

N.C Department of Administration
Motor Fleet Management Division
VEHICLE ACCIDENT REPORT

This report must be filed regardless of amount of damages

Driver's License #

Traveler's Insurance Claim #

1. DRIVER & STATE OWNED VEHICLE

| | | | | |
|--|-------------|-------------------|------------------|-------------------------|
| Name: _____ | | Department: _____ | | Office Phone: _____ |
| Home Address: _____ | | | | Vehicle Color: _____ |
| Vehicle No: _____ | Year: _____ | Make: _____ | Serial No: _____ | License Plate No: _____ |
| Describe damage to state owned vehicle: _____ _____ _____ | | | | |

II. SECOND PARTY & NON-STATE VEHICLE

| | | | | | |
|--|-------------------|-----------------------------|-------------------|---------------------|------------------|
| Owner: _____ | | Driver (if not owner: _____ | | | |
| Address: _____ | | Address: _____ | | | |
| Driver License No: _____ | Home Phone: _____ | Vehicle Color: _____ | Home Phone: _____ | | |
| Type Vehicle: _____ | Year: _____ | Make: _____ | License No: _____ | Insurance Co: _____ | Policy No: _____ |
| Describe damage to non-state vehicle: _____ _____ _____ | | | | | |

III. INJURED:

| | |
|--|--|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| Home Phone: _____ | Home Phone: _____ |
| Describe Injuries: _____ _____ _____ | Describe Injuries: _____ _____ _____ |

IV. ACCIDENT

| | | |
|---|-------------|------------------------------|
| Location: (Street(s), City) _____ | | County: _____ |
| Date: _____ | Time: _____ | Investigating Officer: _____ |
| Describe accident in detail (use back of form to continue/diagram accident): _____ _____ _____ | | |

V. WITNESSES

| | |
|--|--|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| Return to: MOTOR FLEET MANAGEMENT DIVISION 1308 MAIL SERVICE CTR. RALEIGH, NORTH CAROLINA 27699-1308 FAX # 919-733-4074 | Signature, state owned vehicle driver: _____ |
| | Date: _____ |