



VEHICLE ACCIDENT REPORT

Today's Date _____

To be completed by the state driver within 24 hours

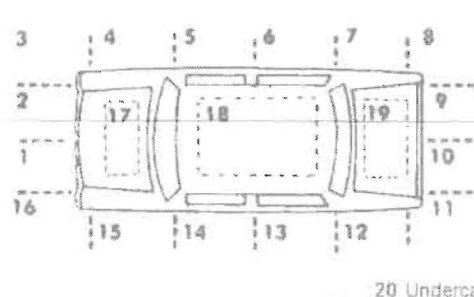
(replaces DRM-01 Form)

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		<small>Indicate the location and type of damage on the diagram below, for the state owned vehicle</small> 
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	CDOT Use Only	
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?		Seat Belts Worn Yes No		

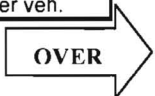
Witnesses (If none, write N/A)

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

Passengers (If none, write N/A)

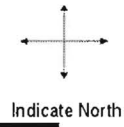
circle one

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



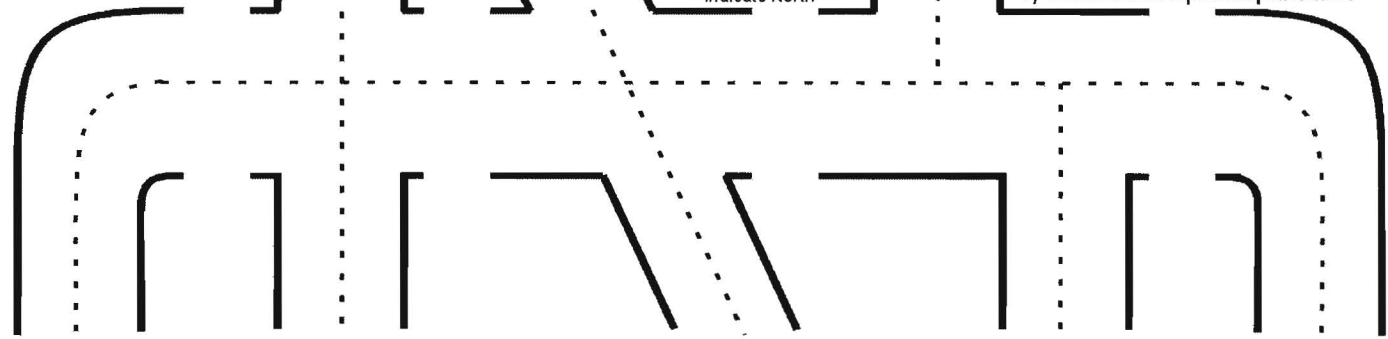
Complete the diagram showing direction & position of automobiles involved. Designate point of contact clearly.

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?	Yes	No	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 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.