

**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)
YEAR                                MAKE                                MODEL	PLATE #                                STATE
VIN #	YEAR                                MAKE                                MODEL
VEHICLE CATEGORY	INSURANCE COMPANY NAME & POLICY #:
ASSIGNED TO YOU <input type="checkbox"/> POOL CAR <input type="checkbox"/> RENTAL <input type="checkbox"/>	INSURANCE COMPANY PHONE #

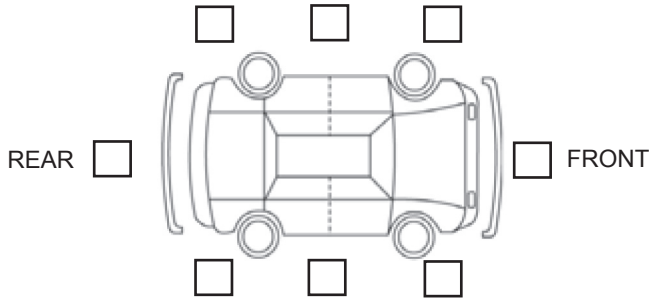
DESCRIBE NON VEHICLE PROPERTY DAMAGE IF APPLICABLE INCIDENT/ACCIDENT INFORMATION:

.....  
.....

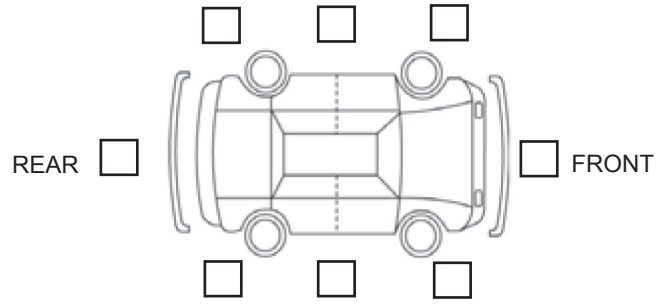
**INCIDENT INFORMATION**

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

- |  |                                      |
|--|--------------------------------------|
| <b>COLLISION WITH:</b>                               | <b>NON COLLISION WITH:</b>           |
| <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:**