



# VEHICLE ACCIDENT REPORT

Today's Date \_\_\_\_\_

**To be completed by the state driver within 24 hours**

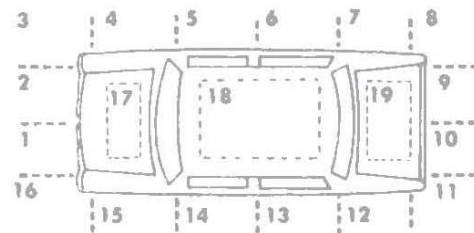
(replaces DRM-01 Form)

Type of Incident	Fatality	Injury	Private party injury or property damaged	Other
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**Driver Information**

Driver Name		Job Title		Driver License Number/ State	
Date of Hire	Permanent <input type="checkbox"/>	Address Home			Phone
	Temporary <input type="checkbox"/>				
Has the driver had Defensive Driving training within the past 4 years?	YES NO	City	State	Zip	Work Phone

**State Vehicle Information**

Vehicle #, if applicable	Year	Make	Model	Vehicle Identification Number (VIN)
License Plate Number		Mileage		Indicate the location and type of damage on the diagram below, for the state owned vehicle  1 - Slight 2 - Moderate 3 - Extreme 0 - None
Accident during business use? Yes No		State Fleet Vehicle? Yes No		
Location of Vehicle/ Tow Company				
Describe Damage to vehicle (Attach Photos)				

**Accident Information**

Date of Accident	Time	Location of Accident (Street, Highway or intersection)	Mile Post
City State		<b>CDOT Use Only</b>	
Transported to Hospital By Ambulance	Yes No	Doctor	Hospital/Clinic City Phone

**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	

**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? Yes No
Traffic Controls (Signs, Signals, Lights)	Posted Speed Limit	How fast were you traveling? Yes No

**Witnesses** (If none, write N/A)

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

**Passengers** (If none, write N/A)**circle one**

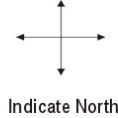
Name	Address	City	State	Zip	Phone	State veh. Other veh.
Name	Address	City	State	Zip	Phone	State veh. Other veh.

**OVER**



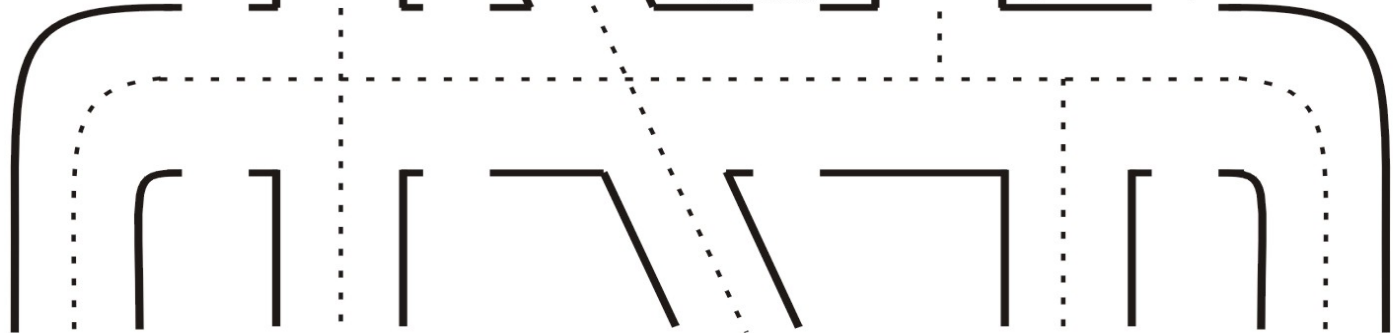
Complete the diagram showing direction & position of automobiles involved. Designate point of contact clearly.

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	<input type="checkbox"/> State employee?	Address	City	State	Zip
Phone	Estimated extent of Injuries				
Name	<input type="checkbox"/> State employee?	Address	City	State	Zip
Phone	Estimated extent of Injuries				

**Police Information**

Were Police Called?	Police Department Name	Badge Number	Phone Number
Yes No	Citation / Ticket Issued / Reason	Who was cited (State driver, Other party)?	
Police Report Number			

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 their report.
- Do not argue with the others involved, admit fault or discuss the accident with anyone except the police.**
- 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.