

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 INFORMATION

VEHICLE #1 - STATE OF CT VEHICLE			VEHICLE #2 - OTHER VEHICLE/PROPERTY PEDESTRIAN/CYCLIST		
DRIVER'S LICENSE #	STATE		DRIVER'S LICENSE #		
DRIVER'S NAME			DRIVER'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 #			DRIVER'S PHONE #		
DRIVER'S WORK EMAIL ADDRESS			OWNER OF VEHICLE (if different)		
YEAR	MAKE	MODEL	PLATE #	STATE	
VIN #			YEAR	MAKE	MODEL
VEHICLE CATEGORY			VIN #		
ASSIGNED TO YOU <input type="checkbox"/>	POOL CAR <input type="checkbox"/>	RENTAL <input type="checkbox"/>	INSURANCE COMPANY NAME & POLICY #:		
			INSURANCE COMPANY PHONE #		

DESCRIBE NON VEHICLE PROPERTY DAMAGE IF APPLICABLE INCIDENT/ACCIDENT INFORMATION:

INCIDENT INFORMATION

DATE	TIME	WAS YOUR VEHICLE TOWED <input type="checkbox"/> Y <input type="checkbox"/> N
CITY / TOWN	NO. OF VEHICLES	WAS POLICE ACCIDENT <input type="checkbox"/>
REPORT RECEIVED? <input type="checkbox"/> Y <input type="checkbox"/> N		

Location: Occurred on

NAME OF POLICE DEPT. ON SCENE

ROUTE/HGwy # OR STREET NAME

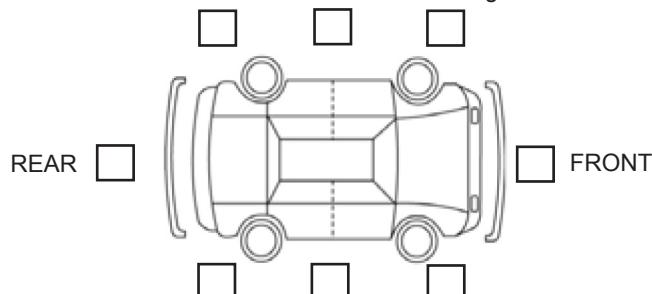
NAME/BADGE # OF POLICE OFFICER

CLOSEST INTERSECTION

ROUTE #, EXIT # OR STREET NAME

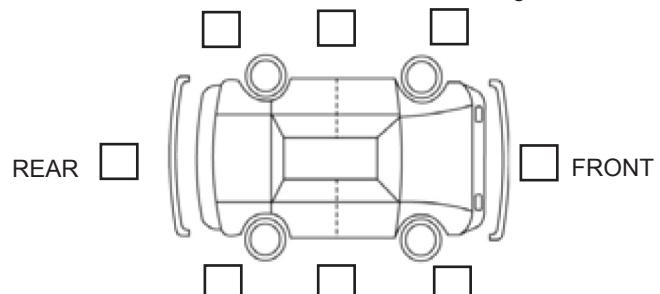
CASE #

DESCRIBE DAMAGE Vehicle 1 Check box(es) representing vehicle damage area.



DESCRIBE DAMAGE Vehicle 2

Check box(es) representing vehicle 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

PLEASE LIST WITNESSES NAME AND CONTACT INFORMATION

TYPE OF INCIDENT/ACCIDENT

COLLISION WITH:

- OTHER MOTOR VEHICLE
- MOTOR VEH. 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 _____

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 _____

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 _____

TRAFFIC CONTROLS

- NONE
- TRAFFIC SIGNALS
- STOP SIGN
- YIELD SIGN
- LANE CONTROL

- VISIBLE ROAD MARKINGS
- OFFICER/FLAGMAN
- RR CROSSING FLASHER GATE
- NO PASSING ZONE
- OTHER _____

ROAD DESIGN

- INTERSTATE
- OTHER DIVIDED HWGHY
- ROAD NOT DIVIDED (2-WAY)

- ONE WAY
- DRIVEWAY
- ACCESS WAY
- OTHER _____

ROAD CONDITIONS

- DRY
- WET
- SNOW/SLUSH
- ICE
- MUDDY

- DEBRIS
- SAND/DUST/OIL
- POT HOLE
- UNDER CONSTRUCTION
- OTHER _____

WEATHER CONDITION

- CLEAR
- FOGGY
- CLOUDY
- RAINING
- SLEETING
- SNOWING
- OTHER _____

LIGHT CONDITION

- DAYLIGHT
- SUNGLARE
- DAWN/DUSK
- NIGHT – ROAD LIT
- NIGHT – ROAD NOT LIT

DESCRIBE INCIDENT: