DAS Vehicle Incident/ Accident Report

## State of Connecticut DEPARTMENT OF ADMINISTRATIVE SERVICES OFFICE OF FLEET OPERATIONS 155 Morgan Street Hartford, CT 06103

AGENCY NAME (INCLU		VEHICLE LICENSE PLATE #					
NAME OF THE DRIVER		EMAIL ADDR	EMAIL ADDRESS OF SUPERVISOR				
DRIVER/VEHICLE INFO			VEHICLE	#2 - OTHER VE	HICLE/PROPERTY	PEDESTRIAN/CYCLIST	
DRIVER'S LICENSE #		STATE	DRIVER'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 PHONE #			DRIVE	ER'S PHONE #			
DRIVER'S WORK EMAIL ADDRESS			OWNER OF VEHICLE (if different)				
			PLATE # STATE				
YEAR MA	.KE	MODEL	YEAR	N	IAKE	MODEL	
VIN#			VIN#				
VEHICLE CATEGORY			INSUR	ANCE COMPAN	IY NAME & POLICY	#:	
ASSIGNED TO YOU POOL CAR RENTAL			INSURANCE COMPANY PHONE #				
DESCRIBE NON VEHIC	CLE PROPERTY DAM	AGE IF APPLICABLE	E INCIDENT	T/ACCIDENT INF	FORMATION:		
INCIDENT INFORMATION	ON						
DATE		TIME			WAS YOUR VEH WAS POLICE AC		
CITY / TOWN		NO. OF VEH	OF VEHICLES		REPORT RECEIV	/ED?	
Location: Occurred on					NAME OF POL	ICE DEPT. ON SCENE	
	ROUTE/HGWY # OR STREET NAME				NAME/BADGE # OF POLICE OFFICER		
CLOSEST INTERSECTI	ON						
	POLITE #	EXIT # OR STREET	TNAME		CASE#		

vehicle damage area.		check box(es) representing ehicle 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	TRAFFIC CONTROLS  NONE TRAFFIC SIGNALS STOP SIGN YIELD SIGN LANE CONTROL	<ul> <li>VISIBLE ROAD MARKINGS</li> <li>○ OFFICER/FLAGMAN</li> <li>○ RR CROSSING FLASHER GATE</li> <li>○ NO PASSING ZONE</li> <li>○ OTHER</li> </ul>
PLEASE LIST WITNESSES NAME AND CONTACT INFORMATION	ROAD DESIGN  INTERSTATE OTHER DIVIDED HWGHY ROAD NOT DIVIDED (2-WAY)	ONE WAY DRIVEWAY ACCESS WAY OTHER
TYPE OF INCIDENT/ACCIDENT  COLLISION WITH:  OTHER MOTOR VEHICLE  MOTOR VEHI. CROSSING MEDIAN  PARKED MOTOR VEHICLE  BICYCLIST  BICYCLIST  ANIMAL  ANIMAL  THROWN OR FALLING OBJECT  MOTORCYCLE  FIXED OBJECT  IF ACCIDENT INVOLVED FIXED OBJECT (above)  CHECK THE OBJECT STRUCK:	ROAD CONDITIONS  DRY WET SNOW/SLUSH ICE MUDDY  WEATHER CONDITION CLEAR FOGGY CLOUDY RAINING SLEETING SNOWING OTHER	DEBRIS SAND/DUST/OIL POT HOLE UNDER CONSTRUCTION OTHER DAYLIGHT SUNGLARE DAWN/DUSK NIGHT - ROAD LIT NIGHT - ROAD NOT LIT
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 DITCH/CURB OTHER OTHER  BARRIER/FENCE EMBANKMENT FIRE HYDRANT 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 OFF ROAD ON SHOULDER OFF ROAD BEYOND SHOULDER		