

## AUTOMOBILE ACCIDENT OR LOSS NOTICE

### FOR COMMONWEALTH OWNED VEHICLES

THIS NOTICE SHALL BE PREPARED BY THE OPERATOR OF THE COMMONWEALTH OWNED VEHICLE AND SUBMITTED TO THE BUREAU OF VEHICLE MANAGEMENT – CLAIMS DIVISION, BY EMAILING TO <a href="mailto:RA-GBVMCLAIMSDIV@PA.GOV">RA-GBVMCLAIMSDIV@PA.GOV</a> WITHIN ONE BUSINESS DAY AFTER ACCIDENT, THEFT, OR LOSS IN ACCORDANCE WITH MANAGEMENT MANUAL 615.3, COMMONWEALTH FLEET PROCEDURES MANUAL.						INSURANCE CARRIER FILE NO. (INSURANCE USE ONLY)	
DATE OF ACCIDENT		DAY OF WEEK		TIME OF DAY		ACCIDENT NUMBER	
COMMONWEALTH VEHICLE INFORMATION	YEAR	MAKE	MODEL	VIN	LICENSE PLATE	UNIT NUMBER	
HAVE YOU HAD A PREVIOUS ACCIDENT WHILE DRIVING ON COMMONWEALTH BUSINESS? <input type="checkbox"/> Y <input type="checkbox"/> N			IF YES, PLEASE LIST DATES AND/OR ACCIDENT #S		ODOMETER	<b>THIS SPACE FOR INSURANCE USE ONLY</b> FAULT OF VEHICLE NO.	
ASSIGNED TO (GIVE NAME OF DEPARTMENT, BOARD OR COMMISSION, AND BUREAU)							

VEHICLE NO. 1 (COMMONWEALTH OWNED)				VEHICLE NO. 2			
OPERATOR'S NAME				OPERATOR'S NAME			
OPERATOR'S LICENSE NO.	WORK PHONE #	E-MAIL ADDRESS		OPERATOR'S LICENSE NO. & STATE		OPERATOR'S TELEPHONE #	
WORK ADDRESS (STREET & NUMBER)				ADDRESS (STREET & NUMBER)			
CITY	STATE	ZIP		CITY	STATE	ZIP	
BUREAU		JOB TITLE		COLOR	YEAR	MAKE	MODEL
OPERATOR AT FAULT <input type="checkbox"/> Y <input type="checkbox"/> N		VEHICLE DRIVABLE? <input type="checkbox"/> Y <input type="checkbox"/> N		VIN	LICENSE PLATE & STATE		VEHICLE TYPE
PURPOSE FOR USING THE VEHICLE AT THE TIME OF THE ACCIDENT				INSURANCE INFORMATION			
DESCRIBE DAMAGE TO COMMONWEALTH VEHICLE				INSURANCE COMPANY			
				POLICY NUMBER			
				ADDRESS			
IS THE VEHICLE EQUIPPED WITH TELEMATICS? <input type="checkbox"/> Y <input type="checkbox"/> N				DESCRIBE DAMAGE TO VEHICLE NO. 2			
SEATBELTS FASTENED? <input type="checkbox"/> Y <input type="checkbox"/> N							

LOCATION OF ACCIDENT		LOCATION OF VEHICLE/TOWING COMPANY	
ACCIDENT OCCURRED AT:		VENDOR NAME:	
CITY OR TOWN:		ADDRESS/PHONE NUMBER OF TOWING COMPANY/STORAGE FACILITY:	
STREET NAME:			
COUNTY:			
RURAL AREA:			
____ MILES NORTH SOUTH EAST WEST (CIRCLE ONE)			
OF: (CITY OR TOWN)			
<b>DAMAGE TO PROPERTY OTHER THAN AUTOMOBILE</b>			
OWNER OF PROPERTY	ADDRESS		PHONE NUMBER
LIST DAMAGE			

