



# VEHICLE ACCIDENT REPORT

Today's Date \_\_\_\_\_

To be completed by the state driver within 24 hours

(replaces DRM-01 Form)

Type of Incident	Fatality	<input checked="" type="checkbox"/> Injury	<input checked="" type="checkbox"/> Private party injury or property damaged	Other
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## Driver Information

Driver Name	Wyle E. Coyote		Job Title	Super Genius		Driver License Number/ State	1082367 / AZ	
Date of Hire	Permanent <input type="checkbox"/>	Temporary <input checked="" type="checkbox"/>	Address Home	200 Acme Rd			Phone	
Has the driver had Defensive Driving training within the past 4 years?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		City	Death Valley		State	Zip	Work Phone (815) 535-1272

## State Vehicle Information

Vehicle #, if applicable	Year	Make	Model	Vehicle Identification Number (VIN)	
none	2024	Acme	Jet Board	none	
License Plate Number	none		Mileage	12,628,817	
Accident during business use?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		State Fleet Vehicle?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Location of Vehicle/ Tow Company			Indicate the location and type of damage on the diagram below, for the state owned vehicle		
Describe Damage to vehicle (Attach Photos)					
Vehicle has been totally destroyed. Only steering wheel remains.					

## Accident Information

Date of Accident	Time	Location of Accident (Street, Highway or intersection)			Mile Post
City State		CDOT Use Only			
Transported to Hospital By Ambulance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Doctor	Hospital/Clinic	City	Phone

## Other Vehicle Information (use additional sheet if necessary)

Year	Make	Model	License Plate Number	Drivers License Number	
Owner Name		Phone	Address	City	State Zip
Driver Name (if other than owner)		DOB	Phone	Address	City State Zip
Insurance Carrier		Policy Number	Agent Name / Phone Number		
Area of Damage to Vehicle			Vehicle Location		

## Conditions and Accident Description (use additional sheet if necessary)

Weather Conditions (Circle those that apply)		Road Conditions (Circle those that apply)		Air Bag Deployed?	
<input type="checkbox"/> Rainy <input type="checkbox"/> Clear <input type="checkbox"/> Fog <input type="checkbox"/> Snow/Ice <input type="checkbox"/> Wind		<input type="checkbox"/> Paved <input type="checkbox"/> Dirt/Gravel <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Slippery		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Traffic Controls (Signs, Signals, Lights)		Posted Speed Limit	How fast were you traveling?	Seat Belts Worn	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Witnesses (If none, write N/A)

Name	Address	City	State	Zip	Phone
Name	Address	City	State	Zip	Phone

## Passengers (If none, write N/A)

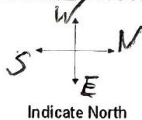
Name	Address	City	State	Zip	Phone	State veh. <input type="checkbox"/>	Other veh. <input type="checkbox"/>
Name	Address	City	State	Zip	Phone	State veh. <input type="checkbox"/>	Other veh. <input type="checkbox"/>

OVER



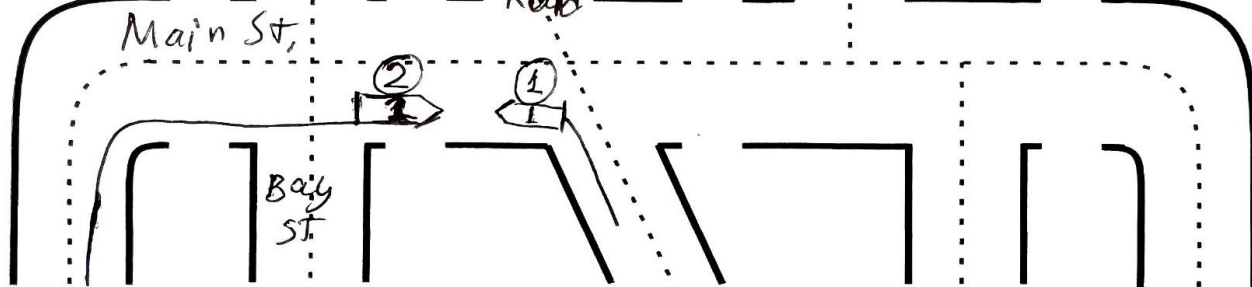
Complete the diagram showing direction & position of automobiles involved. Designate point of contact clearly.

### GIVE STREET NAMES AND DIRECTIONS



### INSTRUCTIONS

- 1) Show vehicles and direction of travel.  
YOUR VEH. OTHER VEH's
- 2) Use solid line to show path of each vehicle before accident   
dotted line after accident
- 3) Use circles to represent pedestrians



### Description of the Accident

Mr. Coyote was parked on Bird Road and was distracted by what he thought was a passing road runner, but turned out to be a Mac truck when he attempted to drive out onto the street

Draw picture only if accident was in parking lot or other off-road area.

### Injuries to state employee and/or other party (use additional sheet if necessary)

Name	<input type="checkbox"/> State employee?	Address	City	State	Zip
Phone	Estimated extent of Injuries				
Name	<input type="checkbox"/> State employee?	Address	City	State	Zip
Phone	Estimated extent of Injuries				

### Police Information

Were Police Called? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Department Name	Badge Number	Phone Number
Police Report Number	Citation / Ticket Issued / Reason	Who was cited (State driver, Other party)?	

State Driver Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Cost Center \_\_\_\_\_ Date \_\_\_\_\_

### Instructions:

- ☐ Check to make sure no one is injured. If so, request medical assistance immediately
- ☐ If your vehicle is drivable, state law requires you to move it off of the traveled portion of the roadway as soon as practical. If not drivable, turn on hazard lights, and if available, set up flares or reflector triangles to warn traffic. Stay in your vehicle.
- ☐ Call the police immediately, even if it appears minor. If police will not respond, due to an "accident alert" situation or do not come, fill out an accident report at the city courthouse/ police station in the city in which the accident occurred.
- ☐ Ask the police officer, if completed, where and when you can get a copy of their report.
- ☐ **Do not argue with the others involved, admit fault or discuss the accident with anyone except the police.**
- ☐ Give the other driver your vehicle insurance policy number (should be kept with vehicle registration information.)
- ☐ Gather as much information about the accident as possible. Photograph the scene and vehicle damage if possible.