

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

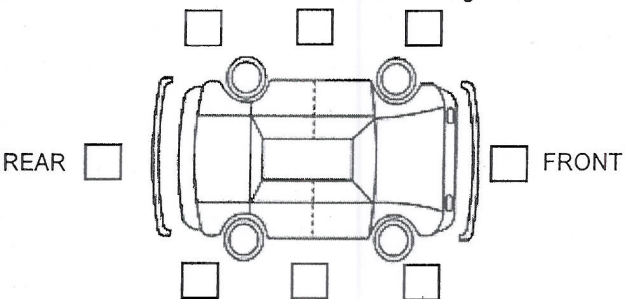
VEHICLE #1 - STATE OF CT VEHICLE	VEHICLE #2 - OTHER VEHICLE/PROPERTY PEDESTRIAN/CYCLIST
DRIVER'S LICENSE # STATE	DRIVER'S LICENSE #
DRIVER'S NAME	DRIVER'S NAME
DATE OF BIRTH SEX	DATE OF BIRTH SEX
HOME ADDRESS	HOME ADDRESS
CITY/TOWN STATE ZIP	CITY/TOWN STATE ZIP
DRIVER'S WORK PHONE #	DRIVER'S PHONE #
DRIVER'S WORK EMAIL ADDRESS	OWNER OF VEHICLE (if different)
YEAR MAKE MODEL	PLATE # STATE
	YEAR MAKE MODEL
VIN #	VIN #
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

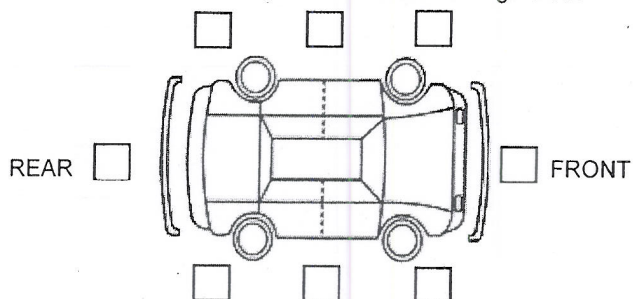
DATE	TIME	WAS YOUR VEHICLE TOWED <input type="checkbox"/> Y <input type="checkbox"/> N
CITY / TOWN	NO. OF VEHICLES	WAS POLICE ACCIDENT <input type="checkbox"/> Y <input type="checkbox"/> N
Location: Occurred on		REPORT RECEIVED? <input type="checkbox"/> Y <input type="checkbox"/> N
ROUTE/HGWAY # OR STREET NAME		NAME OF POLICE DEPT. ON SCENE
CLOSEST INTERSECTION		NAME/BADGE # OF POLICE OFFICER
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

COLLISION WITH:

- ☐ OTHER MOTOR VEHICLE
- ☐ MOTOR VEHI. CROSSING MEDIAN
- ☐ PARKED MOTOR VEHICLE
- ☐ BICYCLIST
- ☐ PEDESTRIAN
- ☐ ANIMAL
- ☐ THROWN OR FALLING OBJECT
- ☐ MOTORCYCLE
- ☐ FIXED OBJECT

NON COLLISION WITH:

- ☐ OVERTURN
- ☐ SPILL
- ☐ FIRE
- ☐ SUBMERSION
- ☐ JACKKNIFE
- ☐ EXPLOSION
- ☐ OTHER _____

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 HWGHWY | <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

- ☐ CLEAR
- ☐ FOGGY
- ☐ CLOUDY
- ☐ RAINING
- ☐ SLEETING
- ☐ SNOWING
- ☐ OTHER _____

LIGHT CONDITION

- ☐ DAYLIGHT
- ☐ SUNGLARE
- ☐ DAWN/DUSK
- ☐ NIGHT - ROAD LIT
- ☐ NIGHT - ROAD NOT LIT

DESCRIBE INCIDENT: