



## Jefferson County Texas Risk Management Department

### County Vehicle Insurance

Jefferson County is self-insured for vehicle liability coverage. The following Proof of Financial Responsibility card should be in all County vehicles:

**Jefferson County Texas  
(409) 835-8668**

Self-insured coverage provided by Jefferson County meets the minimum liability insurance prescribed by law. Keep this card in your vehicle for presentation upon demand to any Law Enforcement Official or Agency of Texas as evidence of liability coverage.

#### **PROOF OF FINANCIAL RESPONSIBILITY**

The Texas Motor Vehicle Safety Responsibility Act, V.T.C.A., Texas Transportation Code, ch. 601 exempts governmental vehicles and drivers of governmental vehicles on official duty for governmental agencies and they are not required under the Act to show evidence of liability insurance or financial responsibility.

**Jefferson County Risk Management  
(409) 835-8672**

#### **IN CASE OF AN ACCIDENT**

1. Stop immediately and determine injuries and damage.
2. Take whatever steps are necessary to protect yourself from further injury.
3. Immediately call 911 for medical assistance if needed.
4. Report accident to local police, your immediate supervisor and the sheriff's office dispatch at 835-8668 (if the accident occurred within Jefferson County).
5. Obtain needed information from other driver(s) and witnesses in order to complete Report of Motor Vehicle Accident form.
6. Have the County vehicle towed to the Service Center if not drivable.
7. If you are injured, complete an On-the-Job Injury/Illness Report and submit to Risk Management within 24 hours of the accident.
8. Complete Report of Motor Vehicle Accident form and submit to Risk Management Department along with any police report and other supporting documentation within two working days of accident.

**Jefferson County  
Report of Motor Vehicle Accident**

**Time and Place**

Date	Time AM PM	Street	City	County	State
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**County Vehicle**

Make/Model/Year	Body Style	Vehicle I.D. #	License Plate #
Extent of Damage			

**County Driver**

Name	First	Middle	Last	Work Telephone #
Street Address	City	State	Zip Code	Home Telephone #
For What Purpose Was County Vehicle Being Used				Driver's License #
Injured: Yes ___ No ___				
<b>IF INJURED YOU <u>MUST</u> COMPLETE AN ON-THE-JOB INJURY/ILLNESS REPORT</b>				

**County Vehicle Passenger Information**

Name	Address	Telephone #	County Employee?	Injured?
1)				
2)				
3)				

**Other Vehicle Involved**

Owner's Name	Street	Address	City	State	Zip Code
Make/Model/Year	Body Style	License Plate #	Condition of Vehicle		
Extent of Damage					
Driver's Name	Street	Address	City	State	Zip Code
Insurance Company Name	Phone #	Policy #			
Injured: Yes ___ No ___					

**Other Vehicle Passenger Information**

Name	Address	Telephone #	Injured?
1)			
2)			
3)			

**Property Damage Other Than Vehicles**

Description
Extent of Damage

**Witnesses or Persons Present**

Name	Address	Telephone #	Witness	Person Present
1)				
2)				
3)				

<b>Surface</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Blacktop <input type="checkbox"/> Gravel <input type="checkbox"/> Dirt	<b>Light</b> <input type="checkbox"/> Dawn <input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Dark-Light <input type="checkbox"/> Dark-No Light	<b>Traffic Control</b> <input type="checkbox"/> Officer/Watchman <input type="checkbox"/> Stop & Go/Flashing Light <input type="checkbox"/> Stop Sign <input type="checkbox"/> Railroad Crossing <input type="checkbox"/> Other _____ <input type="checkbox"/> No Traffic Patrol Present	<b>Kind of Locality</b> <input type="checkbox"/> Manufacturing/Industrial <input type="checkbox"/> Shopping/Business <input type="checkbox"/> Residential District <input type="checkbox"/> School/Playground <input type="checkbox"/> Open County <input type="checkbox"/> Other _____
<b>Surface Conditions</b> <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy <input type="checkbox"/> Icy	<b>Weather</b> <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Clear	<b>Police</b> <input type="checkbox"/> Accident Report Taken <input type="checkbox"/> Badge # _____ <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State	

**Description of Accident**

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 Signature of Person Completing Report

Date

**Submit original report and any support documentation to:**

Jefferson County  
 Risk Management Dept  
 215 Franklin, Ste. 202  
 Beaumont, TX 77701  
 (409) 835-8672 Phone