



# VEHICLE ACCIDENT REPORT

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

To be completed by the state driver within 24 hours

(replaces DRM-01 Form)

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

**Driver Information**

Driver Name <b>Wyle E Coyote</b>	Job Title <b>Super Genius</b>	Driver License Number/ State	
Date of Hire Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>	Address Home		Phone
Has the driver had Defensive Driving training within the past 4 years? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	City	State	Zip
Work Phone			

**State Vehicle Information**

Vehicle #, if applicable <b>none</b>	Year <b>2024</b>	Make <b>Acme</b>	Model <b>Jet Board</b>	Vehicle Identification Number (VIN) <b>none</b>
License Plate Number <b>none</b>	Mileage <b>12,628,817</b>		Indicate the location and type of damage on the diagram below, for the state owned vehicle	
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		<p>1 - Slight 2 - Moderate 3 - Extreme 0 - None</p>	
Location of Vehicle/ Tow Company				
Describe Damage to vehicle (Attach Photos)				
<b>Vehicle has been totally destroyed. Only steering wheel remains.</b>				

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

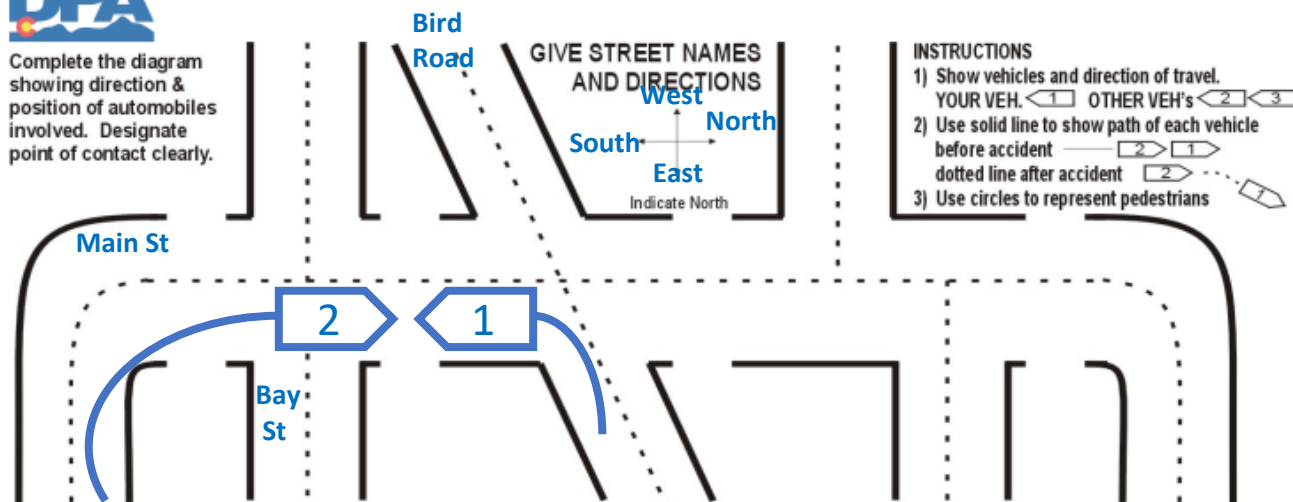
**Passengers** (If none, write N/A)

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

OVER



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



#### Description of the Accident

Mr. Coyote was parked on Bird	Draw picture only if accident was in parking lot or other off-road area.
Road and was distracted by	
what he thought was a	
passing road runner, but	
turned out to be a Max truck	
when he attempted to	
drive out onto the street	

#### 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.