



Department of Administration
RISK MANAGEMENT



VEHICLE ACCIDENT REPORT

INSTRUCTIONS:

COMPLETE as much information as possible at the scene.

REPORT all accidents involving third parties, whether or not there is damage or injury.

COOPERATE with investigating officer(s) and the State's adjuster(s).

WITHIN 48 HOURS:

Send copy to AG's Office Claims Manager, DMV Legal/Tort Claims, 555 Wright Way, Carson City, NV 89711

Send copy to Risk Management Claims Manager, 201 S. Roop St., Suite 201 Carson City NV 89701

Date of Accident _____ *Time* _____

OUR INFORMATION:

Driver's Name _____ Agency _____

Office Address _____ Bus. Phone _____

Driver's Lic. No. _____ State _____ Expiration Date _____

Contact Person _____ Title _____ Phone _____

Is this a MOTORPOOL Vehicle? _____ Vehicle ID No. (VIN) _____

Plate No. _____ Year _____ Make _____ Model _____

Location of vehicle _____

Location of Accident _____

Describe **Damage** to State Vehicle: **Windshield Damage only?** _____ If **NO** describe damage _____

Accident Reported to (*NHP, Metro, Reno P.D., etc.*) _____ Report # _____ Citations Issued? _____

If Yes, explain:

THEIR INFORMATION: Self-Insurance card provided to driver/owner? D Yes D No

Owner's Name _____ Daytime Phone _____

Address _____ City/State/Zip _____

Insurance Company _____ Policy No. _____ City/State _____

Insurance Agent _____ Phone No. _____

Plate No. _____ State _____ Year _____ Make _____ Model _____

Driver's name _____ Daytime phone _____

Address _____ City/State/Zip _____

Driver's Lic. No. _____ State _____ Expiration Date _____

Describe damage to other vehicle and any injuries reported: _____

EXPLAIN WHAT HAPPENED:

WITNESSES (Please include NAME, ADDRESS and PHONE NUMBER)

PERSONS INJURED (If injured person is a State Employee, complete a Worker's Compensation Claim Form)

Agency Information: Damage estimates attached Estimates will follow

State Driver's Signature _____ Date _____

Reviewed by Safety Coordinator _____ Date _____

Reviewed by Department Head _____ Date _____