DAS Vehicle Incident/ Accident Report

State of Connecticut DEPARTMENT OF ADMINISTRATIVE SERVICES OFFICE OF FLEET OPERATIONS 165 Capitol Avenue Hartford, CT. 06106

AGENCY NAME (INCLU		VEHICLE LICENSE PLATE #					
NAME OF THE DRIVER		EMAIL ADDRI	AIL ADDRESS OF SUPERVISOR				
DRIVER/VEHICLE INFO			VEHICLE	#2 - OTHER VE	HICLE/PROPERTY	PEDESTRIAN/CYCLIST	
DRIVER'S LICENSE #		STATE	DRIVE	ER'S LICENSE #			
DRIVER'S NAME			DRIVE	ER'S NAME			
DATE OF BIRTH		SEX	DATE	OF BIRTH		SEX	
HOME ADDRESS			HOME	ADDRESS			
CITY/TOWN	STATE	ZIP	CITY/	TOWN	STATE	ZIP	
DRIVER'S WORK PHO	NE #		DRIVE	ER'S PHONE #			
DRIVER'S WORK EMAIL ADDRESS			OWNER OF VEHICLE (if different)				
			PLATE # STATE				
YEAR MA	.KE	MODEL	YEAR	M	AKE	MODEL	
VIN#			VIN#				
VEHICLE CATEGORY			INSUR	ANCE COMPAN	Y NAME & POLICY	#:	
ASSIGNED TO YOU POOL CAR RENTAL			INSURANCE COMPANY PHONE #				
DESCRIBE NON VEHIC	CLE PROPERTY DAM	IAGE IF APPLICABLI	E INCIDENT	T/ACCIDENT INF	ORMATION:		
INCIDENT INFORMATION	ON						
DATE		TIME			WAS YOUR VEH WAS POLICE AC		
CITY / TOWN		NO. OF VEH	HICLES		REPORT RECEI	VED?	
Location: Occurred on			NAME OF POLICE DEPT. ON SCENI		ICE DEPT. ON SCENE		
	ROUTE/HGWY # OR STREET NAME				NAME/BADGE # OF POLICE OFFICER		
CLOSEST INTERSECTI	ON						
	POLITE #	EXIT#ORSTREE	TNAME		CASE#		

vehicle damage area.		ek box(es) representing ele damage area.
WAS MEDICAL ASSISTANCE CALLED TO THE SCENE Y N IDENTIFY PERSON(S) REQUIRING MEDICAL ASSISTANCE WERE THERE ANY WITNESSES TO THE INCIDENT Y N	YIELD SIGN LANE CONTROL	VISIBLE ROAD MARKINGS OFFICER/FLAGMAN RR CROSSING FLASHER GATE NO PASSING ZONE OTHER
PLEASE LIST WITNESSES NAME AND CONTACT INFORMATION		ONE WAY DRIVEWAY ACCESS WAY OTHER
TYPE OF INCIDENT/ACCIDENT COLLISION WITH: OTHER MOTOR VEHICLE MOTOR VEHI. CROSSING MEDIAN PARKED MOTOR VEHICLE BICYCLIST BICYCLIST SUBMERSION JACKKNIFE ANIMAL ANIMAL THROWN OR FALLING OBJECT MOTORCYCLE FIXED OBJECT IF ACCIDENT INVOLVED FIXED OBJECT (above)	ICE	DEBRIS SAND/DUST/OIL POT HOLE UNDER CONSTRUCTION OTHER GHT CONDITION DAYLIGHT SUNGLARE DAWN/DUSK NIGHT – ROAD LIT NIGHT – ROAD NOT LIT
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 DITCH/CURB DITCH/CURB DITCH/CURB OTHER OTHER BARRIER/FENCE EMBANKMENT FIRE HYDRANT OTHER OTHER OTHER BARRIER/FENCE EMBANKMENT OTHER OTHER OTHER BARRIER/FENCE OTHER OTHER OTHER	DESCRIBE INCIDENT:	
ACCIDENT LOCATION INTERSECTION RAMP/ROTARY LOCAL STREET IN DRIVEWAY ALONG THE ROAD IN PARKING LOT ALONG ROAD @ DRIVEWAY ON HIGHWAY OFF ROAD ON SHOULDER OFF ROAD BEYOND SHOULDER		