**Appendix B - Forms and Completion Instructions**

**DAS VEHICLE INCIDENT/ACCIDENT REPORT**

**Purpose**

The purpose of this form is to report an accident or damage to a State owned motor vehicle. **This report must be completed within 48 hours of the incident or discovery of damage.**

**Agency Name** - Agency name including the region, division, bureau and/or unit

**Vehicle License Plate #** - License plate number of the State vehicle involved in the incident

**Name of the Driver’s Supervisor** - Supervisor’s name

**Email Address of Supervisor** - Supervisor’s email address

**Vehicle #1, State of CT Vehicle, Driver/Vehicle Information**

**Driver’s Name** - First Name, Middle Initial, Last Name

**Date of Birth** - MM/DD/YYYY

**Sex** - Male or Female

**Home Address** - Number, Street, Apt (if applicable)

**City/Town, State, Zip** - Please provide your home town/city, state, zip code

**Driver’s Work Phone #** - Where you can be reached at work

**Driver’s Work Email Address -** Your work email address

**Year, Make, Model, VIN** **#** - Please provide the year, make, model and VIN of the vehicle involved in the incident

**Vehicle Category** - Check the box that applies (assigned to you, pool car, rental)

**Vehicle #2** - **Other Vehicle/Property, Pedestrian/Cyclist**

**Driver’s Name** - First Name, Middle Initial, Last Name

**Date of Birth** – MM/DD/YYYY

**Sex** - Male or Female

**Home Address** - Number, Street, Apt (if applicable)

**City/Town, State, Zip** - Please provide Driver 2’s home town/city, state, zip code

**Driver’s Phone #** - Driver 2’s phone number

**Owner of Vehicle** - If different from the driver

**Plate #** - The second vehicle’s plate number (if applicable)

**State** - The second vehicle’s state from the plate (if applicable)

**Year, Make, Model, VIN #** - Please provide the year, make, model and VIN of the vehicle involved in the incident

**Insurance Company Name & Policy #** - The second vehicle’s insurance company and policy number

**Insurance Company Phone #** - The second vehicle’s insurance company phone

**Describe Non-Vehicle Property Damage** - if applicable

**Incident Information**

**Date** – MM/DD/YYYY

**Time** - Time of the incident, AM or PM

**City/Town** - Where did the incident occur

**No. of Vehicles** - How many vehicles were involved in the incident

**Location: Occurred on** - Route #, highway #, or street name

**Closest Intersection** - Route #, exit #, or street name

**Was Your Vehicle Towed** - Yes or No check box

**Was Police Accident Report Received** - Yes or No check box

**Name of Police Dept. On Scene** - Name of the town/city police department responding

**Name/Badge # of Police Officer** - Name and badge number of the responding police officer

**Case #** - Case number supplied by the responding police officer

**Describe Damage, Vehicle 1** - Check the boxes showing where damage occurred

**Describe Damage, Vehicle 2** - Check the boxes showing where damage occurred

**Was Medical Assistance Called to the Scene** - Yes or No check box

**Identify Person(s) Requiring Medical Assistance** - If applicable

**Were There Witnesses to the Incident** - Yes or No check box

**Please List Witnesses Name and Contact Information** - Provide contact information for any witnesses to the incident

**Type of Incident/Accident (Check all the boxes that apply)**

**Collision With** - Other Motor Vehicle, Motor Vehicle Crossing Median, Parked Motor Vehicle, Bicyclist, Pedestrian, Animal, Thrown or Falling Object, Motorcycle, Fixed Object

**Non Collision With** - Overturn, Spill, Fire, Submersion, Jackknife, Explosion, Other (please describe)

**If Accident Involved Fixed Object (above) Check the Object Struck** –

Traffic Signal, Sign Post, Guard Rail, Crash Cushion, Light Pole, Telephone Pole, Tree, Building/Wall, Bridge/Pier, Median, Barrier/Fence, Embankment, Fire Hydrant, Ditch/Curb, Parking Meter, Other (please describe)

**Accident Location** - Intersection, Local Street, Along the Road, Along Road @ Driveway, Off Road on Shoulder, Off Road Beyond Shoulder, Ramp/Rotary, In Driveway, In Parking Lot, On Highway, Other (please describe)

**Traffic Controls** - None, Traffic Signals, Stop Sign, Yield Sign, Lane Control, Visible Road Markings, Officer/Flagman, RR Crossing Flasher Gate, No Passing Zone, Other (please describe)

**Road Design** - Interstate, Other Divided Highway, Road Not Divided (2-way), One Way, Driveway, Access Way, Other (please describe)

**Road Conditions** - Dry, Wet, Snow/Slush, Ice, Muddy, Debris, Sand/Dust/Oil, Pot Hole, Under Construction, Other (please describe)

**Weather Condition** - Clear, Foggy, Cloudy, Raining, Sleeting, Snowing, Other (please describe)

**Light Condition** - Daylight, Sunglare, Dawn/Dusk, Night – Road Lit, Night – Road Not Lit

**Describe Incident** - Please provide a brief description of incident



