THE ACCIDENT / INCIDENT

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

STATE VEHICLE (#1)

Driver:_____
Home Address:_____
Town:_____ State:_____ Zip:_____
Date of Birth:_____ Driver's License #:_____
Dept:_____ Bureau/Division:_____
Direct Supervisor:_____
Vehicle Year, Mark, 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 THERE IS DAMAGE TO CFM VEHICLE, CONTACT THEM AS SOON AS POSSIBLE AT 1-800-300-7013 WITHIN MAINE OR 207-287-5521

OTHER VEHICLE (#2)

Driver:_____
Street Address:_____
Town:_____ State:_____ Zip:_____
Phone #_____ Email:_____
Driver's Date of Birth:_____ License #_____
Owner:_____
Street Address:_____
Town:_____ State:_____ Zip:_____
Phone #_____ Email:_____
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, please provide information on the back or a separate form.

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 #_____

Name of injured person:_____
Address:_____

Location in Accident:_____
Description of injury:_____
Age:_____ Gender:_____ Phone #_____

DESCRIPTION OF ACCIDENT / INCIDENT

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Use additional space on back to complete description or draw a diagram.
Photos are helpful, even if there is no damage.

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.

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