THE ACCIDENT / INCIDENT

Date of Accident: _____ Time: _____ ☐ AM ☐ PM
Location of Accident: _____
Town/City: _____
Nearest Landmark: _____
Weather Conditions: _____
Road Conditions: _____
Police Department: _____
Investigating Officer: _____

STATE VEHICLE (#1)

Driver: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Phone: Home# _____ Work# _____
Date of Birth: _____ Driver's License# _____
Dept: _____ Bureau/Division: _____
Direct Supervisor: _____
Vehicle Year, Make, Model: _____
Plate#: _____ Mileage: _____
Description of Damage: _____
Estimate of Damage: $ _____
Is this an authorized emergency vehicle? ☐ Yes ☐ No
Is this a Central Fleet Management vehicle? ☐ Yes ☐ No
(IF YES AND THERE IS ANY DAMAGE TO CFM VEHICLE, CONTACT CENTRAL FLEET AS SOON AS POSSIBLE AT 1-800-300-7013 WITHIN MAINE OR 207-287-7012 OTHERWISE)

OTHER VEHICLE (#2)

Driver: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: Home# _____ Work# _____
Driver's Date of Birth: _____ License#: _____
Owner: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: Home# _____ Work# _____
Vehicle Year, Make, Model: _____
Plate#: _____
Description of Damage: _____
Insurance Agent or Company: _____
Address: _____
Phone# _____ Policy# _____

Were other vehicles/drivers involved? ☐ Yes ☐ No
Any other property damage? ☐ Yes ☐ No

If yes to either of these questions, please provide information on the back or a separate form if necessary.

INJURED PERSONS

Were there any injuries reported? ☐ Yes ☐ No
If yes, you **MUST** call Risk Management Division immediately **at 1-800-525-1252.**

Name of injured person: _____
Address: _____
Location in accident: _____
Description of injury: _____
Age: _____ Gender: _____ Phone# _____

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DESCRIPTION OF ACCIDENT/INCIDENT

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Use additional space on back to complete description or draw a diagram.

PASSENGERS OR WITNESSES

Name: _____
Address: _____
Location in accident: _____

Name: _____
Address: _____
Location in accident: _____

I HAVE READ AND COMPLETED THIS ACCIDENT / INCIDENT REPORT. THIS STATEMENT IS CORRECT TO THE BEST OF MY KNOWLEDGE.

✕ _____ _____
Driver's Signature (REQUIRED) **Date**

FOR RISK MANAGEMENT DIVISION USE ONLY
File#