

# Vehicle Accident and/or Damage Report

To be completed by the state driver within 24 hours (DRM01 2024)

Today's Date:

## Instructions:

- Check to make sure no one is injured. If someone is injured, 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 the accident appears minor. If police will not respond, due to an "accident alert" situation or otherwise do not come, fill out an accident report at the city courthouse/ police station where the accident occurred. The Colorado Department of Revenue also provides an online portal to [report a crash](https://dmv.colorado.gov/report-accident): <https://dmv.colorado.gov/report-accident>.
- Ask the police officer who reports to the scene where and when you can get a copy of the officer's report.
- **Important: Do not argue with the others involved, admit fault, or discuss the accident with anyone except the police and your supervisor.**
- Give the other driver your vehicle insurance policy number (this should be kept with vehicle registration information.)
- Gather as much information about the accident as possible. Photograph the scene and vehicle damage if possible.
- Use additional sheets as necessary.

## Accident and/or Damage Details

Incident Type (check all that apply):

- ☐ Fatality      ☐ Injury      ☐ Multi-Car      ☐ Single Car      ☐ Third Party
- ☐ Vandalism      ☐ Weather      ☐ Other: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location (Street, Highway, or Intersection): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Mile Post: \_\_\_\_\_

Weather Conditions (Check all that apply):

- ☐ Rainy      ☐ Clear      ☐ Fog      ☐ Snow/Ice      ☐ Wind
- ☐ Cloudy      ☐ Hail      ☐ Sun Glare

Road Conditions (check all that apply):

☐ Paved    ☐ Dirt/Gravel    ☐ Dry    ☐ Wet    ☐ Slippery

Air bag deployed? ☐ Yes    ☐ No    Traffic control device? ☐ Yes    ☐ No

Posted speed limit: \_\_\_\_\_

Associated traffic control (signs, signals, and lights):

\_\_\_\_\_

Use the space below to provide a description of the accident. Include the street name and direction of travel of each vehicle prior to the accident. Also indicate if the accident occurred in a parking lot or other off-road area. Provide drawings of the accident as appropriate.

**Witnesses (if none, write N/A)**

First witness name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Second witness name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

## Police Information

Were the police called? ☐ Yes ☐ No Did the police respond? ☐ Yes ☐ No  
Department Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Officer Name: \_\_\_\_\_  
Badge number: \_\_\_\_\_ Report/Case Number: \_\_\_\_\_  
Citation issued to: ☐ State Employee ☐ State Agency ☐ Other Party  
☐ Both received citations ☐ Pending ☐ No citation issued  
Citation number & reason issued: \_\_\_\_\_

## State Driver Information

☐ Check this box if the driver and/or passenger(s) were in the vehicle at the time of the incident.  
Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Driver License #: \_\_\_\_\_  
DL State: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
Employee Term: ☐ Permanent ☐ Temporary  
Employee Type: ☐ Full Time ☐ Part Time ☐ Student ☐ Volunteer  
Department/Institution of driver's place of employment: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_  
Operating Location (City/County): \_\_\_\_\_ Zip: \_\_\_\_\_  
Has driver had Defensive Driving Training within the past 4 years? ☐ Yes ☐ No  
Was the driver wearing a seat belt at the time of the accident? ☐ Yes ☐ No  
Speed prior to accident: \_\_\_\_\_ Speed at time of accident: \_\_\_\_\_  
Activity during accident (check all that apply):  
☐ Backing ☐ Police Action ☐ Sliding ☐ Stopped ☐ Parked  
☐ Straight ☐ Turning ☐ Changing Lane ☐ Other: \_\_\_\_\_  
Transported by Ambulance? ☐ Yes ☐ No  
Hospital/Clinic/Doctor: \_\_\_\_\_  
City: \_\_\_\_\_ Phone: \_\_\_\_\_  
Driver estimated extent of injuries: \_\_\_\_\_

## State Vehicle Information

The vehicle involved in this accident is a: ☐ State Fleet Vehicle ☐ Personal/non-state-owned vehicle

Was the vehicle involved in this loss being used in the course and scope of your employment at the time of the loss? ☐ Yes ☐ No

Vehicle # if applicable: \_\_\_\_\_ Year: \_\_\_\_\_ VIN: \_\_\_\_\_

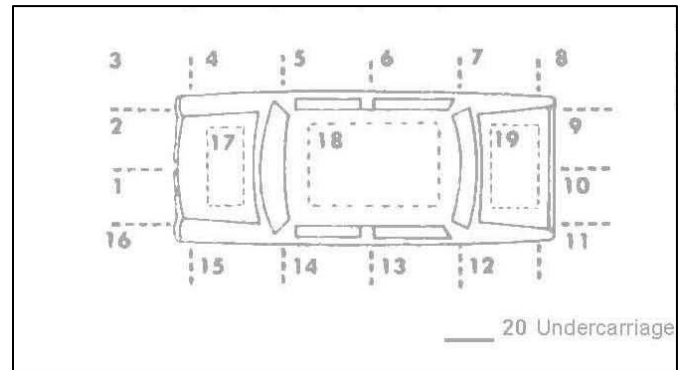
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate Number: \_\_\_\_\_ Mileage: \_\_\_\_\_

Location of Vehicle/Tow Company: \_\_\_\_\_

In the table below, write in the number that best describes the level of damage to the state-owned vehicle. If an area was not damaged, leave it blank. **Include photos with your submission.**

Damage levels:

- 1) Slight
- 2) Moderate
- 3) Extreme



Area of Vehicle	Damage	Area of Vehicle	Damage
1. Driver Side Front Bumper/Grill		11. Rear Driver Side Corner/Tail Light	
2. Passenger Side Front Bumper/Grill		12. Rear Driver Side 1/4 Panel/Wheel Well	
3. Front Passenger Corner/Headlight		13. Rear Driver Side Door	
4. Front Passenger Fender/Wheel Well		14. Front Driver Side Door/Mirror	
5. Front Passenger Door/Mirror		15. Front Driver Fender/Wheel Well	
6. Rear Passenger Door		16. Front Driver Corner/Front Headlight	
7. Rear Passenger 1/4 Panel/Wheel Well		17. Hood	
8. Rear Passenger Corner/Tail Light		18. Roof	
9. Rear Passenger Side Bumper		19. Trunk	
10. Rear Driver Side Bumper		20. Undercarriage	

## State Vehicle Passengers

Name: \_\_\_\_\_

Department/Institution (place of employment): \_\_\_\_\_

Phone: \_\_\_\_\_ State employee? ☐ Yes ☐ No Injured? ☐ Yes ☐ No

Estimated extent of injuries: \_\_\_\_\_

## Other Party Vehicle and Driver Information

☐ Check if this vehicle is also a State Fleet Vehicle. Plate: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver Name (if other than owner): \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Damage to Vehicle: \_\_\_\_\_

Vehicle Location: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Speed at Time of Accident: \_\_\_\_\_

Activity during accident (check all that apply):

☐ Backing ☐ Police Action ☐ Sliding ☐ Stopped ☐ Parked  
☐ Straight ☐ Turning ☐ Changing Lane ☐ Other: \_\_\_\_\_

Transported by Ambulance? ☐ Yes ☐ No

Hospital/Clinic/Doctor: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver estimated extent of injuries: \_\_\_\_\_

**Other Party: Passengers**

Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Injured: ☐ Yes ☐ No Estimated extent of injuries: \_\_\_\_\_**Vehicle Damage Form Acknowledgement**

Driver Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name (or department authorized reviewer):  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_