



Department of  
Administrative Services

Fleet Services - Risk Management

510 E 12th St

Des Moines, IA 50319

## Vehicle Accident Report Form

- Render aid or assistance to the injured ([per Iowa Code 321.262](#)).
- The State of Iowa is self-insured. Refer to the insurance card and accident report procedures online or in your glove box packet. If the accident involves another party, exchange information with the driver or property owner. Do not admit fault or attempt to settle your claim.
- Call local law enforcement, if a fatality, injury or property damage has occurred, and obtain a police report. On the Capitol complex, call Iowa State Patrol, Post 16 at 515-281-5608.
- Within the first 24 hours, report accident or damage to the Risk Manager at 515-281-8008 or [DAS.Risk@das.iowa.gov](mailto:DAS.Risk@das.iowa.gov), your agency fleet contact, and supervisor. Damage caused by an act of nature or unavoidable cause MUST be reported to DAS Fleet Services within 24 hours of the incident to qualify for contingent fund use ( [per Iowa Code 29c.20](#)).
- For an estimate, locate the nearest contracted auto body repair shop in the Contracted Service Providers map. A contracted auto body shop within 30 miles should be used if available.
- If towing is necessary, contact DAS Fleet Services (515-281-3162) for assistance. After hours, call National Automobile Club (NAC) FleetRescue\* (866-329-3471) or local law enforcement.
- Within 72 hours, print and submit a completed Accident Report Form, including a cost estimate from the auto body shop to [DAS.Risk@das.iowa.gov](mailto:DAS.Risk@das.iowa.gov).
- Any accident in the State of Iowa that causes death, personal injury, or total property damage of \$5,000 or more must be reported on an Iowa DOT Accident Report Form UNLESS the accident is investigated by a law enforcement agency and a report is filed. Failure to return an accident report form within 72 hours may result in suspension of driving privileges.

## Vehicle Accident Report

### Time and location of accident

Accident Date	Time	No. of Vehicles
City	State	

### Vehicle 1 (State vehicle)

Driver's Name		Work Address	
Driver's License No./State		City, State, Zip	
Date of Birth	Department	Work Phone	Home Phone
License Plate No.	VIN	Year, Make, Model	
Estimate (\$) of Damage		Description of Damage	

### Vehicle 2 (other vehicle) \*if more than two vehicles, use additional forms

Driver's Name		Street Address	
Driver's License No./State		City, State, Zip	
Date of Birth	Work Phone	Home Phone	License Plate No.
Description of Damage			

Property Damage other than vehicle (fence, utility pole, etc)	
Owner's Name, Address and Phone No.	Description of Property Damaged
Injured Persons (attach additional sheets if necessary)	
Vehicle No. 1/ Name and Address	Describe Injuries
Vehicle No. 2/Name and Address	Describe Injuries
Witness	
Name	Address/Phone
Name	Address/Phone

Accident Diagram
<p><b>Complete the diagram below, including a description of what happened.</b>            Use the outline below to sketch the scene of your accident, writing in street or highway names or numbers. Use number 1 to indicate the State vehicle.</p>

## Accident Information Exchange Sheet

### Other Driver Information

Driver's Name	
Street Address	
Driver Phone	
Driver's License No./State	
Vehicle Plate No.	
Vehicle Year, Make, Model	
VIN	
Insurance Company Name	
Policy No.	
Agent Name	
Agent Phone	
Owner's Name/Address (if different)	

**Submit this information along with the accident report to DAS Fleet Services within 72 hours of the accident.**

Complete the next section, tear at the dotted line and give to the other party involved.

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### State Vehicle Insurance Information

Driver's Name	
Driver's License No./State	
Vehicle Plate No.	
Vehicle Year, Make, Model	
VIN	

The State of Iowa is self-insured.  
If you have any questions regarding an accident, please contact  
DAS Fleet Services at 515-281-8008 or [DAS.Risk@das.iowa.gov](mailto:DAS.Risk@das.iowa.gov).