DAS Vehicle Incident/
Accident Report

State of Connecticut
DEPARTMENT OF ADMINISTRATIVE SERVICES
OFFICE OF FLEET OPERATIONS
165 Capitol Avenue
Hartford, CT. 06106

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 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)
	PLATE # STATE
YEAR MAKE MODEL	YEAR MAKE MODEL
VIN #	VIN #
VEHICLE CATEGORY	**INSURANCE COMPANY NAME & POLICY #:**
ASSIGNED TO YOU ☐ POOL CAR ☐ RENTAL ☐	**INSURANCE COMPANY PHONE #**

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

INCIDENT INFORMATION

DATE TIME

CITY / TOWN NO. OF VEHICLES

Location: Occurred on

ROUTE/HGWY # OR STREET NAME

CLOSEST INTERSECTION

ROUTE #, EXIT # OR STREET NAME

WAS YOUR VEHICLE TOWED ☐ Y ☐ N

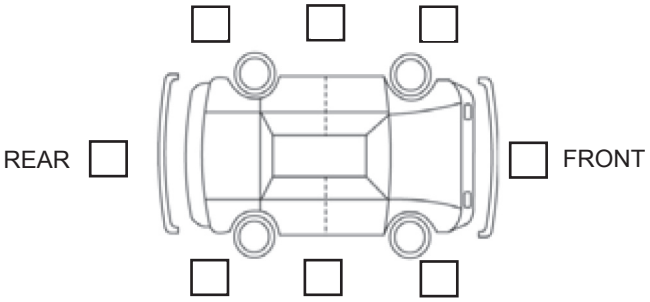
WAS POLICE ACCIDENT REPORT RECEIVED? ☐ Y ☐ N

NAME OF POLICE DEPT. ON SCENE

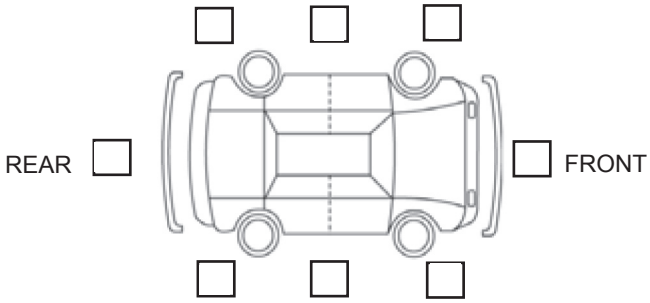
NAME/BADGE # OF POLICE OFFICER

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:
- ☐ OTHER MOTOR VEHICLE
- ☐ MOTOR VEHI. 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: