other Accident

R.M.D.	COUNTY OF SAN BERNARDINO 777 East Rialto Avenue San Bernardino, CA 92415 14) 383-2264	<ul style="list-style-type: none"> • Complete Items No. 1 through No. 56. • Acquire supervisor's comments and signature. • Acquire signatures of Department and Agency heads. • Submit with yellow Accident Report card to Risk Management Division with 24 hours of incident. 	Disposition: White and yellow to Risk Management Division; pink to Department. SARB NO.:			
EMPLOYEE	1. Driver (or Reporting Employee)		2. Home Address		3. Home Phone	
	4. Department		5. Agency		6. Address of Department	
	7. Dept. Phone		8. Date of Birth		9. Date of Hire	
VEHICLE	10. Prior Accidents <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Employee's Job Title		12. Driver's License No.	
	13. Work Phone		14. County Vehicle No.		15. Plate Number	
	16. Motor Pool Car? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. Color		18. Year	
DESCRIPTION OF INCIDENT	19. Make		20. Model		21. <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Total	
	22. Repair Estimate from Motor Pool \$ _____		23. Where can car be seen? _____ When?			
	24. Date of Incident		25. Time A.M. P.M.		26. Weather	
OTHER PARTY	27. Condition of Road		28. Reported to <input type="checkbox"/> CHP <input type="checkbox"/> Police <input type="checkbox"/> Sheriff Which office			
	29. Location of Loss (Street address, city, state)		30. County Vehicle: <input type="checkbox"/> Parked <input type="checkbox"/> Stopped in Traffic <input type="checkbox"/> Moving Est. Speed _____ MP Other Vehicle: <input type="checkbox"/> Parked <input type="checkbox"/> Stopped in Traffic <input type="checkbox"/> Moving Est. Speed _____ MP			
	31. Description of Incident:					
INJURIES	32. Other Party's Name		33. Address		34. Driver's License No.	
	35. Phone		36. Owner (if applicable)		37. Address	
	38. Phone		39. Describe Property (If car, make, year, plate no.)		40. Other party insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WITNESS	41. Insurance Company and Policy No.		42. Describe Damage		43. Repair Estimate \$ _____	
	44. Where can property be seen?		45. Name		46. Age	
	County Vehicle		Other Vehicle		Pedestria	
SUPERVISOR'S REVIEW	47. Extent of Injury <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Death		48.		49. Name	
	50. Age		51. Extent of Injury <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Death		52.	
	53. Name		54.		55. Name	
56.		57. Name		58.		
1. Do you feel this accident could have been avoided by County driver? <input type="checkbox"/> Yes <input type="checkbox"/> No						
2. Why? _____						
3. Were there any known mechanical defects of County vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, list: _____						
What habits should County drivers develop to avoid a similar accident? _____						

Supervisor's Signature _____

Department Head's Signature _____

Agency Administrator's Signature _____