

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 LICENSE #		DRIVER'S NAME	
DRIVER'S NAME		DRIVER'S NAME		DRIVER'S NAME		DRIVER'S NAME	
DATE OF BIRTH	SEX	DATE OF BIRTH		DATE OF BIRTH		DATE OF BIRTH	SEX
HOME ADDRESS		HOME ADDRESS		HOME ADDRESS		HOME ADDRESS	
CITY/TOWN	STATE	ZIP		CITY/TOWN	STATE	ZIP	
DRIVER'S WORK PHONE #		DRIVER'S PHONE #		DRIVER'S PHONE #		DRIVER'S PHONE #	
DRIVER'S WORK EMAIL ADDRESS		OWNER OF VEHICLE (if different)		OWNER OF VEHICLE (if different)		OWNER OF VEHICLE (if different)	
YEAR	MAKE	MODEL		PLATE #	STATE	PLATE #	STATE
YEAR	MAKE	MODEL		YEAR	MAKE	MODEL	
VIN #		VIN #		VIN #		VIN #	
VEHICLE CATEGORY		INSURANCE COMPANY NAME & POLICY #:		INSURANCE COMPANY NAME & POLICY #:		INSURANCE COMPANY NAME & POLICY #:	
ASSIGNED TO YOU <input type="checkbox"/>	POOL CAR <input type="checkbox"/>	RENTAL <input type="checkbox"/>		INSURANCE COMPANY PHONE #		INSURANCE COMPANY PHONE #	

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

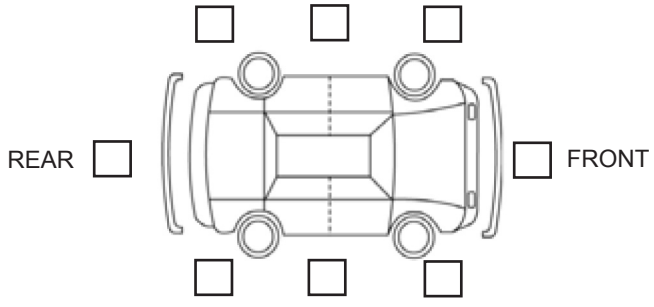
.....

.....

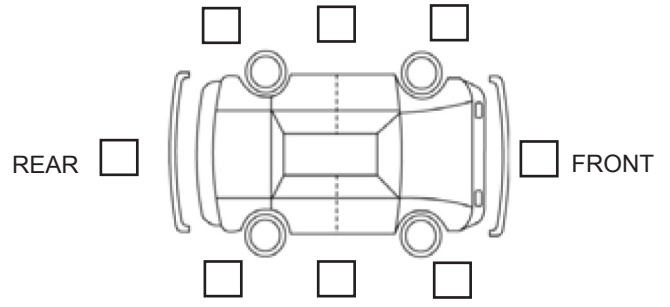
INCIDENT INFORMATION

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"/> Y <input type="checkbox"/> N
Location: Occurred on	ROUTE/HGWY # OR STREET NAME	REPORT RECEIVED? <input type="checkbox"/> Y <input type="checkbox"/> N
CLOSEST INTERSECTION	ROUTE #, EXIT # OR STREET NAME	NAME OF POLICE DEPT. ON SCENE
		NAME/BADGE # OF POLICE OFFICER
		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: | NON COLLISION WITH: |
| <input type="checkbox"/> OTHER MOTOR VEHICLE | <input type="checkbox"/> OVERTURN |
| <input type="checkbox"/> MOTOR VEHI. CROSSING MEDIAN | <input type="checkbox"/> SPILL |
| <input type="checkbox"/> PARKED MOTOR VEHICLE | <input type="checkbox"/> FIRE |
| <input type="checkbox"/> BICYCLIST | <input type="checkbox"/> SUBMERSION |
| <input type="checkbox"/> PEDESTRIAN | <input type="checkbox"/> JACKKNIFE |
| <input type="checkbox"/> ANIMAL | <input type="checkbox"/> EXPLOSION |
| <input type="checkbox"/> THROWN OR FALLING OBJECT | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> MOTORCYCLE | |
| <input type="checkbox"/> FIXED OBJECT | |

