State of Colorado – Risk Management

Report of Accident, Incident, or Condition

Vehicle Accident Report

Department of Personnel & Administration

Type of Accident Fatality Employee Injury Private party injury or property damage Other

Location of Accident

Specific location; include mile marker, cross-streets etc.

Date Time A.M./P.M.

State Employee/Vehicle

Employee name Date of Birth Date of Hire

Title Temp./Perm. Work Phone Home Phone

Department Division

Injury Medical Facility Medical Facility Phone Number

State Vehicle Number Vehicle Year, Make, Model

Where the vehicle can be seen

Describe the damage/injuries

Other Party/Driver

Name Date of Birth Employer

Address

Driver License # Work Phone Home Phone

Owner of vehicle/property Owner Address

License plate #/State Make & Model of Vehicle

Company insuring vehicle, address & phone number

Where can the vehicle be seen?

Describe damage/repair estimate

List all injured parties

Witness

Employee Statement of Accident

Citation issued to State Employee Private Citizen Photos taken by

Signatures

State Driver Phone Number Date

Supervisor Phone Number Date