INJURIES OR FATALITIES							
NAME	ADDRESS	TELEPHONE NUMBER	AGE	YOUR CAR	OTHER CAR	PEDESTRIAN	EXTENT OF INJURIES

WITNESSES		
NAME	ADDRESS	TELEPHONE NUMBER

WAS INCIDENT REPORTED TO POLICE? <input type="checkbox"/> Y <input type="checkbox"/> N  TWP/CITY  INCIDENT #  OFFICER:	WAS CITATION ISSUED?  IF YES, TO WHOM AND WHY?	PEDESTRIAN ACTION AT TIME OF INCIDENT <input type="checkbox"/> CROSSING AT X WITH SIGNAL <input type="checkbox"/> CROSSING AT X AGAINST SIGNAL <input type="checkbox"/> CROSSING AT X NO SIGNAL <input type="checkbox"/> CROSSING AT X DIAGONALLY <input type="checkbox"/> CROSSING NOT AT X COMING FROM BEHIND PARKED CAR <input type="checkbox"/> GETTING ON OR OFF VEHICLE <input type="checkbox"/> PLAYING IN ROADWAY <input type="checkbox"/> WORKING IN ROADWAY <input type="checkbox"/> WALKING IN ROAD WITH TRAFFIC <input type="checkbox"/> WALKING IN ROAD AGAINST TRAFFIC <input type="checkbox"/> OTHER
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<b>WEATHER</b> <input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAINING <input type="checkbox"/> SNOWING <input type="checkbox"/> FOG <input type="checkbox"/> OTHER (SPECIFY)	<b>LIGHT</b> <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> SEMI-DARKNESS <input type="checkbox"/> DARKNESS <input type="checkbox"/> ARTIFICIAL LIGHT	<b>TYPE ROAD</b> <input type="checkbox"/> CONCRETE <input type="checkbox"/> BRICK <input type="checkbox"/> ASPHALT <input type="checkbox"/> GRAVEL <input type="checkbox"/> DIRT <input type="checkbox"/> OTHER (SPECIFY)	<b>ROAD CONDITION</b> <input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> MUDDY <input type="checkbox"/> SNOWY <input type="checkbox"/> ICY	<b>ROAD CHARACTER</b> <input type="checkbox"/> STRAIGHT ROAD <input type="checkbox"/> SHARP CURVE <input type="checkbox"/> OTHER CURVE <input type="checkbox"/> LEVEL ROAD <input type="checkbox"/> HILL CREST <input type="checkbox"/> GRADE	<b>TYPE OF ACCIDENT</b> <input type="checkbox"/> HEAD ON COLLISION <input type="checkbox"/> REAR END COLLISION <input type="checkbox"/> SIDE SWIPE <input type="checkbox"/> AT ANGLE COLLISION <input type="checkbox"/> RAN OVER CURVE <input type="checkbox"/> RAN OFF STRAIGHT <input type="checkbox"/> OVERTURNED IN ROADWAY
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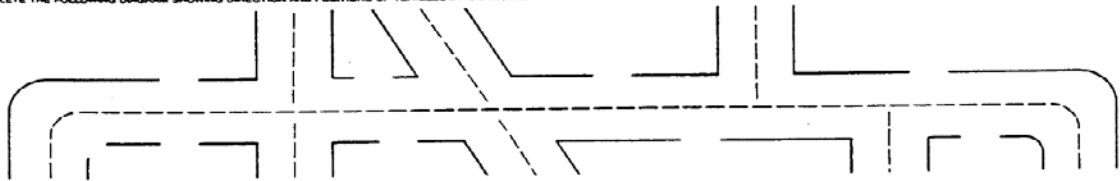
<b>DRIVER ACTION</b> VEHICLE 1    2    3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GOING STRAIGHT AHEAD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MAKING RIGHT TURN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MAKING LEFT TURN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MAKING U TURN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SLOWING DOWN – STOPPING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OVERTAKING – PASSING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PULLING OUT FROM PARKING SPACE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BACKING FROM PARKING SPACE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER BACKING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> STOPPED IN TRAFFIC LANE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PARKING	<b>PART OF VEHICLE(S) STRUCK</b> VEHICLE 1    2    3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FRONT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RIGHT FRONT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LEFT FRONT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RIGHT SIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LEFT SIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> REAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RIGHT REAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LEFT REAR	<b>ESTIMATED SPEED OF VEHICLES</b>  VEHICLE NO. 1  VEHICLE NO 2  VEHICLE NO 3  <hr/> ESTIMATED COST OF REPAIR
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GIVE A BRIEF AND CLEAR DESCRIPTION OF ACCIDENT/INCIDENT
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## AUTOMOBILE ACCIDENT OR LOSS NOTICE FOR COMMONWEALTH OWNED VEHICLES

PLEASE REVIEW FORM TO ENSURE THAT ALL NECESSARY DATA HAS BEEN PROVIDED			
SIGNATURE OF VEHICLE OPERATOR/SUPERVISOR	DATE	SIGNATURE OF AUTOMOTIVE OFFICER	DATE
PHONE NUMBER	EMAIL ADDRESS	PHONE NUMBER	EMAIL ADDRESS

COMPLETE THE FOLLOWING DIAGRAM SHOWING DIRECTION AND POSITIONS OF VEHICLES INVOLVED, DESIGNATING CLEARLY POINT OF CONTACT.



INDICATE NORTHERLY DIRECTION ON FIGURE



**Instructions:**

1. Your vehicle should be designated as #1
2. Other vehicle(s) should be designated as #2, etc.
3. Use solid line to show path of vehicle before accident →
4. Use dotted line after accident - - - →
5. Number each vehicle & show direction of travel →

6. Show stop sign by "S"
7. Show pedestrian by "O"
8. Show railroad by "|||||"
9. Show yield sign by "▽"
10. Show curve by "⊜"
11. Show traffic signal by "⊞"

**Remarks, Statements, Third Vehicle** — Attach additional sheets for drawings, other statements, etc. as is necessary.