



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. Take photos of the other vehicle and the accident scene.
6. Obtain needed information from other driver(s) and witnesses in order to complete Report of Motor Vehicle Accident form.
7. Have the County vehicle towed to the Service Center if not drivable.
8. If you are injured, complete an On-the-Job Injury/Illness Report and submit to Risk Management within 24 hours of the accident.
9. 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 ___				
IF INJURED YOU <u>MUST</u> COMPLETE AN ON-THE-JOB INJURY/ILLNESS REPORT				

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)				

Surface <input type="checkbox"/> Concrete <input type="checkbox"/> Blacktop <input type="checkbox"/> Gravel <input type="checkbox"/> Dirt	Light <input type="checkbox"/> Dawn <input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Dark-Light <input type="checkbox"/> Dark-No Light	Traffic Control <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	Kind of Locality <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 _____
Surface Conditions <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy <input type="checkbox"/> Icy	Weather <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Clear	Police <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

 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