



State of Nevada
VEHICLE ACCIDENT REPORT

For State Use Only:
State Claim No. _____
Budget Acct. No. _____
Coverage _____
Adjuster _____

INSTRUCTIONS: (If you need more space, attach a separate sheet of paper)

- ✍ 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).
- 📞 Notify Attorney General's Office ASAP if there is an injury. Tel.: (775) 684-1263; Fax: (775) 684-1275

Sent original to AG's Office WITHIN 48 HOURS Claims Manager, Office of the Attorney General, 100 N. Carson Street, Carson City, NV 89701

Sent copy to Risk Management WITHIN 48 HOURS Risk Management, 201 S. Roop Street, Suite 201, Carson City, NV 89701

Date of Accident _____ **Time** _____ **A.M.** _____ **P.M.** _____ **Location of Accident** _____

OUR INFORMATION:

Driver's Name _____ **Agency** _____

Office Address _____ **Bus. phone** _____

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

Contact Person _____ **Title** _____ **Phone** _____

Is this a MOTOR POOL vehicle? **Yes** **No** **Vehicle ID No.(VIN)** _____

Plate No. _____ **Year** _____ **Make** _____ **Model** _____

Location of Vehicle _____

Describe **damage** to State vehicle: **Windshield damage only; no other party involved**

THEIR INFORMATION: Self-insurance card provided to driver/owner? **Yes** **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:

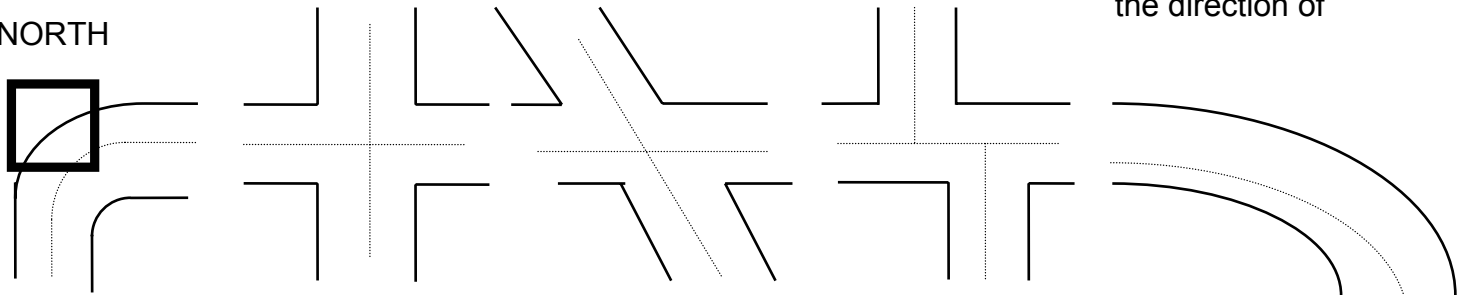
Accident Reported to (*NHP, Metro, Reno P.D., etc.*) _____ Report # _____

Citations Issued? No Yes If "Yes," explain _____

*Complete the following diagram showing direction and positions of automobiles involved.
Clearly designate point of contact.*

Indicate by arrow
the direction of

NORTH



_____ path before accident - - - - - path after accident + + + + + Railroad ◆ Stop Sign ○ Stop Light ↑ Pedestrian

WITNESSES: Witness card given/statement taken

Name	Address	Phone

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

Name	Address	Phone

Agency Information: Damage estimates attached Estimates will follow

State Driver's Signature _____ Date _____

Reviewed by Safety Coordinator _____ Date _____

Reviewed by Department Head _____ Date _____