DAS Vehicle Incident/ Accident Report

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

AGENCY NAME (INCLUDE REGION, DIVISION, BUREAU, UNIT)				VEHICLE LICENSE PLATE #			
NAME OF THE DRIVER'S SUPERVISOR				EMAIL ADDRESS OF SUPERVISOR			
DRIVER/VEHICLE IN							
VEHICLE #1 - STATE	OF CT VEHICLE					TY PEDESTRIAN/CYCLIST	
DRIVER'S LICENSE	#	STATE	DRIVE	R'S LICENSE	E #		
DRIVER'S NAME			DRIVE	R'S NAME			
DATE OF BIRTH		SEX	DATE	DATE OF BIRTH SEX			
HOME ADDRESS			HOME	ADDRESS			
CITY/TOWN	STATE	ZIP	CITY/T	OWN	STATE	ZIP	
DRIVER'S WORK PHONE #				DRIVER'S PHONE #			
DRIVER'S WORK EMAIL ADDRESS			OWNE	OWNER OF VEHICLE (if different)			
YEAR MAKE MODEL		MODEL	PLATE # STATE				
YEAR	IVIANE	MODEL			MAKE	MODEL	
VIN#			VIN#				
VEHICLE CATEGOR	Y		INSURA	ANCE COMP	ANY NAME & POLI	CY #:	
ASSIGNED TO YOU POOL CAR RENTAL				INSURANCE COMPANY PHONE #			
DESCRIBE NON VEI	HICLE PROPERTY DAM	IAGE IF APPLICABL	E INCIDENT	/ACCIDENT I	NFORMATION:		
INCIDENT INFORMA	ATION						
DATE		TIME			WAS YOUR V	/EHICLE TOWED LY LN EACCIDENT	
CITY / TOWN		NO. OF VE	HICLES		REPORT REC	CEIVED?	
Location: Occurred on					NAME OF P	POLICE DEPT. ON SCENE	
	ROUTE/HGWY#0	ROUTE/HGWY # OR STREET NAME			NAME/BADGE # OF POLICE OFFICER		
CLOSEST INTERSE	CTION						
	ROUTE #	E FXIT # OR STREE	T NAME		_ CASE#		

vehicle damage area.		heck box(es) representing chicle 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	☐ VISIBLE ROAD MARKINGS ☐ OFFICER/FLAGMAN ☐ RR CROSSING FLASHER GATE ☐ NO PASSING ZONE ☐ OTHER
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 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 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 PARKING METER OTHER OTHER BARRIER/FENCE EMBANKMENT OTHER OTHER OTHER BARRIER/FENCE OTHER 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		