IF ACCIDENT INVOLVED FIXED OBJECT (above)
CHECK THE OBJECT STRUCK:

- | | |
|---|--|
| <input type="checkbox"/> TRAFFIC SIGNAL | <input type="checkbox"/> BARRIER/FENCE |
| <input type="checkbox"/> SIGN POST | <input type="checkbox"/> EMBANKMENT |
| <input type="checkbox"/> GUARD RAIL | <input type="checkbox"/> FIRE HYDRANT |
| <input type="checkbox"/> CRASH CUSHION | <input type="checkbox"/> DITCH/CURB |
| <input type="checkbox"/> LIGHT POLE | <input type="checkbox"/> PARKING METER |
| <input type="checkbox"/> TELEPHONE POLE | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> TREE | |
| <input type="checkbox"/> BUILDING/WALL | |
| <input type="checkbox"/> BRIDGE/PIER | |
| <input type="checkbox"/> MEDIAN | |

ACCIDENT LOCATION

- | | |
|---|---|
| <input type="checkbox"/> INTERSECTION | <input type="checkbox"/> RAMP/ROTARY |
| <input type="checkbox"/> LOCAL STREET | <input type="checkbox"/> IN DRIVEWAY |
| <input type="checkbox"/> ALONG THE ROAD | <input type="checkbox"/> IN PARKING LOT |
| <input type="checkbox"/> ALONG ROAD @ DRIVEWAY | <input type="checkbox"/> ON HIGHWAY |
| <input type="checkbox"/> OFF ROAD ON SHOULDER | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> OFF ROAD BEYOND SHOULDER | |

TRAFFIC CONTROLS

- | | |
|--|---|
| <input type="checkbox"/> NONE | <input type="checkbox"/> VISIBLE ROAD MARKINGS |
| <input type="checkbox"/> TRAFFIC SIGNALS | <input type="checkbox"/> OFFICER/FLAGMAN |
| <input type="checkbox"/> STOP SIGN | <input type="checkbox"/> RR CROSSING FLASHER GATE |
| <input type="checkbox"/> YIELD SIGN | <input type="checkbox"/> NO PASSING ZONE |
| <input type="checkbox"/> LANE CONTROL | <input type="checkbox"/> OTHER _____ |

ROAD DESIGN

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> INTERSTATE | <input type="checkbox"/> ONE WAY |
| <input type="checkbox"/> OTHER DIVIDED HWGHY | <input type="checkbox"/> DRIVEWAY |
| <input type="checkbox"/> ROAD NOT DIVIDED (2-WAY) | <input type="checkbox"/> ACCESS WAY |
| | <input type="checkbox"/> OTHER _____ |

ROAD CONDITIONS

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> DRY | <input type="checkbox"/> DEBRIS |
| <input type="checkbox"/> WET | <input type="checkbox"/> SAND/DUST/OIL |
| <input type="checkbox"/> SNOW/SLUSH | <input type="checkbox"/> POT HOLE |
| <input type="checkbox"/> ICE | <input type="checkbox"/> UNDER CONSTRUCTION |
| <input type="checkbox"/> MUDDY | <input type="checkbox"/> OTHER _____ |

WEATHER CONDITION

- | |
|--------------------------------------|
| <input type="checkbox"/> CLEAR |
| <input type="checkbox"/> FOGGY |
| <input type="checkbox"/> CLOUDY |
| <input type="checkbox"/> RAINING |
| <input type="checkbox"/> SLEETING |
| <input type="checkbox"/> SNOWING |
| <input type="checkbox"/> OTHER _____ |

LIGHT CONDITION

- | |
|---|
| <input type="checkbox"/> DAYLIGHT |
| <input type="checkbox"/> SUNGLARE |
| <input type="checkbox"/> DAWN/DUSK |
| <input type="checkbox"/> NIGHT - ROAD LIT |
| <input type="checkbox"/> NIGHT - ROAD NOT LIT |

DESCRIBE INCIDENT: