

VEHICLE ACCIDENT REPORT

Today's Date _____

Type of Incident

To be completed by the state driver within 24 hours

(replaces DRM-01 Form)

Fatality	Injury	Single vehicle accident	Private party injury or property damaged	Other
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Driver Information

Driver Name		Job Title		Driver License Number/ State	
Date of Hire	Type of Employee	Department/Institution (Driver place of employment)			Home Phone
Has the driver had Defensive Driving training within the past 4 years?		Operating Location (City/ County)		Zip	Work Phone

Your Vehicle Information

Check this box if you were operating your personal vehicle while conducting state business

Vehicle #, if applicable	Year	Make	Model	Vehicle Identification Number (VIN)
License Plate Number		Mileage	<p style="font-size: small;">Indicate the location and type of damage on the diagram below, for the state owned vehicle</p> <div style="text-align: center;"> </div> <div style="float: right; margin-top: 10px;"> <p>1 - Slight 2 - Moderate 3 - Extreme</p> </div>	
Accident during business use?		State Fleet Vehicle?		
Location of Vehicle/ Tow Company				
Describe Damage to vehicle (Attach photos)				

Other Vehicle Information (use additional sheet if necessary)

Year	Make	Model	License Plate Number	Drivers License Number		
Owner Name		Phone	Address	City	State	Zip
Driver Name (if other than owner)		DOB	Phone	Address	City	State Zip
Insurance Carrier		Policy Number	Agent Name / Phone Number			
Area of Damage to Vehicle			Vehicle Location			

Accident Information

Date of Accident	Time	Location of Accident (Street, Highway or intersection)			Mile Post		
City		State	CDOT Use Only				
Activity During Accident (Check all that apply)		Backing	Parking Lot	Highway Speeds	City Speeds	Off-road/Dirt Road	Other
Transported to Hospital By Ambulance		Doctor	Hospital/Clinic	City	Phone		

Conditions and Accident Description (use additional sheet if necessary)

Weather Conditions (Circle those that apply) Rainy Clear Fog Snow/Ice Wind			Road Conditions (Circle those that apply) Paved Dirt/Gravel Dry Wet Slippery			Air Bag Deployed?
Assoc. Traffic Control (Signs, Signals, Lights)		Posted Speed Limit	How fast were you traveling?		Seat Belts Worn	

Witnesses (If none, write N/A)

Name	Address	City	State	Zip	Phone
Name	Address	City	State	Zip	Phone

Passengers (If none, write N/A. For more than one, use additional pages)

circle one

Name	Department/Institution (Place of employment)	Phone	State veh. Other veh.
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Complete the diagram showing direction & position of automobiles involved. Designate point of contact clearly.

GIVE STREET NAMES AND DIRECTIONS



INSTRUCTIONS

- 1) Show vehicles and direction of travel.
YOUR VEH. < 1 OTHER VEH's < 2 3
- 2) Use solid line to show path of each vehicle before accident — 2 1
dotted line after accident ... 2 1
- 3) Use circles to represent pedestrians

Description of the Accident

	Draw picture only if accident was in parking lot or other off-road area.

Injuries to state employee and/or other party (use additional sheet if necessary)

Name	State employee?	Address (For state employee, list only department/institution)	City	State	Zip
Phone	Estimated extent of Injuries				
Name	State employee?	Address (For state employee, list only department/institution)	City	State	Zip
Phone	Estimated extent of Injuries				

Police Information

Were Police Called?	Police Department Name	Badge Number	Phone Number
Police Report Number	Citation / Ticket Issued / Reason	Who was cited (State driver, Other party)?	

State Driver Signature _____ Phone _____ Date _____

Supervisor Signature _____ Title _____ Phone _____ Cost Center _____ Date _____

Instructions:

- Check to make sure no one is injured. If so, request medical assistance immediately
- If your vehicle is drivable, state law requires you to move it off of the traveled portion of the roadway as soon as practical. If not drivable, turn on hazard lights, and if available, set up flares or reflector triangles to warn traffic. Stay in your vehicle.
- Call the police immediately, even if it appears minor. If police will not respond, due to an "accident alert" situation or do not come, fill out an accident report at the city courthouse/ police station in the city in which the accident occurred.
- Ask the police officer, if completed, where and when you can get a copy of his/her report.
- Do not argue with the others involved, admit fault or discuss the accident with anyone except the police and your supervisor.**
- Give the other driver your vehicle insurance policy number (should be kept with vehicle registration information.)
- Gather as much information about the accident as possible. Photograph the scene and vehicle damage if possible.