



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 Wyle E Coyote | Job Title Super Genius | 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 type="checkbox"/> NO | City | State Zip Work Phone |

State Vehicle Information

| | | | | |
|---|--|------|---|-------------------------------------|
| Vehicle #, if applicable | Year | Make | Model | Vehicle Identification Number (VIN) |
| License Plate Number | Mileage | | 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 type="checkbox"/> No | State Fleet Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No | | <div style="display: flex; align-items: center;"><div style="margin-right: 10px;">0 3 0 3 0 2 0 1 0 0</div><div style="text-align: center;"><div style="display: flex; justify-content: space-between; width: 100px;">FrontBack</div></div><div style="margin-left: 10px;">1 - Slight 2 - Moderate 3 - Extreme 0 - None</div></div> | |
| Location of Vehicle/ Tow Company | | | | |
| Describe Damage to vehicle (Attach Photos) | | | | |
| | | | | |
| 20 Undercarriage 0 | | | | |

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 |

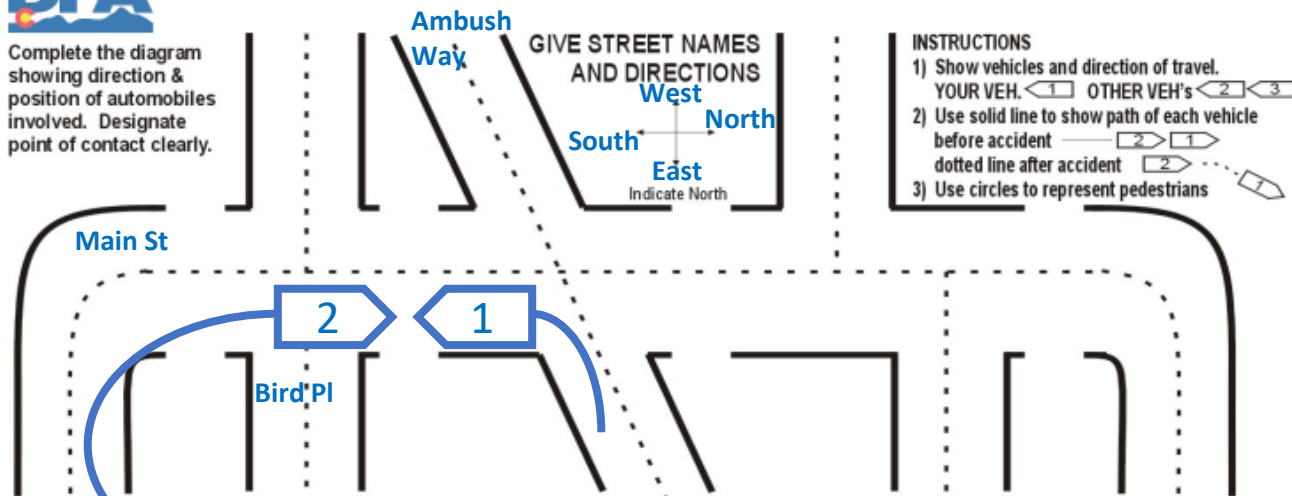
Passengers (If none, write N/A)

| | | | | | | |
|------|---------|------|-------|-----|-------|-------------------------------------|
| 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

| | |
|--|--|
| | 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.

Email to: Fleet@mines.edu