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 ADD	EMAIL ADDRESS OF SUPERVISOR		
DRIVER/VEHICLE IN VEHICLE #1 - STATE			VEHICL	E #2 - OTHER	VEHICLE/PROPERTY	PEDESTRIAN/CYCLIST	
DRIVER'S NAME			DRIVI	ER'S NAME			
DATE OF BIRTH		SEX	DATE	OF BIRTH		SEX	
HOME ADDRESS			НОМЕ	HOME ADDRESS			
CITY/TOWN	STATE	ZIP	CITY/	TOWN	STATE	ZIP	
DRIVER'S WORK PHONE #			DRIVI	DRIVER'S PHONE #			
DRIVER'S WORK EMAIL ADDRESS			OWNI	OWNER OF VEHICLE (if different)			
		MODEL	PLAT	E#	STATE		
YEAR N	MAKE	MODEL	YEAR	<u> </u>	MAKE	MODEL	
VIN#			VIN#				
VEHICLE CATEGOR	·		INSUR	RANCE COMPA	ANY NAME & POLICY	#:	
ASSIGNED TO YOU POOL CAR RENTAL				INSURANCE COMPANY PHONE #			
DESCRIBE NON VEH	HICLE PROPERTY DA	MAGE IF APPLICABL	E INCIDEN	T/ACCIDENT II	NFORMATION:		
INCIDENT INFORMA	TION						
DATE		TIME			WAS POLICE AC	WAS YOUR VEHICLE TOWED Y N WAS POLICE ACCIDENT REPORT RECEIVED?	
CITY / TOWN		NO. OF VE	HICLES		NAME OF POL	NAME OF POLICE DEPT. ON SCENE	
Location: Occurred on ROUTE/HGWY # OR STREET NAME					NAME/BADGE # OF POLICE OFFICER		
01 00505 1115-5-5		FUR STREET NAME					
CLOSEST INTERSECTION					CASE#		

ROUTE #, EXIT # OR STREET NAME

vehicle damage area.		heck box(es) representing ehicle damage area. FRONT
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 SUBMERSION PEDESTRIAN 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 FIRE HYDRANT OTHER OTHER OTHER BARRIER/FENCE EMBANKMENT OTHER OTHER OTHER BARRIER/FENCE EMBANKMENT OTHER OTHER OTHER OTHER	DESCRIBE INCIDENT:	
ACCIDENT LOCATION INTERSECTION RAMP/ROTARY LOCAL STREET IN DRIVEWAY ALONG THE ROAD IN PARKING LOT ALONG ROAD @ DRIVEWAY ON HIGHWAY OFF ROAD ON SHOULDER OTHER OFF ROAD BEYOND SHOULDER		