State of Colorado - Division of Risk Management

VEHICLE ACCIDENT REPORT

To be completed and signed by state driver
(TYPE or print with a BLACK ball point pen, **press firmly**)

Type of accident ☐ Fatality ☐ Employee injury ☐ Private party injury or property damaged ☐ Other

Location of accident		Mile post
Date of accident	Time ☐ AM ☐ PM	MMS function number CDOH use only

State vehicle/ employee

Employee name	Date of birth	Date of hire	State vehicle number, make & year
Title ☐ Temporary ☐ Permanent		Work phone / Home Phone	
Department	Agency	Cost center	
☐ Fatal ☐ Time lost ☐ Emergency room ☐ Doctor seen ☐ Plan to see doctor ☐ Hospitalized		Doctor's name and address	Where vehicle can be seen
		Doctor's phone	Date reported to supervisor

Describe state damage/injuries-repair estimate

Other driver/ party

Name of other party	Date of birth	Employer	☐ Private citizen ☐ Witness ☐ Driver
Address			Work phone / Home phone
Drivers license no.	Owner of vehicle/property	Address of vehicle owner	
License plate no /state	Type of vehicle & year	Company insuring vehicle,address & phone	
Describe damage/injury-repair estimate to other vehicle/property		Where can vehicle be seen	

List all injured parties

Witness

Accident sketch and description

Draw rough diagram showing position of vehicles in relationship to each other and to the highway or other property. Identify vehicles with numbers, state vehicle is **always** #1

Employee statement of accident

☐ Photos taken by:

☐ Citation(s) issued to ☐ State employee ☐ Private citizen By:

Nature of citation

For More Information Attach Additional Sheets

State driver	Phone #	Cost center	Date
Supervisor's signature	Phone #	Cost center	Date